# \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

AF	or tne	2021 calendar year, or tax year beginning JUL I, 2021 and	enaing U	UN 30, 4044	
<b>B</b> c	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres	SOUTHERN VALLEY ALLIANCE			
	Name change	Doing business as		**-***35	75
	Initial  return  Final	Number and street (or P.O. box if mail is not delivered to street address) 551 E PARK ST	Room/suite	E Telephone number 95287342	
	⊒return/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,168,600.
	ated ∏Amend				
$\vdash$	_return ∏Applica			<b>H(a)</b> Is this a group r for subordinates	
	⊥tion pendin			H(b) Are all subordinates i	—
			or 527	1	
		mpt status: X 501(c)(3) 501(c)( ) ( (insert no.) 4947(a)(1) ce: ► WWW • SVAMN • ORG	01 321	H(c) Group exemption	list. See instructions
		organization: X Corporation Trust Association Other	I Voor		<b>M</b> State of legal domicile: <b>MN</b>
		Summary	<b>L</b> 1 Gai	or formation. 1904	VI State of legal dofffiche. 1114
		Briefly describe the organization's mission or most significant activities: TO As	SSTST	VICTIMS OF	DOMESTIC
JCe		VIOLENCE.	00101		
Activities & Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
ove	1 8	Number of voting members of the governing body (Part VI, line 1a)		3	
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
8		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			17
/itie	6	Total number of volunteers (estimate if necessary)		6	0
cti		Total unrelated business revenue from Part VIII, column (C), line 12		7a	
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Ф	8 (	Contributions and grants (Part VIII, line 1h)		481,264.	709,437.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		7,320.	0.
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		8,113.	206,883.
ш.	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,430.	38,335.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		563,127.	954,655.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		410,229.	397,127.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×be	b T	Total fundraising expenses (Part IX, column (D), line 25)		105 010	100.050
ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		187,949.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		598,178.	
	19 F	Revenue less expenses. Subtract line 18 from line 12		-35,051.	363,569.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sset Bala	20	Fotal assets (Part X, line 16)		1,203,595. 115,593.	1,469,729.
et A	21	Fotal liabilities (Part X, line 26)		1,088,002.	36,724. 1,433,005.
Z <sub>I</sub>	22 1 rt	Net assets or fund balances. Subtract line 21 from line 20		1,000,002.	1,433,003.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and etateme	ante and to the heet of m	v knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			y kilowieuge aliu bellei, it is
uu,	COLLECT	, and complete. Declaration of proparer (other than officer) is based on an information of win	non proparci	ilas arīy kriowicuge.	
Sigr	,	Signature of officer		Date	
Her	1	CHRISTIE LARSON, EXECUTIVE DIRECTOR			
	<b>"</b>	Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check [	PTIN
Paid	ŀ	MICHAEL PETERSON MICHAEL PETERSON	ı  1	1/23/22 if self-emplo	P00257666
Prep		Firm's name ▶ PETERSON COMPANY LTD		Firm's EIN ▶	**-***7412
Use	г	Firm's address 570 CHERRY DRIVE			
_	_	WACONIA, MN 55387		Phone no. 95	2-442-4408
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SOUTHERN VALLEY ALLIANCE IS DEDICATED TO PROVIDING VICTIMS OF DOMESTIC
	VIOLENCE AND THEIR FAMILIES WITH SUPPORT, REFERRALS, PROTECTION AND
	ADVOCACY. WE PROUDLY SERVE CARVER AND SCOTT COUNTIES IN MINNESOTA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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 \$ 158,851. including grants of \$) (Revenue \$)
	CRISIS INTERVENTION/ADVOCACY- SVA'S 24-HOUR CONFIDENTIAL CRISIS LINE
	PROVIDES A SAFE PLACE TO CALL, RECEIVE SUPPORT AND ASK QUESTIONS
	WHETHER YOU ARE A VICTIM OR A CONCERNED FAMILY MEMBER OR FRIEND.
	TRAINED STAFF AND VOLUNTEERS ASSESS NEEDS, SAFETY PLAN, CONNECT TO
	SHELTER AND PROVIDE RESOURCES.
4b	(Code:) (Expenses \$ 97,431. including grants of \$) (Revenue \$)
	COMMUNITY ENGAGEMENT AND EDUCATION-SVA PARTNERS WITH OTHER
	ORGANIZATIONS TO INCREASE AWARENESS ABOUT THE EFFECTS OF DOMESTIC
	VIOLENCE ON THE COMMUNITY. SVA PRESENTS AT SCHOOLS, EVENTS, BUSINESSES
	AND COMMMUNITY ORGANIZATIONS.
	06.060
4c	(Code:) (Expenses \$26,369. including grants of \$) (Revenue \$)
	SUPPORT GROUPS -SVA OFFERS CONFIDENTIAL SUPPORT GROUPS LEAD BY TRAINED FACILITATORS. FACILITATORS LEAD THE DISCUSSION AND CAN OFFER INSIGHT,
	DIRECTION AND SUPPORT. GROUPS ARE HELD WEEKLY IN-PERSON AND VIA ZOOM.
	DIRECTION AND BOTTORT: GROOTE ARE HELD WEEKET IN TERROOR AND VIA ZOOM.
4d	Other program services (Describe on Schedule O.)
ти	(Expenses \$ 9,278 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 291,929.
	Form <b>990</b> (2021)

# Form 990 (2021) SOUTHERN VALLEY ALLIANCE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.2		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del>  ^`</del>
"		47		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<del>  ^</del> `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>V</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

132003 12-09-21

Form **990** (2021)

Form 990 (2021)

Part IV | Checklist of

Fai	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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
4	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
		24u		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, ,	25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u></u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	Α	1

132004 12-09-21

Form **990** (2021)

20465751

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с **d** If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

> 5 Form **990** (2021) 2021.05000 SOUTHERN VALLEY ALLIANCE 20465751

If "Yes," complete Form 6069

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

	Check if Schedule O contains a response or note to any line in this Part VI						LX.
Sec	tion A. Governing Body and Management						
				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?			L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			. L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. L	5		X
6		L	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point	one or				
	more members of the governing body?			L	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or				
	persons other than the governing body?			L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?			L	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			. L	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	L	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. L	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	on Schedule O how this was done			L	12c	X	
13	Did the organization have a written whistleblower policy?			L	13	X	
14	Did the organization have a written document retention and destruction policy?			. L	14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$						
а	The organization's CEO, Executive Director, or top management official			.	15a	Х	
b	Other officers or key employees of the organization			L	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a				
	taxable entity during the year?			L	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶MN						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(	3)s (	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, a	ınd f	inanc	ial	
	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 boo	oks and	d records				
	CHRISTIE LARSON - 9528734214						
	PO BOX 166, BELLE PLAINE, MN 56011-0166						

Form **990** (2021)

20465751

# 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.

<b>(A)</b> Name and title	(B) Average hours per week	box	not c , unle cer ar	Pos heck i ss per	more rson i	than o	n an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CHRISTIE LARSON	40.00	1						100 000		
EXECUTIVE DIRECTOR	1 00		_	Х				108,830.	0.	0
(2) KAITLYN STAMSON	1.00	٠,,							_	•
DIRECTOR (3) MARTA BECKETT	1 00	Х						0.	0.	0
DIRECTOR	1.00	х						0.	0.	0
(4) JIM GILBERTSON	1.00	^						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0
(5) AMY FOBBE	1.00	25						•	•	
SECRETARY	1100	x		x				0.	0.	0
(6) BECKY RIBICH	1.00	1								
DIRECTOR		Х						0.	0.	0
(7) JOSH DAVIS	1.00									
DIRECTOR		Х						0.	0.	0
(8) LESLEY JENSEN	1.00									
DIRECTOR		Х						0.	0.	0
(9) BRADY JUELL	1.00	<u> </u>								
PRESIDENT		Х						0.	0.	0
		1		ĺ						

Form **990** (2021)

\*\*-\*\*\*3575

ı uı	Section A. Officers, Directors, Trus	1	ploy	ees,			gnes	τC	ompensated Employee	s (continued)					
	(A)	(B) Average			(C Pos	C) itior	1		(D)	(E)					
	Name and title	hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation			timate iount		
		week	offi				or/trus		from	from related			other	٠.	
		(list any hours for	irector						the	organizations	,		oensa		
		related	e or di	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	"		om th anizat		
		organizations	Itruste	nal tru:		oyee	omper		1099-NEC)	.555.1125,		_	l relat		
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons	
		11110)	=	Ë	70	×	<u> </u>	요			+				
			1												
							-				+				
											$\top$				
											4				
							$\vdash$				+				
							┢				+				
			1												
								Ļ	100 020		+			0	
	Subtotal Total from continuation sheets to Part VI								108,830.		0.			0.	
	Total (add lines 1b and 1c)								108,830.		0.			0.	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable					
	compensation from the organization											1	V	1	
3	Did the organization list any <b>former</b> officer,	director trust	مم لا	(A)/ (A	mnl	OVA	a or	hia	thest compensated empl	ovee on	Г		Yes	No	
3	line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_	• •	•		3		Х	
4	For any individual listed on line 1a, is the su										.				
	and related organizations greater than \$150	,		•								4		X	
5	Did any person listed on line 1a receive or a	=				-						_		v	
Sec	rendered to the organization? If "Yes." cometion B. Independent Contractors	<u>iplete Schedul</u>	e J fo	or su	ıch <u>i</u>	oers	on .					5		Х	
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsatio	on fro	m		
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax ye	ear.					
	( <b>A)</b> Name and business	address	NC	ONE	7.				<b>(B)</b> Description of s	ervices	Co	<b>O)</b> mper	) isatio	n	
			-110	<u> </u>	<u>-                                      </u>										
								$\dashv$							
2	Total number of independent contractors (i	ncluding but n	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than					
	\$100,000 of compensation from the organic					(							200		
											F	orm (	990 (	2021)	

132008 12-09-21

Form 990 (2021) SOUTHER
Part VIII Statement of Revenue

			Check if Schedule O contains a r	esponse o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			F	1b					
S S				1c					
fts,				1d					
ij gi					353,579.				
ons,			3 1 1	1e	333,373.				
utic		T	All other contributions, gifts, grants, and		355 050				
ĕ			•••		355,858.				
ont		_	•	1g  \$		700 427			
O g		n	Total. Add lines 1a-1f			709,437.			
					Business Code				
ce	2	а							
ervi		b							
ı S.		С							
ran 3ev		d							
Program Service Revenue		е							
<u>a</u>		f	All other program service revenue $\dots$						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividen	ds, intere	st, and				
			other similar amounts)			4,169.			4,169.
	4		Income from investment of tax-exemp	ot bond pi	roceeds				
	5		Royalties		<b>&gt;</b>				
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
			` '	curities	(ii) Other				
			assets other than inventory 7a		392,500.				
		b	Less: cost or other basis		•				
<u>o</u>		-	and sales expenses		189,786.				
her Revenue		c	Gain or (loss) 7c		202,714.				
ev		d	Net gain or (loss)			202,714.	202,714.		
e F			Gross income from fundraising events (no						
Ğ	Ü	u	including \$						
			contributions reported on line 1c). Se						
			Part IV, line 18		62,494.				
		h	Less: direct expenses						
			Net income or (loss) from fundraising			38,335.			38,335.
			Gross income from gaming activities.			20,000.			20,333.
	9	а	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming act						
			Gross sales of inventory, less returns						
	10	а	• • • • • • • • • • • • • • • • • • • •						
			and allowances						
			Less: cost of goods sold						
$\rightarrow$		С	Net income or (loss) from sales of inv	entory					
જ					Business Code				
eor re	11								
Miscellaneous Revenue		b							
Se.		С							
Ξ			All other revenue						
			Total. Add lines 11a-11d			054 655	202 514	_	40 504
	12		<b>Total revenue.</b> See instructions			954,655.	202,714.	0.	42,504.

# Form 990 (2021) SOUTHERN VALL Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must completed from the contains a respons			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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				
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,	266 000	145 010	202 026	17 152
	trustees, and key employees	366,899.	145,810.	203,936.	17,153.
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 accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	1,543.	613.	858.	72
9 10	Other employee benefits	28,685.	11,400.	15,944.	72. 1,341.
10 11	Payroll taxes  Fees for services (nonemployees):	20,003.	11,400.	10,044.	1,541
	Management	19,872.	11,526.	7,154.	1,192.
a b		15,072.	11,520.	7,154	1,152
	Accounting	32,375.	18,777.	11,655.	1,943.
	Lobbying	32/3/31	20,7777	11/0331	1/515
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g					
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	21,750.	17,725.	1,850.	2,175.
13	Office expenses	17,829.	14,815.	2,378.	636.
14	Information technology	13,234.	9,263.	3,309.	662.
15	Royalties				
16	Occupancy	26,567.	15,058.	10,794.	715.
17	Travel	6,675.	5,874.	534.	267.
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	10,751.	5,372.	5,379.	
23	Insurance	17,152.	10,807.	5,830.	515.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
2	PERSONAL EXPEMSE FOR VI	14,899.	14,899.		
h	OTHER MISCELLANEOUS EXP	7,079.	4,956.	1,770.	353.
c	TELEPHONE	4,493.	4,009.	394.	90.
d	TRAINING AND DEVELOPMEN	1,283.	1,025.	258.	- •
	All other expenses	, = = = =	,		
25	Total functional expenses. Add lines 1 through 24e	591,086.	291,929.	272,043.	27,114
<u></u> 26	Joint costs. Complete this line only if the organization	•	·	·	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			591,683.	1	804,583
	2	Savings and temporary cash investments			377,187.	2	272,856
	3	Pledges and grants receivable, net			51,278.	3	47,647
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9				3,099.	9	14,494
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	363,023.			
	b	Less: accumulated depreciation	10b	32,874.	180,348.	10c	330,149
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	3)	1,203,595.	16	1,469,729	
	17	Accounts payable and accrued expenses		39,493.	17	36,724	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo					
Ě		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr			EC 100	23	
	24	Unsecured notes and loans payable to unrela			76,100.	24	0
	25	Other liabilities (including federal income tax,		l			
		parties, and other liabilities not included on lir	nes 17-24)	. Complete Part X			
		of Schedule D		<u>-</u>	115 500	25	26 724
	26	Total liabilities. Add lines 17 through 25	<u></u>	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	115,593.	26	36,724
s		Organizations that follow FASB ASC 958, c	heck her				
၁င		and complete lines 27, 28, 32, and 33.			1 000 000		1 422 005
alai	27				1,088,002.	27	1,433,005
Ä	28	Net assets with donor restrictions				28	
ڃ		Organizations that do not follow FASB ASC	958, cne	eck nere			
P.		and complete lines 29 through 33.					
ts (	29	Capital stock or trust principal, or current fund				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
λA	31	Retained earnings, endowment, accumulated			1 000 000	31	1 /22 005
ž	32	Total net assets or fund balances			1,088,002.	32	1,433,005
	33	Total liabilities and net assets/fund balances			1,203,595.	33	1,469,729

Form **990** (2021)

Pa	t 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		4,6					
2	Total expenses (must equal Part IX, column (A), line 25)	2	59:	1,0	86.				
3	Revenue less expenses. Subtract line 2 from line 1	3	36	3,5	69.				
4									
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	1,43	3,0	<u>05.</u>				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		<u> </u>				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b						
			Form	<b>990</b> (	(2021)				

132012 12-09-21

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
SOUTHERN VALLEY ALLIANCE

Employer identification number \*\*-\*\*3575

Pa	ırt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	zation is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)								
3		A hospital or a cooperative		•		(b)(1)(A)(ii	ii).						
4		A medical research organiz					•	the hospital's name,					
		city, and state:	•				(	•					
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in					
•		section 170(b)(1)(A)(iv). (C		,		, 5							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	ū				• •	public described in					
		section 170(b)(1)(A)(vi). (C			J		g <sub>1</sub>						
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	一	An agricultural research org				ed in coniu	inction with a land-grant	college					
•		or university or a non-land-g				-	-	•					
		university:	y, a.i.t somege or agino	ana. 5 (555 m.s. 4545).			, and state of the semega						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	ns. membership fees. and	d gross receipts from					
		activities related to its exem											
		income and unrelated busin		·				-					
		See section 509(a)(2). (Con		(· , ··-			,	,					
11		An organization organized a	•	vely to test for public saf	etv. See	section 50	09(a)(4).						
12	一	An organization organized a	•	•	•			purposes of one or					
		more publicly supported or	•	•	•		•	• •					
		lines 12a through 12d that	~										
а		Type I. A supporting orga	* *					aivina					
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•		-							
		organization. You must o		• • • •	, ,			3					
b		Type II. A supporting org			ion with its	s supporte	ed organization(s), by hav	/ing					
		control or management o	•					-					
		organization(s). You mus					3						
c		Type III functionally inte			in connect	ion with, a	and functionally integrate	ed with,					
		its supported organization	-				• •	,					
c		Type III non-functionally		·				zation(s)					
		that is not functionally int					· · · · · · · · · · · · · · · · · · ·						
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	<b>V.</b>						
e		Check this box if the orga	•	-									
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiza	ation.							
f	Ente	er the number of supported o	organizations										
	Pro	vide the following information	n about the supporte	d organization(s).									
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
Tota	al						l						

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	601,435.	392,839.	328,856.	481,264.	709,437.	2513831.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	601,435.	392,839.	328,856.	481,264.	709,437.	2513831.
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)						
	Public support. Subtract line 5 from line 4.						2513831.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	601,435.	392,839.	328,856.	481,264.	709,437.	2513831.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,490.	3,914.	797.	8,113.	4,169.	23,483.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	40,160.	23,175.	76,266.	73,750.	241,048.	
11	<b>Total support.</b> Add lines 7 through 10						2991713.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi						04 03
	Public support percentage for 2021 (li					14	84.03 %
	Public support percentage from 2020					15	89.29 %
16a	<b>33 1/3% support test - 2021.</b> If the o						
	stop here. The organization qualifies						
D	<b>33 1/3% support test - 2020.</b> If the o	•		•		•	
47-	and <b>stop here.</b> The organization quali						
1/a	10% -facts-and-circumstances test	ū					•
	and if the organization meets the facts		*	•		· ·	▶ □
L-	meets the facts-and-circumstances test	ū	•			70 and line 15 is 1	
a	10% -facts-and-circumstances test	ū				•	1U% UI
	more, and if the organization meets the				-		<b>▶</b> □
40	organization meets the facts-and-circu		-	•	• • •		
18	Private foundation. If the organization	n ala not check a b	oox on line 13, 16a	i, 160, 17a, or 17b	, cneck this box at	ia see instructions	· ▶ ∟

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a	1		
3a			
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
3c			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b	_		
5b	4c		
5b			
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c	Eh		
6 7 8 9a 9b 9c			
7 8 9a 9b	50		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c	8		
9b 9c			
9b 9c			
9c	9a		
9c			
	9b		
100	9с		
100			
1 400			
iua	10a		
10b   10b   2001			

132024 01-04-21

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	N how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supen	vised, or controlled the supporting organization.	2		
Sect	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	tion E	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Caal</u>	suppo	orted organizations played in this regard.	3		
Seci		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction		
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
1-		nese activities constituted substantially all of its activities.	<u> 2a</u>		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	OL.		
•		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
<b>h</b>		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> e organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
U	יום נוו	o organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22 Schedule A (Form 990) 2021

3b

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		· ·	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2021

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

# 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

SOUTHERN VALLEY ALLIANCE

\*\*-\*\*\*3575

Organiz	prganization type (cneck one):						
Filers of:		Section:					
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

# SOUTHERN VALLEY ALLIANCE

\*\*-\*\*\*3575

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		\$ 240,990.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 75,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions  \$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>16,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

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SOUTHERN	VALLEY	ALLIANU	. C

\*\*-\*\*\*3575

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

# SOUTHERN VALLEY ALLIANCE

\*\*-\*\*\*3575

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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
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
3453 11-11	-21		Schedule B (Form 990) (202

Name of organization **Employer identification number** \*\*-\*\*\*3575 SOUTHERN VALLEY ALLIANCE 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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

Inspection

Name of the organization

SOUTHERN VALLEY ALLIANCE

**Employer identification number** \*\*-\*\*\*3575

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or AC	Counts. Complete if the
		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed fund	s
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be	used or	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferri	ng
_	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	of a histo	rically important land area
	Protection of natural habitat	Preservation of	of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a cor	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struct	ure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	•	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation eas	sements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(	i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	nents tha	t describes the
	organization's accounting for conservation easements.	•		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Si	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in f	urtheran	ce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ns.	·
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,		
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(m) 4			<b>\$</b>
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS		3, P	· ·
а	Revenue included on Form 990, Part VIII, line 1	_		<b>&gt;</b> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

	t III Organizations Maintaining C	ollections of Ar			asures, or	Othe	r Sin	nilar Asset	S (continu		ge <b>z</b>
3	Using the organization's acquisition, accessi		-		-				COILLING	icu)	
	collection items (check all that apply):	on, and out of 100014	o, oncon	arry or tire i	onowing that	mano o	.go	uni 400 01 110			
а	Public exhibition	c	ı 🗆 ı	oan or exc	hange progra	m					
b	Scholarly research	•			nango progra						
c	Preservation for future generations	•	,								
4	Provide a description of the organization's co	ollections and explain	n how the	v further th	ne organizatio	n's exer	mnt ni	ırnose in Part	XIII		
5	During the year, did the organization solicit o								7		
J	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										110
	reported an amount on Form 990, Pai		010 11 1110 1	organizatio	ii anoworda	100 011		000, 1 41111,			
1a	Is the organization an agent, trustee, custodi		liary for co	ontributions	s or other ass	ets not	includ	ed			
	on Form 990, Part X?							_	Yes		No
h	If "Yes," explain the arrangement in Part XIII								_ 100	ш	110
	ii roo, oxpiaii tile arrangement iii at xiii	una complete the lo	nowing ta	DIC.			Г		Amount		
	Beginning balance							1c			
	Additions during the year						·· ⊢	1d			
	Distributions during the year							1e			
f								1f			
22	Ending balance							.,	Yes		No
	If "Yes," explain the arrangement in Part XIII.						-	∟		H	140
Par											
	- Complete	(a) Current year		ior year	(c) Two year			ree years back	(e) Four	ears b	ack
1a	Beginning of year balance	, ,	, ,		, ,		,	,	'	<u>′</u>	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
·											
	Administrative expenses										
g											
2	Provide the estimated percentage of the curr		o (lipo 1a	column (a)	)) hold as:				1		
a	Board designated or quasi-endowment	ent year end balanc	e (iirie 19, %	Column (a)	I) Helu as.						
b	Permanent endowment										
	· -										
C	The percentages on lines 2a, 2b, and 2c sho										
32	Are there endowment funds not in the posse	•	ation that	are held ar	nd administer	ad for th	ne ora	anization			
oa	by:	331011 01 the organize	ation that	are ricid ai	ia administer	ou lor ti	ic org	arnzation	[·	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	ed on Scl	hedule R2							
4	Describe in Part XIII the intended uses of the								. [00]		
Par	t VI Land, Buildings, and Equipm		WITIOTIC TO	ndo.							
	Complete if the organization answere		), Part IV,	line 11a. S	See Form 990,	Part X,	line 1	0.			
	Description of property	(a) Cost or o			or other			ulated	(d) Book	value	
	Becomption of property	basis (investr			(other)		precia	<b>I</b>	(a) Book	value	
12	Land	<del>                                     </del>			1,794.				81	,79	4.
	Buildings				5,384.				245		
	Leasehold improvements				-,					, 55	<u></u>
		<b>I</b>									
	Equipment Other			3	5,845.		32	,874.	2	,97	1.
	Add lines to through to (0.1 (1)			<i></i>	<u> </u>		<u> </u>	, , , = •	330	11	<u></u>

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 SOUTHERN VA	LLEY ALLIANCE	**	-***3575 Page <b>3</b>
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-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.			
	on Form 000 Dort IV line 1:	1 a Can Form 000 Dort V line 12	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l of year market yelye
i-i	(b) book value	(c) Method of Valuation. Cost of end	i-oi-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u> (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 1	1d. 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 Part X Other Liabilities.	e 15.)	<b>&gt;</b>	
	on Form 000 Dort IV line 1:	1 a av 11f Can Farm 000 Dart V line 05	
Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV, line 1	Te or TTI. See Form 990, Part X, line 25.	(b) Book value
<u> </u>			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(0)			

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 ....

Schedule D (Form 990) 2021

	cadic b (roini 330) 2021 b 3 3 2					CO.O Tage
Pai	rt XI Reconciliation of Reven	ue per Audited Financial Statem	ents With I	Revenue per Re	turn.	
	Complete if the organization ans	swered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other suppor	t per audited financial statements			1	960,249.
2	Amounts included on line 1 but not on	Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investr	nents	2a	-18,565.		
b	Donated services and use of facilities		2b			
С	Recoveries of prior year grants		2c			
d				24,159.		
е	Add lines 2a through 2d				2e	5,594.
3	Subtract line 2e from line 1				3	954,655.
4	Amounts included on Form 990, Part V					
а	Investment expenses not included on F	Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b			
С	Add lines 4a and 4b				4c	0.
5		5	954,655.			
Pa	art XII Reconciliation of Expens	ses per Audited Financial Stater	nents With	Expenses per F	Returr	۱.
	Complete if the organization ans	swered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total expenses and losses per audited	financial statements			1	615,245.
2	Amounts included on line 1 but not on	Form 990, Part IX, line 25:				
а	a Donated services and use of facilities		2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	d Other (Describe in Part XIII.)		2d	24,159.		
е	Add lines 2a through 2d				2e	24,159.
3	Subtract line 2e from line 1				3	591,086.
4	Amounts included on Form 990, Part IX					
а	Investment expenses not included on F	Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b			
С	A 1 1 12 A 1 A				4c	0.
5	Total expenses. Add lines 3 and 4c. (T	his must equal Form 990. Part I. line 18.)			5	591,086.

Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE ORGANIZATION REVIEWS INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS TO DETERMINE IF THERE ARE ANY INCOME TAX UNCERTAINTIES. THIS INCLUDES POSITIONS THAT THE ENTITY IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE ASSOCIATION RECOGNIZES TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITIONS. THE ORGANIZATION HAS IDENTIFIED NO SIGNIFICANT INCOME TAX UNCERTAINTIES. THE ORGANIZATION FILES INFORMATION RETURNS AS A TAX-EXEMPT ORGANIZATION. SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION COULD BE SUBJECT TO REVIEW BY THE INTERNAL REVENUE

Schedule D (Form 990) 2021

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

lame of the organization	Employer identification number																								
SOUTHER	**-***3575																								
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.																									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a																									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No																						
otal			<b>•</b>																						
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontribu	utions	or has been notified	it is	exempt from re	gistration																		

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

Schedule G (Form 990) 2021

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.						
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events						
_			POINSETTIA	JEANS & GEMS		(add col. (a) through						
			SALES	SALES	3	col. (c)						
			(event type)	(event type)	(total number)	COI. (C)						
Revenue												
š.	1	Gross receipts	13,950.	32,569.	15,975.	62,494.						
æ			, , , , , ,	,	- ,	,						
	2	Less: Contributions										
	_	Less. Continuations										
	3	Gross income (line 1 minus line 2)	13,950.	32,569.	15,975.	62,494.						
	Ŭ	areas meetine (mile 1 miliae mile 2)		0_/0000		01,1010						
	4	Cash prizes										
	<b>"</b>	Cush phizes										
	5	Noncash prizes										
Ś	"	Noncash phaces										
nse	_	Rent/facility costs										
çpe	0	Tient/facility costs										
Direct Expenses	_	Food and houseness										
<u>9</u>	′	Food and beverages										
⊡	_											
	8	Entertainment	7,380.	10,231.	<i>C</i> E 10	24 150						
	9	Other direct expenses	· ·	· · · · · ·	6,548.	24,159.						
	10	,				24,159. 38,335.						
D	11 Net income summary. Subtract line 10 from line 3, column (d)   Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than											
Г			answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than							
		\$15,000 on Form 990-EZ, line 6a.	T	# > Dull take /instead		( N Tatal manais or /a dat						
ē			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))						
Revenue				biligo/progressive biligo		coi. (a) trilougir coi. (c)						
Rev		_										
	1	Gross revenue										
es	2	Cash prizes										
Direct Expenses												
ă	3	Noncash prizes										
ctE												
<u>ir</u> e	4	Rent/facility costs										
_												
	5	Other direct expenses										
			Yes %	Yes %	Yes %							
	6	Volunteer labor	No	L No	No							
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>)</b>							
		ter the state(s) in which the organization condu										
		the organization licensed to conduct gaming a				Yes No						
b	If "	No," explain:										
	_											
	_											
		ere any of the organization's gaming licenses re	•		ear?	Yes No						
b	If "	Yes," explain:										
	_											
	_											

Schedule G (Form 990) 2021

132082 10-21-21

11 Does the organization conduct gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:  a The organization's facility  b An outside facility  13a  13b  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	□ No □ No
to administer charitable gaming?  13 Indicate the percentage of gaming activity conducted in:  a The organization's facility  b An outside facility  13a  13b	
13 Indicate the percentage of gaming activity conducted in:  a The organization's facility b An outside facility  13a  13b	
a The organization's facility b An outside facility 13a 13b	0.4
	0.7
	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	%
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ►	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation  \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990)	SOUTHERN	VALLEY	ALLIANCE	**-***3575	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (continue	, d)			. age .
		(Continue	:u)			
-						
-						
-						
-						
-						
-						
-						

## **SCHEDULE 0** (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHERN VALLEY ALLIANCE

**Employer identification number** \*\*-\*\*\*3575

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
I'M O.K. CHILDREN'S VISITATION CENTER- SVA CEASED OPERATION OF
SUPERVISED VISITATION SERVICES AT THE END OF JUNE 2021, THE END OF
FISCAL YEAR 20-21.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CRIMINAL JUSTICE INTERVENTION- WHEN LAW ENFORCEMENT RESPOND TO A
DOMESTIC ASSAULT IN CARVER AND SCOTT COUNTIES, THEY CONTACT SVA TO GIVE
SUPPORT AND RESOURCES TO THE VICTIM. SVA ADVOCATES ALSO PROVIDE COURT
ACCOMPANIMENT, LEGAL RESOURCES, ASSISTANCE WITH ORDERS FOR PROTECTION
AND HARRASSMENT RESTRAINING ORDERS.
EXPENSES \$ 9,278. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF DIRECTORS SHALL BE ELECTED AT THE ANNUAL MEETING.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS THE 990 AND NOTES REVIEW AND APPROVAL IN
THEIR BOARD MINUTES.
FORM 990, PART VI, SECTION B, LINE 12C:
SVABW FOLLOWS THEIR WRITTEN POLICY AND BOARD MEMBERS REVIEW POTENTIAL
CONFLICTS AND AGREE TO ABIDE BY THE POLICY

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

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

Schedule O (Form 990) 2021

Scriedule O (Form 990) 2021	Page 2
Name of the organization SOUTHERN VALLEY ALLIANCE	Employer identification number **-**3575
BOARD OF DIRECTORS APPROVES COMPENSATION AT THE BEGINNING	OF EACH FISCAL
YEAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

SOU	JTHERN VALLEY ALLIAN	ICE		FORM	990 PA	GE 10		**-***3575
Pai	rt   Election To Expense Certain Proper	ty Under Section 17	79 Note: If you have	any listed	l property, co	omplete Part	V before y	ou complete Part I.
<b>1</b> N	Maximum amount (see instructions)						1	1,050,000.
2 7	otal cost of section 179 property place	ed in service (see	instructions)				2	
<b>3</b> T	hreshold cost of section 179 property	before reduction	in limitation				3	2,620,000.
	Reduction in limitation. Subtract line 3						1	
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -	0 If married filing separate	y, see instru	ctions		5	
6	(a) Description of pro	operty	(b) Cos	t (business i	use only)	(c) Elected	cost	
	isted property. Enter the amount from						ı	
	otal elected cost of section 179 prope							
9 ⊺	entative deduction. Enter the smaller	of line 5 or line 8					9	
	Carryover of disallowed deduction from	•						
	Business income limitation. Enter the s							
12 5	Section 179 expense deduction. Add li	nes 9 and 10, but	don't enter more tha	ın line 11			12	
	Carryover of disallowed deduction to 20				13			
	: Don't use Part II or Part III below for		•					
Pa	Operation 2 operation and in a market					•		
14 5	Special depreciation allowance for qual	ified property (oth	ner than listed proper	ty) placed	d in service o	luring		
	he tax year							
	Property subject to section 168(f)(1) ele	ction					15	0.040
	Other depreciation (including ACRS)						16	9,243.
Pal	MACRS Depreciation (Don't	include listed pro	•					
			Section A					2 110
	MACRS deductions for assets placed in	•	0 0				17	2,118.
18 If	you are electing to group any assets placed in servi		nto one or more general assete During 2021 Tax			L	tion Create	
	Section B - Assets	(b) Month and	(c) Basis for depreciat				lion Syste	
	(a) Classification of property	year placed in service	(business/investment only - see instruction	use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property		1,3	40. 5	YRS.	MQ	200DB	67.
С	7-year property							
d	10-year property							
e	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
	Name of death-lead and a second	/			39 yrs.	MM	S/L	
i	Nonresidential real property	S/L						
	Section C - Assets P	laced in Service	During 2021 Tax Ye	ar Using	the Alterna	tive Depreci	ation Syst	tem
<u>20a</u>	Class life						S/L	
b	12-year				12 yrs.		S/L	
c	30-year	/			30 yrs.	MM	S/L	
d		I			40 yrs.	MM	S/L	
	40-year	/			40 yrs.	IVIIVI	0/L	
	40-year  T IV Summary (See instructions.)	/			40 yrs.	I IVIIVI	J 5/L	
<b>Pa</b> l 21 L	T IV Summary (See instructions.) Listed property. Enter amount from line					IVIIVI	21	
<b>Pa</b> l 21 L	T IV Summary (See instructions.)		les 19 and 20 in colu	mn (g), ar		IVIIVI	21	
21 L 22 T	rt IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines Enter here and on the appropriate lines	14 through 17, lin of your return. Pa	artnerships and S co	porations	nd line 21.	IVIIVI		11,428.
21 L 22 T 23 F	rt IV Summary (See instructions.)  Listed property. Enter amount from line  Total. Add amounts from line 12, lines	14 through 17, lin of your return. Pa service during the	artnerships and S cor e current year, enter t	porations he	nd line 21.	IVIIVI	21	11,428.

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Part V

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - Depreciation and	Other In	format	ion (Cau	ıtion: 🤄	See the	instruc	tions for li	mits for	passeng	er auton	nobiles.	)		
 24a	Do you have evidence to support the business/ir	vestment	use cla	imed?	Y	es	No	<b>24b</b> If "Y	es," is th	ne evider	nce writt	ten?	] Yes [	N	0
	Type of property Date Bu	(c) siness/ estment ercentage	l ott	<b>(d)</b> Cost or her basis		(e) sis for depr siness/inve use onl	estment	(f) Recovery period	Me	( <b>g)</b> thod/ vention	Depre	( <b>h)</b> eciation uction	Ele sectio	(i) cted on 179 ost	
 25	Special depreciation allowance for qualified	listed pr	operty	placed in	n servic	e during	the ta	ıx year and	<u>'</u>						
	used more than 50% in a qualified business	use								25					
26	Property used more than 50% in a qualified	busines	s use:												_
	: :	%													_
	: :	%													_
	i i	%													_
<u> 27</u>	Property used 50% or less in a qualified bus	iness us	e:								T				_
	: :	%	+						S/L -						
	ii	%							S/L -						
	: :	%							S/L -						
28	Add amounts in column (h), lines 25 through	1 27. Ent	er here	and on	line 21,	page 1				28					
29	Add amounts in column (i), line 26. Enter he	re and o	n line 7	, page 1								29			_
		Se	ction E	3 - Inforr	nation	on Use	of Ver	nicles							
	nplete this section for vehicles used by a so												ehicles/		
to y	our employees, first answer the questions in	Section	C to se	ee if you	meet a	n excep	tion to	completin	ng this se	ection fo	r those \	rehicles.			
						1-1	1	1-1	Ι,	-1\		- \			_
20	Total husingso/investment miles driven during th		-	a)		<b>b)</b> hicle	١,	(c)	1	d)	-	e)	(1		
	Total business/investment miles driven during the		Veh	licie	vei	nicie	<del>                                     </del>	/ehicle	ver	<u>nicle</u>	ver	nicle	Vehicle		_
	year (don't include commuting miles)						1								_
	Total commuting miles driven during the year	ar  -					1								_
32	Total other personal (noncommuting) miles														
22	Total miles driven during the year	·····-  -					1								_
	Total miles driven during the year.														
	Add lines 30 through 32	·····  -	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No	_
04	during off-duty hours?		103	110	103	140	100	110	103	110	103	110	103	140	-
35	Was the vehicle used primarily by a more	·····													_
	than 5% owner or related person?														
	Is another vehicle available for personal														
	use?														
	Section C - Ques	tions fo	r Emple	overs W	ho Prov	vide Vel	nicles	for Use by	/ Their E	mplove	es				_
Ans	wer these questions to determine if you mee											ren't			
	re than 5% owners or related persons.		-						<b>,</b>	.,,					
	Do you maintain a written policy statement		nibits al	I person	al use c	of vehicle	es, incl	uding con	muting,	by your			Yes	No	_ >
	employees?			-				-	-						
	Do you maintain a written policy statement									our					
	employees? See the instructions for vehicle	s used b	y corpo	orate offi	cers, di	rectors,	or 1%	or more o	wners						_
39	Do you treat all use of vehicles by employee	s as per	sonal u	ise?											
40	Do you provide more than five vehicles to ye	our empl	oyees,	obtain ir	formati	ion from	your e	employees	about						
	the use of the vehicles, and retain the inform	nation re	ceived'	?											_
41	Do you meet the requirements concerning of	ualified	automo	obile den	nonstra	tion use	?								_
	Note: If your answer to 37, 38, 39, 40, or 41	is "Yes,	," don't	complet	e Secti	on B for	the co	vered ver	icles.						
Pa	art VI Amortization			_											_
	(a) Description of costs		( <b>b)</b> nortization		(c) Amortizat	ole		<b>(d)</b> Code		(e) Amortiza	tion	Aı	<b>(f)</b> nortization		
		be	egins		amount	i		section		period or per		fo	r this year		_
<u>42</u>	Amortization of costs that begins during you	ır 2021 t	ax yea	r:					<u> </u>						_
		- :	:				+								_
		:													_
	Amortization of costs that began before you										43				_
44	Total. Add amounts in column (f). See the in	structio	ns for v	where to	report						44			- /65-	_