

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2021** calendar year, or tax year beginning and ending

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 TRI-VALLEY OPPORTUNITY COUNCIL, INC.		D Employer identification number 41-0888488
	Doing business as		E Telephone number 218-281-5832
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 26,246,427.
	102 NORTH BROADWAY, P.O. BOX 607		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CROOKSTON, MN 56716		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JASON CARLSON SAME AS C ABOVE		If "No," attach a list. See instructions	
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.TVOC.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: 1965	M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE OPPORTUNITIES TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE AND COMMUNITIES.
	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 17
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 590
	6 Total number of volunteers (estimate if necessary) 6 871
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 29,609.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 9,736.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 24,980,245. 24,246,831.
	9 Program service revenue (Part VIII, line 2g) 1,752,979. 1,704,656.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -26,021. 6,007.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 276,041. 260,825.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 26,983,244. 26,218,319.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,466,414. 896,416.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16,721,949. 17,864,351.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,665.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,335,739. 7,735,541.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,524,102. 26,496,308.
19 Revenue less expenses. Subtract line 18 from line 12 1,459,142. -277,989.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 15,068,505. 15,178,622.
	21 Total liabilities (Part X, line 26) 4,744,664. 5,132,770.
	22 Net assets or fund balances. Subtract line 21 from line 20 10,323,841. 10,045,852.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JASON CARLSON, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KARL ECK, CPA	Preparer's signature KARL ECK, CPA	Date 11/04/22	Check if self-employed <input type="checkbox"/>	PTIN P01454876
	Firm's name ▶ WIPFLI LLP	Firm's address ▶ PO BOX 8700 MADISON, WI 53708-8700	Firm's EIN ▶ 39-0758449	Phone no. 608.274.1980	

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: THE MISSION OF TRI-VALLEY OPPORTUNITY COUNCIL, INC. IS TO PROVIDE OPPORTUNITIES TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE AND COMMUNITIES.

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 \$ 17,193,059. including grants of \$ 331,331.) (Revenue \$ 96,752.) CHILD EDUCATION:

TRI-VALLEY HEAD START, CHILD & FAMILY PROGRAMS PROVIDE COMPREHENSIVE CHILD DEVELOPMENT SERVICES TO CHILDREN AND FAMILIES WITH A SPECIAL EMPHASIS ON PROMOTING CHILDREN'S SCHOOL READINESS. TRI-VALLEY HEAD START, CHILD & FAMILY PROGRAMS OPERATE BOTH REGIONAL HEAD START/EARLY HEAD START AND A MIGRANT SEASONAL HEAD START/EARLY HEAD START PROGRAM WITH SIXTEEN CENTERS LOCATED ACROSS MN AND ND. IN THE 2021-2022 PROGRAM, MIGRANT SEASONAL HEAD START SERVED 570 CHILDREN UNDER THE AGE OF FIVE AND 31 PREGNANT WOMEN. HEAD START AND EARLY HEAD START SERVED 276 CHILDREN UNDER THE AGE OF FIVE AND 18 PREGNANT WOMEN. THE AVERAGE ATTENDANCE FOR MIGRANT SEASONAL HEAD START/EARLY HEAD START IS 73% AND

4b (Code:) (Expenses \$ 2,557,137. including grants of \$ 0.) (Revenue \$ 446,611.) TRANSPORTATION:

TRI-VALLEY TRANSPORTATION ALSO KNOWN AS T.H.E. BUS (TRI-VALLEY HEARTLAND EXPRESS) IS A DIVISION OF TRI-VALLEY OPPORTUNITY COUNCIL, INC. (TVOC).

T.H.E. BUS IS A CURB TO CURB SERVICE AND PROVIDES PUBLIC TRANSPORTATION SERVICES TO THE GENERAL PUBLIC IN SEVEN MINNESOTA COUNTIES, POLK, RED LAKE, NORMAN, MAHNOMEN, MARSHALL, KITTSON, PENNINGTON, AND CLEARWATER. BUSES RUN THROUGH THESE COUNTIES ON VARIOUS DAYS WITH VARIOUS DESTINATIONS. IN THE CITIES OF CROOKSTON (POLK) AND THIEF RIVER FALLS (PENNINGTON), DAILY SERVICE RUNS 7 DAYS PER WEEK. IN BAGLEY

4c (Code:) (Expenses \$ 1,380,426. including grants of \$ 58,336.) (Revenue \$ 10,337.) FAMILY AND COMMUNITY SERVICES:

FAMILY AND COMMUNITY SERVICES PROGRAMS INCLUDE A VARIETY OF PROGRAMS FOR LOW INCOME FAMILIES AND INDIVIDUALS SUCH AS LIHEAP ENERGY ASSISTANCE, EMERGENCY HOUSING SERVICES WHICH INCLUDES HOMELESSNESS AND PREVENTION SERVICES, CHILD CARE AWARE, EARLY LEARNING SCHOLARSHIPS, SNAP OUTREACH, MNSURE OUTREACH, FINANCIAL LITERACY, AND PEER SUPPORT SERVICES.

LIHEAP - 1,729 HOUSEHOLDS WERE PROVIDED UTILITY PAYMENTS TO ALLOW FAMILIES TO STAY WARM AND SECURELY HOUSED THROUGHOUT THE WINTER MONTHS THROUGH THE ENERGY ASSISTANCE PROGRAM. THIS PROGRAM ALSO PROVIDED

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,644,015. including grants of \$ 506,749.) (Revenue \$ 1,150,956.)

4e Total program service expenses 24,774,637.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 230	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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... 17; 1b Enter the number of voting members included on line 1a... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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? X; 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? X; 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 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
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.
[] 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
NICOLE AAKER - 218-281-5832
102 NORTH BROADWAY, P.O. BOX 607, CROOKSTON, MN 56716

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

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

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

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

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

Check this box if neither the organization 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) JASON CARLSON CHIEF EXECUTIVE OFFICER	47.00			X			129,151.	0.	6,873.	
(2) LAURIE COLEMAN HEAD START DIR. & FAMILY PROGRAMS DI	44.00				X		107,225.	0.	5,679.	
(3) NICOLE AAKER FISCAL DIRECTOR	42.00			X			91,091.	0.	10,896.	
(4) STEPHANIE VONESH CHAIRPERSON	1.00	X		X			0.	0.	0.	
(5) JODI BACHMEIER VICE CHAIRPERSON	1.00	X		X			0.	0.	0.	
(6) JAMES DUCKSTAD TREASURER	1.00	X		X			0.	0.	0.	
(7) SHAWNA PETERSON SECRETARY	1.00	X		X			0.	0.	0.	
(8) TOM ANDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
(9) HANAN BAWZER BOARD MEMBER	1.00	X					0.	0.	0.	
(10) GREG BURRIS BOARD MEMBER (THRU OCTOBER)	1.00	X					0.	0.	0.	
(11) MARVIN GUNDERSON BOARD MEMBER	1.00	X					0.	0.	0.	
(12) LEE ANN HALL BOARD MEMBER	1.00	X					0.	0.	0.	
(13) KIM HASSLE BOARD MEMBER	1.00	X					0.	0.	0.	
(14) JERRY JACOBSON BOARD MEMBER	1.00	X					0.	0.	0.	
(15) SARAH KJONO BOARD MEMBER	1.00	X					0.	0.	0.	
(16) MARK KROULIK BOARD MEMBER	1.00	X					0.	0.	0.	
(17) DOMITA MACK 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			
(18) NANCY MYERS BOARD MEMBER	1.00	X						0.	0.	0.
(19) CONNIE SPISAK BOARD MEMBER	1.00	X						0.	0.	0.
(20) DALE SVAREN BOARD MEMBER	1.00	X						0.	0.	0.
(21) GARY WILLHITE BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								327,467.	0.	23,448.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								327,467.	0.	23,448.

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 **2**

	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
SOLID ROCK LLC, 14665 BUCHANAN ST., N.E. #4, HAM LAKE, MN 55303	CONSTRUCTION SERVICES	203,731.
FARIBAULT TRANSPORTATION COMPANY, INC. 2615 1ST AVENUE, N.W., FARIBAULT, MN 55021	TRANSPORTATION SERVICES	168,455.
VOIGT'S SCHOOL BUS SERVICE INC. PO BOX 1, ST CLOUD, MN 56302	TRANSPORTATION SERVICES	152,487.
READY BUS COMPANY INC. PO BOX 256, LA CRESCENT, MN 55947	TRANSPORTATION SERVICES	141,460.
PLAYPWER LT FARMINGTON, INC. PO BOX 734155, DALLAS, TX 75373-4155	CONSTRUCTION SERVICES	113,983.

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 **6**

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	2,000.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	24,217,315.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	27,516.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 23,589.				
	h	Total. Add lines 1a-1f		24,246,831.				
Program Service Revenue	2 a	FOOD PROGRAMS REVENUE	Business Code	624210	621,138.	621,138.		
	b	RENTAL REVENUE		531110	451,662.	451,662.		
	c	TRANSPORTATION REVENUE		485000	446,611.	446,611.		
	d	CHILD EDUCATION REVENUE		624410	96,752.	96,752.		
	e	HOUSING AND HOUSING REHAB REVENUE		624200	50,786.	50,786.		
	f	All other program service revenue		624100	37,707.	37,707.		
	g	Total. Add lines 2a-2f			1,704,656.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,007.			6,007.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	6a	56,052.			
			(ii) Personal	6b	28,108.			
				6c	27,944.			
	d	Net rental income or (loss)			27,944.	10,736.	17,208.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a				
			(ii) Other	7b				
				7c				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
			8b					
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19		9a					
			9b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances		10a					
			10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	AUTOMOTIVE SHOP REVENUE	Business Code	541900	18,873.	18,873.		
	b							
	c							
	d	All other revenue		900099	214,008.		214,008.	
	e	Total. Add lines 11a-11d			232,881.			
12	Total revenue. See instructions			26,218,319.	1,704,656.	29,609.	237,223.	

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 Grants and other assistance to domestic individuals. See Part IV, line 22	896,416.	896,416.		
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	238,011.		238,011.	
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	13,923,853.	13,247,786.	646,381.	29,686.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	428,886.	387,032.	40,318.	1,536.
9 Other employee benefits	1,332,861.	1,176,838.	151,351.	4,672.
10 Payroll taxes	1,940,740.	1,705,556.	228,413.	6,771.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,857.		6,857.	
c Accounting	7,750.		7,750.	
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.)	2,310,326.	2,190,803.	119,523.	
12 Advertising and promotion	93,053.	93,053.		
13 Office expenses	154,781.	154,781.		
14 Information technology				
15 Royalties				
16 Occupancy	1,113,306.	1,020,498.	92,808.	
17 Travel	518,646.	503,377.	15,269.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	221,246.	199,688.	21,558.	
20 Interest	68,424.	68,424.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	975,885.	975,885.		
23 Insurance	138,691.	138,691.		
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 RAW FOOD AND CONSUMABLE	1,502,620.	1,478,992.	23,628.	
b REPAIRS & MAINTENANCE	439,122.	439,122.		
c DUES & REGISTRATIONS	57,913.	57,913.		
d BAD DEBT EXPENSE	39,782.	39,782.		
e All other expenses	87,139.		87,139.	
25 Total functional expenses. Add lines 1 through 24e	26,496,308.	24,774,637.	1,679,006.	42,665.
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	18,971.	1	196,609.
	2 Savings and temporary cash investments	4,648,514.	2	4,991,003.
	3 Pledges and grants receivable, net	1,074,398.	3	1,621,396.
	4 Accounts receivable, net	405,419.	4	158,342.
	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	200,000.	8	27,000.
	9 Prepaid expenses and deferred charges	80,002.	9	95,415.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,949,467.		
	b Less: accumulated depreciation	10b 11,291,181.	8,203,307.	10c 7,658,286.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	239,141.	12	239,141.
	13 Investments - program-related. See Part IV, line 11	142,090.	13	124,617.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	56,663.	15	66,813.
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,068,505.	16	15,178,622.	
Liabilities	17 Accounts payable and accrued expenses	1,466,059.	17	1,842,001.
	18 Grants payable		18	
	19 Deferred revenue	1,457,238.	19	1,544,920.
	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	1,821,367.	23	1,745,849.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	4,744,664.	26	5,132,770.
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	9,075,430.	27	8,886,830.
	28 Net assets with donor restrictions	1,248,411.	28	1,159,022.
	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	10,323,841.	32	10,045,852.
	33 Total liabilities and net assets/fund balances	15,068,505.	33	15,178,622.

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	26,218,319.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,496,308.
3	Revenue less expenses. Subtract line 2 from line 1	3	-277,989.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,323,841.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,045,852.

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 Single Audit Act and OMB Circular A-133?
- 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
1		
2a		X
b	X	
c	X	
3a	X	
3b	X	

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20100342.	19147141.	22592939.	24980245.	24246831.	111067498
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	20100342.	19147141.	22592939.	24980245.	24246831.	111067498
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						111067498

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	20100342.	19147141.	22592939.	24980245.	24246831.	111067498
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	9,478.	14,520.	19,147.	13,381.	23,215.	79,741.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	28,208.	22,091.	46,944.	41,504.	29,609.	168,356.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						11131595
12 Gross receipts from related activities, etc. (see instructions)					12	12,934,003.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	99.78	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.91	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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.)

Horizontal lines for supplemental information input.

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

2021

Name of the organization

TRI-VALLEY OPPORTUNITY COUNCIL, INC.

Employer identification number

41-0888488

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 TRI-VALLEY OPPORTUNITY COUNCIL, INC.	Employer identification number 41-0888488
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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	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20201	\$ 15,360,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MINNESOTA DEPARTMENT OF EDUCATION 1500 HWY 36 W. ROSEVILLE, MN 55113	\$ 3,067,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MINNESOTA DEPARTMENT OF TRANSPORTATION 395 JOHN IRELAND BLVD ST. PAUL, MN 55155	\$ 2,995,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MINNESOTA DEPARTMENT OF COMMERCE 85 7TH PI E #280 ST. PAUL, MN 55101	\$ 1,724,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MINNESOTA DEPARTMENT OF HUMAN SERVICES 444 LAFAYETTE RD. ST. PAUL, MN 55155	\$ 765,568.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TRI-VALLEY OPPORTUNITY COUNCIL, INC.	Employer identification number 41-0888488
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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 TRI-VALLEY OPPORTUNITY COUNCIL, INC.	Employer identification number 41-0888488
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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

(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

(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

(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

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

2021

Open to Public Inspection

Name of the organization: TRI-VALLEY OPPORTUNITY COUNCIL, INC. Employer identification number: 41-0888488

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 regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| 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		290,116.		290,116.
b Buildings		11,511,149.	6,005,064.	5,506,085.
c Leasehold improvements		570,188.	424,708.	145,480.
d Equipment		6,366,784.	4,861,409.	1,505,375.
e Other		211,230.		211,230.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,658,286.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
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
3	Subtract line 2e from line 1		3
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
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART X, LINE 2:

TRI-VALLEY OPPORTUNITY COUNCIL, INC. (TVOC) IS REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE FINANCIAL STATEMENTS. TVOC HAS DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS.

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
CHILD EDUCATION ASSISTANCE	192	331,331.	0.		
HOMELESS/SHELTER PROGRAMS ASSISTANCE AND ENERGY ASSISTANCE & WEATHERIZATION	2283	506,749.	0.		
FAMILY & COMMUNITY SERVICES ASSISTANCE	128	58,336.	0.		

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:

THE ORGANIZATION MONITORS USE OF GRANT FUNDS BY COMPLYING WITH FEDERAL FUNDING REQUIREMENTS.

**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

2021

Open to Public
Inspection

Name of the organization

TRI-VALLEY OPPORTUNITY COUNCIL, INC.

Employer identification number

41-0888488

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

THE ORGANIZATION BELIEVES IN THE VALUE OF ALL HUMAN BEINGS. IT IS THAT
BELIEF THAT DRIVES THE ORGANIZATION'S EFFORTS TO IDENTIFY NEEDS, SEEK
RESOURCES AND PROVIDE OPPORTUNITIES FOR PEOPLE TO THRIVE.

THE ORGANIZATION'S WORK IS ALSO COMMITTED TO STRENGTHENING OUR
COMMUNITIES SO THAT ITS CITIZENS HAVE BETTER PLACES TO LIVE, WORK,
WORSHIP AND ENJOY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HEAD START/EARLY HEAD START IS 82%.

PROMOTING NUTRITIONAL WELL-BEING OF CHILDREN IS A VITAL COMPONENT OF
THE PROGRAM. TRI-VALLEY'S CLASSROOMS IMPLEMENT THE FARM TO EARLY CARE
CURRICULUM DEVELOPED BY TRI-VALLEY'S CHILD & NUTRITION SERVICES
MANAGER. CHILDREN ARE PROVIDED HOMEMADE, NUTRITIOUS MEALS WHILE
LEARNING ABOUT FOOD AND NUTRITION IN THE CLASSROOM. MEALS WERE
PROVIDED FOR 133,458 MIGRANT SEASONAL HEAD START/EARLY HEAD START
CHILDREN AND 60,904 MEALS WERE PROVIDED FOR HEAD START/EARLY HEAD START
CHILDREN.

TRI-VALLEY HEAD START, CHILD & FAMILY PROGRAMS ALSO RECOGNIZES HEALTH
IS ALSO AN IMPORTANT FOUNDATION OF SCHOOL READINESS ENSURING THAT ALL
CHILD HEALTH AND DEVELOPMENT CONCERNS ARE IDENTIFIED. FAMILIES ARE
LINKED TO AN ONGOING SOURCE OF CONTINUOUS, ACCESSIBLE CARE TO MEET
THEIR HEALTH NEEDS. MIGRANT SEASONAL HEAD START/EARLY HEAD START

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

Schedule O (Form 990) 2021

Name of the organization TRI-VALLEY OPPORTUNITY COUNCIL, INC.	Employer identification number 41-0888488
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ASSISTED 94% OF CHILDREN GETTING UP TO DATE ON PHYSICALS AS WELL AS 94% UP TO DATE ON DENTALS. HEAD START/EARLY HEAD START ASSISTED 76% OF CHILDREN GETTING UP TO DATE ON PHYSICALS AND 72% OF CHILDREN UP TO DATE WITH DENTALS.

TRI-VALLEY IS KNOWN FOR PROVIDING LEARNING ENVIRONMENTS THAT ARE SAFE, NURTURING, ENGAGING AND ENJOYABLE. PROVIDING CULTURALLY, LINGUISTICALLY, AND DEVELOPMENTALLY APPROPRIATE PROGRAMMING THAT FOCUSES ON THE PROCESS OF LEARNING AND HELPING CHILDREN DEVELOP A SENSE OF INDEPENDENCE, SOCIAL COMPETENCE, CONFIDENCE, AND RESPONSIBILITY. SERVICES ARE PROVIDED TO ENSURE THE NEEDS OF CHILDREN WITH DISABILITIES ARE SUPPORTED AND ARE INCLUDED IN PROGRAM ACTIVITIES. MIGRANT SEASONAL HEAD START/EARLY HEAD START SERVED 26 CHILDREN WITH AN IEP OR IFSP. HEAD START/ EARLY HEAD START SERVED 29 CHILDREN WITH AN IEP OR IFSP. CLASSROOM ASSESSMENT SCORING SYSTEM IS AN OBSERVATIONAL INSTRUMENT USED TO ASSESS PRESCHOOL PROGRAMS ON AN ANNUAL BASIS. TRI-VALLEY MIGRANT SEASONAL HEAD START/EARLY HEAD START AS WELL AS HEAD START/EARLY HEAD START ARE ABOVE THE NATIONAL AVERAGE SCORES FOR PRESCHOOL CLASSROOMS.

FAMILY ENGAGEMENT IS KEY IN TRI-VALLEY HEAD START, CHILD & FAMILY PROGRAMS WITH THE OBJECTIVE BEING TO SUPPORT PARENTS AS THEY IDENTIFY AND MEET PERSONAL GOALS TO NURTURE THE DEVELOPMENT OF THEIR CHILDREN IN CONTEXT OF THEIR FAMILY AND CULTURE. BOTH MIGRANT SEASONAL HEAD START/EARLY HEAD START AND HEAD START/EARLY HEAD START HAD 99% OF ENROLLED FAMILIES PARTICIPATE IN THE FAMILY GOAL SETTING PROCESS. READYROSIE A RESEARCH-BASED PARENT CURRICULUM USED TO HELP FAMILIES DEEPEN FAMILY ENGAGEMENT EFFORTS WITH A TOTAL OF 226 FAMILIES TAKING PART IN THE CURRICULUM. TO FURTHER THE EFFORTS OF ENGAGING FAMILIES INTO THE PROGRAM THE LEARNING GENIE APP IS PROVIDED AT NO COST TO

Name of the organization TRI-VALLEY OPPORTUNITY COUNCIL, INC.	Employer identification number 41-0888488
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PARENTS. LEARNING GENIE BRIDGES THE GAP BETWEEN THE HOME AND CLASSROOM BY PROVIDING AN OUTLET TO SHARE PHOTOS, VIDEOS, MESSAGES, BOOK AND LEARNING MEDIA.

TRI-VALLEY HEAD START PROGRAMS PARTNERS WITH FOUR COMMUNITY MENTAL HEALTH PROVIDERS TO OFFER SUPPORT TO CHILDREN, FAMILIES, AND STAFF ON VARIOUS TOPICS OF SOCIAL EMOTIONAL DEVELOPMENT AND MENTAL WELLNESS. THESE PARTNERSHIPS INCLUDE CONSULTATIONS WITH TEACHING STAFF REGARDING CLASSROOM MANAGEMENT AND TRAINING ON POSITIVE BEHAVIOR GUIDANCE, AS WELL AS PARENT TRAINING. SERVICES OFFER THE OPPORTUNITY TO RECEIVE ONGOING SUPPORT FOR COPING AND OVERALL WELL-BEING AS WELL AS TARGETED SUPPORT FOR MENTAL WELLNESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
(CLEARWATER) AND MAHNOMEN (MAHNOMEN), SERVICE IS AVAILABLE 5 DAYS PER WEEK AND EVERY OTHER SATURDAY. WITHIN THE CITIES LISTED, TRI-VALLEY TRANSPORTATION OFFERS SUBSCRIPTION SERVICE AND GENERAL DIAL-A-RIDE SERVICE. PEOPLE THAT NEED TRANSPORTATION ON A REGULAR BASIS AT THE SAME TIME WOULD BE CONSIDERED A SUBSCRIPTION SERVICE CUSTOMER. T.H.E. BUS IS FUNDED DEPENDING ON THE SERVICE IT IS PROVIDED.

THE ORGANIZATION'S PUBLIC TRANSIT BUSES ARE AVAILABLE WITH NO AGE LIMITS OR INCOME GUIDELINES. BUSES HAVE SEATING AVAILABLE FOR UP TO 45 PASSENGERS. EACH BUS IS HANDICAP ACCESSIBLE WITH TWO ACCESSIBLE ENTRANCES. IF PASSENGERS ARE UNABLE TO USE THE DOOR, THEY MAY REQUEST THE USE OF THE LIFT. EACH DRIVER HAS BEEN TRAINED TO PROPERLY USE THE LIFT AND SECURE MOBILITY DEVICES WITHIN THE BUSES.

Name of the organization TRI-VALLEY OPPORTUNITY COUNCIL, INC.	Employer identification number 41-0888488
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TRANSPORTATION SERVICES ARE USED FOR A VARIETY OF REASONS, WHICH INCLUDE MEDICAL, NUTRITIONAL, SOCIAL, RECREATIONAL, SHOPPING, WORK, SCHOOL, AND OTHER PERSONAL ACTIVITIES. DESTINATIONS INCLUDE BUT NOT LIMITED TO; GRAND FORKS, BEMIDJI, THIEF RIVER FALLS, FARGO/MOORHEAD, AND CROOKSTON. TRI-VALLEY TRANSPORTATION PROVIDES SAFE, FRIENDLY, AND DEPENDABLE TRANSPORTATION AT A REASONABLE PRICE.

SPECIFIC PROGRAM SERVICE ACCOMPLISHMENTS

A MAJOR ACCOMPLISHMENT IN 2021 WAS THE ABILITY TO CONTINUE TO PROVIDE SERVICE, BOTH PUBLIC TRANSIT AND RTC THROUGHOUT THE YEAR. ALTHOUGH THE PANDEMIC WAS SLOWING DOWN, SERVICE WAS GRADUALLY GROWING IN WITHIN CITIES, RURAL ROUTES CONTINUED TO BE MINIMAL.

PUBLIC TRANSPORTATION

NUMBER OF RIDES PROVIDED IN 2021 350,163
 NUMBER OF SERVICE MILES PROVIDED-350,163.25
 NUMBER OF HOURS PROVIDED IN 2021-29,103

IN 2021, WE EXPERIENCED A GRADUAL INCREASE IN RIDERSHIP AS COVID-19 CASES DROPPED. IN 2021, WE EXPERIENCED RURAL ROUTES NOT OPERATING DUE TO A LACK OF RIDERSHIP AND A LACK OF DRIVERS AVAILABLE. ACCORDING TO FTA AND CDC GUIDELINES, PUBLIC TRANSIT DRIVERS AND RIDERS WERE REQUIRED TO WEAR MASKS ON THE BUSES. THAT MANDATE CONTINUED IN 2021 UNTIL SEPTEMBER.

2021, # OF MEALS DELIVERED - 520
 # OF COVID-19 RESPONSE RELATED SERVICE DELIVERED - 474

Name of the organization TRI-VALLEY OPPORTUNITY COUNCIL, INC.	Employer identification number 41-0888488
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OF HOURS - 165

OF MILES 6,535

RURAL TRANSPORTATION COLLABORATIVE (RTC) 2021

6,583 COMPLETED CLIENT RIDES

562 UNDUPLICATED RIDERS

403,153 TOTAL MILES DRIVEN

1 HOURS DONATED BY VOLUNTEERS

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FURNACE REPAIRS AND REPLACEMENTS TO 150 HOUSEHOLDS WHO WOULD HAVE OTHERWISE BEEN UNABLE TO REMAIN IN THEIR HOME DUE TO LACK OF HEAT.

EMERGENCY HOUSING SERVICES - BRIDGES, PERMANENT SUPPORTIVE HOUSING, LONG TERM HOMELESS SUPPORTIVE SERVICES, DOMESTIC VIOLENCE RAPID REHOUSING, CERA CV2 EMERGENCY HOUSING AND AGASSIZ TOWNHOMES PROVIDED ONGOING RENTAL ASSISTANCE AND CASE MANAGEMENT TO HOUSEHOLDS THAT WERE EXPERIENCING HOMELESSNESS, UNDER 200% OF FEDERAL POVERTY GUIDELINES AND EXPERIENCING EITHER A DISABILITY OR DOMESTIC VIOLENCE. FUNDING COMES THROUGH BOTH STATE AND FEDERAL HOUSING PROGRAMS. 73 HOUSEHOLDS RECEIVED HOUSING STABILITY. TEMPORARY RENTAL ASSISTANCE, RENT DEPOSITS AND UTILITY ASSISTANCE WAS ALSO PROVIDED TO 129 HOUSEHOLDS TO PREVENT HOMELESSNESS THROUGH THE COVID HOUSING ASSISTANCE PROGRAM AND FAMILY HOMELESS PREVENTION AND ASSISTANCE PROGRAM.

CHILD CARE AWARE - PROVIDED COACHING TO 60 PROVIDERS AS THEY REACHED THEIR PARENT AWARE STAR RATING.

Name of the organization

TRI-VALLEY OPPORTUNITY COUNCIL, INC.

Employer identification number

41-0888488

EARLY LEARNING SCHOLARSHIPS - PROVIDED SCHOLARSHIPS TO HELP PARENTS AFFORD HIGH QUALITY CHILDCARE THAT PREPARES CHILDREN TO BE READY FOR KINDERGARTEN TO 132 FAMILIES AND CHILDREN.

SNAP OUTREACH - PROVIDED OUTREACH TO 10,000 HOUSEHOLDS AND INDIVIDUALS. PROVIDED ASSISTANCE TO 112 HOUSEHOLDS IN COMPLETING OR RENEWING A SNAP APPLICATION.

MNSURE PROGRAM ASSISTED 107 PEOPLE APPLYING FOR HEALTH INSURANCE.

PEER SUPPORT PROGRAM PROVIDES SUPPORT AND ASSISTANCE TO 21 PARENTS WHO HAVE A CHILD LIVING WITH A MENTAL HEALTH CONCERN.

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

FOOD PROGRAMS

EXPENSES \$ 1,212,641. INCLUDING GRANTS OF \$ 0. REVENUE \$ 621,138.

HOMELESS/SHELTER PROGRAMS

EXPENSES \$ 852,864. INCLUDING GRANTS OF \$ 506,749. REVENUE \$ 0.

RENTAL ACTIVITIES

EXPENSES \$ 544,982. INCLUDING GRANTS OF \$ 0. REVENUE \$ 451,662.

SENIOR SERVICES

EXPENSES \$ 420,392. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,331.

CORPORATE ACTIVITIES

EXPENSES \$ 414,494. INCLUDING GRANTS OF \$ 0. REVENUE \$ 18,039.

Name of the organization TRI-VALLEY OPPORTUNITY COUNCIL, INC.	Employer identification number 41-0888488
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ENERGY ASSISTANCE

EXPENSES \$ 198,642. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOUSING AND HOUSING REHABILITATION

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 50,786.

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

TRI-VALLEY OPPORTUNITY COUNCIL, INC.'S FISCAL DIRECTOR AND CHIEF EXECUTIVE OFFICER WENT THROUGH THE FORM LINE BY LINE ASSURING THAT ALL INFORMATION WAS AVAILABLE, CURRENT, AND CORRECT. BOARD RECEIVES REVIEWED COPY AND APPROVES RETURN PRIOR TO SUBMISSION WITH THE INTERNAL REVENUE SERVICE.

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

ALL GRANTS AND CONTRACTS ARE REVIEWED BY THE BOARD OF DIRECTORS AND/OR CHIEF EXECUTIVE OFFICER. ANY PERCEIVED CONFLICTS ARE DEALT WITH PER TRI-VALLEY OPPORTUNITY COUNCIL, INC.'S WRITTEN POLICIES AND PROCEDURES. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE CONFLICT OF INTEREST POLICY EACH JUNE AND EACH MEMBER SIGNS AN ACKNOWLEDGEMENT OF THE POLICY ANNUALLY.

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

THE ORGANIZATION USES SALARY SURVEY OF OTHER ORGANIZATIONS ITS SIZE AND PERFORMANCE EVALUATIONS TO DETERMINE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, OFFICERS AND OTHER TOP MANAGEMENT POSITIONS. THE BOARD OF DIRECTORS THEN APPROVES THE CEO'S SALARY. WAGE RATE COMPARABILITY STUDIES ARE CONDUCTED BY HUMAN RESOURCES ANNUALLY. THE LAST TIME THE STUDY WAS CONDUCTED WAS FEBRUARY 2019.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

DETAIL CARRYOVER SCHEDULE

Type and Entity: AUTOMOTIVE SHOP SERVIC POST-2017 NO

Section 382 Carryover

Section 382 Annual Limitation

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/20	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2019	995.	995.	995.									
2021	1,585.											
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
E	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
S												
B												
C												
A												
B												
C												
D												
E												
F												
G												
H												
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J												
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M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(and on Investment Income for Private Foundations) FORM 990-T

2022

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year		1	
2	Tax on the amount on line 1. See instructions for tax computation		2	
3	Alternative minimum tax for trusts. See instructions		3	
4	Total. Add lines 2 and 3		4	
5	Estimated tax credits. See instructions		5	
6	Subtract line 5 from line 4		6	
7	Other taxes. See instructions		7	
8	Total. Add lines 6 and 7		8	
9	Credit for federal tax paid on fuels. See instructions		9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a		
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	2,045.	
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c		ADJUSTED TO	10c 2,080.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11 04/18/22	06/15/22	09/15/22	12/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12 520.	520.	520.	520.
13	2021 Overpayment. See instructions	13 497.			
14	Payment due (Subtract line 13 from line 12)	14 23.	520.	520.	520.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

ESTIMATED TAX	2,080.
OVERPAYMENT APPLIED	497.
AMOUNT DUE	1,583.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **TRI-VALLEY OPPORTUNITY COUNCIL, INC.** EIN or SSN **41-0888488**

Name and title of officer or person subject to tax **JASON CARLSON
CHIEF EXECUTIVE OFFICER**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>2,045.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **WIPFLI LLP** to enter my PIN **55435**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **39955254403**
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **KARL ECK, CPA** Date ▶ **11/04/22**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. TRI-VALLEY OPPORTUNITY COUNCIL, INC.	Taxpayer identification number (TIN) 41-0888488
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 102 NORTH BROADWAY, P.O. BOX 607	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CROOKSTON, MN 56716	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

NICOLE AAKER

- The books are in the care of ▶ **102 NORTH BROADWAY, P.O. BOX 607 - CROOKSTON, MN 56716**

Telephone No. ▶ **218-281-5832** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) TRI-VALLEY OPPORTUNITY COUNCIL, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 102 NORTH BROADWAY, P.O. BOX 607</p> <p>City or town, state or province, country, and ZIP or foreign postal code CROOKSTON, MN 56716</p>	<p>D Employer identification number 41-0888488</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 15,178,622.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **2**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **NICOLE AAKER** Telephone number ▶ **218-281-5832**

Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	10,736.
2 Reserved	2	
3 Add lines 1 and 2	3	10,736.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	10,736.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	10,736.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	9,736.

Part II Tax Computation		
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,045.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	2,045.

LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2021)

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		2,045.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		2,045.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies	6b	2,560.	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g		
	<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other			
7	Total payments. Add lines 6a through 6g	7		2,560.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		18.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		497.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax 497. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year		
4	Enter available pre-2018 NOL carryovers here		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date	Title _____ CHIEF EXECUTIVE OFFICER	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KARL ECK, CPA	KARL ECK, CPA	11/04/22	PTIN P01454876
	Firm's name	Firm's EIN	Firm's address PO BOX 8700 MADISON, WI 53708-8700	
				Phone no. 608.274.1980

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

EMPLOYER IDENTIFICATION NUMBER 41-0888488

FOR THE YEAR ENDED DECEMBER 31, 2021

TRI-VALLEY OPPORTUNITY COUNCIL, INC. IS MAKING THE DE
MINIMIS SAFE HARBOR ELECTION UNDER REGULATION SECTION
1.263(A)-1(F).

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization TRI-VALLEY OPPORTUNITY COUNCIL, INC.	B Employer identification number 41-0888488
C Unrelated business activity code (see instructions) ▶ 531190	D Sequence: 1 of 2

E Describe the unrelated trade or business ▶ **PROPERTY RENTAL**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement)	4c			
6 Rent income (Part IV)	5			
7 Unrelated debt-financed income (Part V)	6	21,535.	10,799.	10,736.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	21,535.	10,799.	10,736.
	13			

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14				0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				10,736.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				10,736.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
A **REAL PROPERTY** 102 NORTH BROADWAY, CROOKSTON, MN 56716
B _____
C _____
D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.			
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	0.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	0.			
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
A **REAL PROPERTY**
B _____
C _____
D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	56,052.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)	0.			
b Other deductions (attach statement) STMT 3	28,108.			
c Total deductions (add lines 3a and 3b, columns A through D)	28,108.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2	71,900.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 5	187,134.			
6 Divide line 4 by line 5	38.42%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	21,535.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶				21,535.
9 Allocable deductions. Multiply line 3c by line 6	10,799.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				10,799.
11 Total dividends-received deductions included in line 10 ▶				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1) REAL PROPERTY	0.	0.	0.	0.
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 2
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
REAL PROPERTY	1	
BEGINNING FIRST MONTH		86,903.
BEGINNING SECOND MONTH		86,903.
BEGINNING THIRD MONTH		86,903.
BEGINNING FOURTH MONTH		86,903.
BEGINNING FIFTH MONTH		86,903.
BEGINNING SIXTH MONTH		86,903.
BEGINNING SEVENTH MONTH		56,897.
BEGINNING EIGHTH MONTH		56,897.
BEGINNING NINTH MONTH		56,897.
BEGINNING TENTH MONTH		56,897.
BEGINNING ELEVENTH MONTH		56,897.
BEGINNING TWELFTH MONTH		56,897.
TOTAL OF ALL MONTHS		862,800.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		71,900.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
ASSOCIATION DUES		4,320.		
UTILITIES		456.		
ATTORNEY FEES		230.		
DEPRECIATION		8,472.		
INTEREST		3,922.		
INSURANCE		434.		
REAL ESTATE TAXES		10,274.		
- SUBTOTAL -	1	28,108.	1.00	28,108.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				28,108.

FORM 990-T (A) AVERAGE ACQUISITION DEBT ON OR STATEMENT 4
 ALLOCABLE TO DEBT-FINANCED PROPERTY

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT		71,900.	
- SUBTOTAL -	1		71,900.
REAL PROPERTY		71,900.	
- SUBTOTAL -	1		71,900.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 4			143,800.

FORM 990-T (A) AVERAGE ADJUSTED BASIS OF OR STATEMENT 5
 ALLOCABLE TO DEBT-FINANCED PROPERTY

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE BASIS ASSOCIATED WITH DEBT		187,134.	
- SUBTOTAL -	1		187,134.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			187,134.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2
OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization TRI-VALLEY OPPORTUNITY COUNCIL, INC.	B Employer identification number 41-0888488
C Unrelated business activity code (see instructions) ▶ 541900	D Sequence: 2 of 2

E Describe the unrelated trade or business ▶ **AUTOMOTIVE SHOP SERVICES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>18,873.</u>				
b Less returns and allowances _____ c Balance ▶	1c	18,873.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	18,873.		18,873.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	18,873.		18,873.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				1
2 Salaries and wages				2 7,333.
3 Repairs and maintenance				3 689.
4 Bad debts				4
5 Interest (attach statement). See instructions				5
6 Taxes and licenses				6
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11 4,447.
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)		SEE STATEMENT 6		14 7,989.
15 Total deductions. Add lines 1 through 14				15 20,458.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16 -1,585.
17 Deduction for net operating loss. See instructions				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16				18 -1,585.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				0.
11 Total dividends-received deductions included in line 10 ▶				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 6

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SHOP SUPPLIES	4,192.
OVERHEAD SUPPLIES	477.
ADMINISTRATION	1,753.
SPACE	1,258.
STAFF TRAVEL	45.
TRAININGS	9.
UBIT	255.
TOTAL TO SCHEDULE A, PART II, LINE 14	7,989.

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-T**

2021

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **TRI-VALLEY OPPORTUNITY COUNCIL, INC.** Employer identification number **41-0888488**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)		1	2,045.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1			
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method			
2c	Credit for federal tax paid on fuels (see instructions)			
2d	Total. Add lines 2a through 2c		2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	2,045.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	2,542.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	2,045.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	04/15/21	06/15/21	09/15/21	12/15/21
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	511.	512.	511.	511.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions				2,560.
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column				
13 Add lines 11 and 12				2,560.
14 Add amounts on lines 16 and 17 of the preceding column		511.	1,023.	1,534.
15 Subtract line 14 from line 13. If zero or less, enter -0-	0.	0.	0.	1,026.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		511.	1,023.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	511.	512.	511.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			18.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

TAX RETURN FILING INSTRUCTIONS

MINNESOTA FORM M4NP

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

Tri-Valley Opportunity Council, Inc.
102 North Broadway, P.O. Box 607
Crookston, MN 56716

Prepared By:

Wipfli LLP
PO Box 8700
Madison, WI 53708-8700

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total tax	\$	897
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	21
Balance due	\$	918

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Minnesota Revenue

Mail Tax Return and Check (if applicable) To:

Minnesota Revenue
Mail Station 1257
St. Paul, MN 55146-1257

Return Must be Mailed On or Before:

December 15, 2022

Special Instructions:

Include UBIT return payment with you return.

We recommend that returns be mailed certified mail, return receipt requested, with the stamp validated at a postal station in order to have proof of timely filing.

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

Tri-Valley Opportunity Council, Inc.
102 North Broadway, P.O. Box 607
Crookston, MN 56716

Prepared By:

Wipfli LLP
PO Box 8700
Madison, WI 53708-8700

Amount of Tax:

Balance due of \$25

Make Check Payable To:

State of Minnesota

Mail Tax Return To:

Minnesota Attorney Generals Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Include the organization's Federal Employer Identification Number and 2021 Annual Report on the check or money order.

We are also enclosing two copies of the Minnesota Charitable Organization Annual Report. One copy must be signed by two officers of the organization, titles inserted and dated. The second copy enclosed stamped "client copy" is to be retained for your records.

We recommend that returns be mailed certified mail, return receipt requested, with the stamp validated at a postal station in order to have proof of timely mailing.

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

C2

Website Address:

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization TRI-VALLEY OPPORTUNITY COUNCIL, INC.

Federal EIN: 41-0888488

Fiscal Year-End: 12312021
mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address: <u>NICOLE AAKER</u> Contact Person <u>102 NORTH BROADWAY, P.O. BOX 607</u> Street Address <u>CROOKSTON, MN 56716</u> City, State, and ZIP Code <u>218-281-5832</u> Phone Number <u>NIKKI@TVOC.ORG</u> Email Address	Physical Address: <u>NICOLE AAKER</u> Contact Person <u>102 NORTH BROADWAY</u> Street Address <u>CROOKSTON, MN 56716</u> City, State, and ZIP Code <u>218-281-5832</u> Phone Number <u>NIKKI@TVOC.ORG</u> Email Address
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1. Organization's website: WWW.TVOC.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

_____ Alternate Former
_____ Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).
TRI-VALLEY OPPORTUNITY COUNCIL, INC.

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 3,927.

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
Street Address	City, State, and ZIP Code

10. Is the organization a food shelf? Yes No
If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
JASON CARLSON CHIEF EXECUTIVE OFFICER	129,151.	6,873.
LAURIE COLEMAN HEAD START DIR. & FAMILY	107,225.	5,679.

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.
Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$ _____	5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ _____	9
10. EXCESS or DEFICIT	\$ _____	10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$ _____	14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ _____	18

FUND BALANCE/NET WORTH

	\$ _____	
--	----------	--

(Line 14 minus Line 18)

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
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				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

_____ (Title) and _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20 __, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

JASON CARLSON _____

Name (Print)

_____ Name (Print)

_____ Signature

_____ Signature

CHIEF EXECUTIVE OFFICER _____

Title

_____ Title

_____ Date

_____ Date

Unrelated Business Estimated Income Tax Worksheet

1	Enter current year income	1	9,151.
2	Enter current year tax liability	2	897.
3	Enter amount from line 2. This is the required annual Payment	3	897.

ADJUSTED TO

Payment Number	1	2	3	4
Date Due	03152022	06152022	09152022	12152022
Amount Due				
Amount Credited from Last Year				
Total Due				
Payment Made				
Date of Payment				
Confirmation or Check Number				



2021 M4NP, Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to *2021 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

Tax year beginning (MM/DD/YYYY) 01 / 01 / 2021, and ending (MM/DD/YYYY) 12 / 31 / 2021 (required)

TRI-VALLEY OPPORTUNITY COUNCIL, INC. 410888488 9412511
 Name of Organization FEIN Minnesota Tax ID (required)

102 NORTH BROADWAY, P.O. BOX 607
 Mailing Address Check if New Address

CROOKSTON MN 56716
 City County State ZIP Code

This Organization Files Federal Form (check one)
 990-T 1120-C 1120-H 1120-POL
 Exempt Under IRS Section (check one)
 501(c)(3) 528 Other: _____

Check All Amended Filing Under Final Return (refer to inst., pg. 4)
 That Apply: Return an Extension Enter Close Date:

Enter your NAICS Codes (refer to inst., pg. 4) _____ / _____
 Was 100% of the business conducted in Minnesota for this tax year?
 Yes No (complete and attach Schedule M4NPA)

Are you filing a combined income return? Yes No

You must round amounts to nearest whole dollar.

1	Federal taxable income before net operating loss and specific deduction <i>(total from all federal Form 990-T Schedule As, Part II line 16; 1120-C, line 25c; 1120-H, line 17; or 1120-POL, line 17c)</i>	1	<u>9151</u>
2	Total additions to federal taxable income <i>(from Form M4NPI, line 1)</i>	2	_____
3	Federal taxable income after additions <i>(add lines 1 and 2)</i>	3	<u>9151</u>
4	Total subtractions from federal taxable income <i>(from Form M4NPI, line 2)</i>	4	_____
5	Federal taxable income (loss) after subtractions <i>(refer to instructions)</i> . If you conducted business both within and outside Minnesota, complete Form M4NPA <i>(refer to instructions, pg. 4)</i> . If 100% of your activities were conducted in Minnesota, do not complete Form M4NPA. Enter line 5 on line 6	5	<u>9151</u>
6	Minnesota taxable net income (loss) <i>(from Form M4NPA, line 10.)</i> If 100% of your activities were conducted in Minnesota, enter amount from line 5 above.	6	<u>9151</u>
7	Minnesota net operating loss deduction <i>(from Form M4NP NOL)</i>	7	_____
8	Subtract line 7 from line 6 <i>(if zero or less, enter zero)</i>	8	<u>9151</u>
9	Total deductions from taxable net income <i>(from Form M4NPI, line 3)</i>	9	_____
10	Taxable income <i>(subtract line 9 from line 8; if zero or less, enter zero)</i>	10	<u>9151</u>
11	Regular tax <i>(multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)</i>	11	<u>897</u>
12	Proxy tax <i>(refer to instructions, pg. 4)</i>	12	_____
13	Tax before credits <i>(add lines 11 and 12)</i>	13	<u>897</u>
14	Total credits against tax <i>(from Form M4NPI, line 4)</i>	14	_____
15	Minnesota tax liability <i>(subtract line 14 from line 13; if zero or less, enter zero)</i>	15	<u>897</u>

Continued next page

2021 M4NP UBIT Return, Page 2 (continued)

TRI-VALLEY OPPORTUNITY COUNCIL, INC. 410888488 9412511
 Name of Organization FEIN Minnesota Tax ID

16	Minnesota Nongame Wildlife Fund donation (refer to instructions, pg. 4)	16	_____
17	Add lines 15 and 16	17	<u>897</u>
18	Total refundable credits (from Form M4NPI, line 5)	18	_____
19	Amount credited from your 2020 Form M4NP, line 32	19	_____
20	2021 estimated tax payments	20	_____
21	2021 extension payment	21	_____
22	Total refundable credits and payments (add lines 18, 19, 20, and 21)	22	_____
23	Subtract line 22 from line 17	23	<u>897</u>
24	Penalty (determine from worksheet in the instructions, pg. 5)	24	_____
25	Interest (determine from worksheet in the instructions, pg. 5)	25	_____
26	Additional charge for underpayment of estimated tax (from Form M15NP, line 17)	26	<u>21</u>
27	Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26)	27	<u>918</u>
28	Amount from line 27	28	<u>918</u>
29	Amount from line 22	29	_____
30	AMOUNT DUE. If line 28 is more than or equal to line 29, subtract line 29 from 28	30	<u>918</u>

Payment method: Electronic Check Amended Return Payment by Check
 (Refer to instructions, page 2.)

31	OVERPAYMENT. If line 29 is more than line 28, subtract line 28 from line 29	31	_____
32	Amount of line 31 to be credited to your 2022 estimated tax	32	_____
33	Refund (subtract line 32 from line 31)	33	_____

To have your refund direct deposited, enter your banking information below.

Account Type:
 Checking Savings _____
 Routing Number _____ Account Number (use an account not associated with any foreign banks) _____

I declare that this return is correct and complete to the best of my knowledge and belief.

_____ Authorized Signature	CHIEF EXECUTIVE OFFI / / Title	_____ Date (MM/DD/YYYY)	<u>2182815832</u> Daytime Phone
KARL ECK, CPA Signature of Preparer	P01454876 PTIN	<u>11 / 04 / 2022</u> Date (MM/DD/YYYY)	<u>6082741980</u> Preparer's Daytime Phone

NIKKI@TVOC.ORG _____
 Email Address for Correspondence, if Desired This email address belongs to (check one) Employee Paid Preparer

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules. I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.
 Mail to: Minnesota Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257
 159572 06-06-22 **1116**

