Form 990 Form 990 Department of the

Return of Organization Exempt From Income Tax

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

2021

pen to Public Inspection

Departi Treasu		or the						Inspection.
	_	e1 2021 Vica	ilendar year, or tax year beginning	07-01-2021 , and ending 06-30-20)22			
		applicable:	C Name of organization World Savvy			D Employe	ar identi	ification number
-		change hange	World Savvy			45-047	73508	
	tial re	-	Doing business as					
Fin	al a/term	inated						
		d return	Number and street (or P.O. box if mai	il is not delivered to street address) Room/s	uite	E Telephon	e number	f
— Ap	plicati	ion pending	2429 Nicollet Ave			(612)	259-78	49
_			City or town, state or province, country	ry, and ZIP or foreign postal code				
			Minneapolis, MN 55404			G Gross red	:eipts \$ 3	,698,625
			F Name and address of principa Dana Mortenson	l officer:		this a group re	turn for	
			2429 Nicollet Ave			ubordinates? re all subordina	ites	Yes No
			Minneapolis, MN 55404			icluded?		Yes No
				sert no.) 4947(a)(1) or 527		"No," attach a roup exemption		
J W	ebsit	te:▶ ww	w.worldsavvy.org					
K Forr	n of o	rganization	n: 🔽 Corporation 🗌 Trust 🗍 Association	n Other	L Year of	formation: 2002		of legal domicile:
							MN	
Pa	rt I		nmary					
			escribe the organization's mission	or most significant activities: and thrive as responsible global citize	ens			
ce		Luucute t	and engage youth to learn, work, t	and thrive as responsible global citize	C1131			
ē								
e								
20	_			scontinued its operations or disposed		han 25% of its	1	1
Activities & Governance				ig body (Part VI, line 1a)			3	10
es				the governing body (Part VI, line 1b)			4	1 (
₹			• •	alendar year 2021 (Part V, line 2a)			5	2 (
5			mber of volunteers (estimate if ne	* *			6	1 1
4				t VIII, column (C), line 12 · · ·			7a	С
	b	Net unre	elated business taxable income fro	om Form 990-T, Part I, line 11 • •		<u> </u>	7b	С
			5			Prior Year		Current Year
9			itions and grants (Part VIII, line 1h	•		6,226,7		3,556,490
Revenue		-	service revenue (Part VIII, line 2g	•		76,6		132,65
æ			ent income (Part VIII, column (A),	-			10	6:
			evenue (Part VIII, column (A), lines			-34,2		-87,47
				ust equal Part VIII, column (A), line 1	2)	6,269,2		3,601,733
			and similar amounts paid (Part IX,				0	
			paid to or for members (Part IX, co		10)	1 250 0	0	
88	_			enefits (Part IX, column (A), lines 5-	-10)	1,258,3		2,097,180
Expenses			• • •	umn (A), line 11e)			0	
ă			Iraising expenses (Part IX, column (D), lin	· ———		472.4	0.0	927 421
0.7076			xpenses (Part IX, column (A), line: penses. Add lines 13-17 (must ea	· · · · · · · · · · · · · · · · · · ·		473,4		827,42! 2,924,60!
			'	from line 12		1,731,8 4,537,4		677,128
- S	19	Revenue	. less expenses. Subtract line 10 i		Beg	inning of Curren		End of Year
Net Assets or Fund Balances						Year		
Bal			sets (Part X, line 16)			6,503,5	83	6,778,27
in d	21	Total lia	bilities (Part X, line 26)			499,7	75	97,330
			ets or fund balances. Subtract line	21 from line 20		6,003,8	80	6,680,930
	rt II		nature Block	mined this veture including accompa	nuina aaba	dulas and state		and to the best of
				mined this return, including accompa plete. Declaration of preparer (other t				
prepa	rer h	nas any ki	nowledge.			2022 02 20		
		Signat	ture of officer			2023-02-20 Date		
Sign Hero		Dana I	Mortenson CEO					
	٠		or print name and title					
		 	Print/Type preparer's name	Preparer's signature	Date	F	PTIN	
Paid	1	[. 5	2023-02-20		0055221	9
		or	Firm's name 🕨 Abdo LLP			Firm's EIN 41-	1397419	
Pre Uso			Firm's address 5201 Eden Ave Ste 250			Dhans (OE2)	835 0001	
Use	Ji	ייy '				Phone no. (952)	727-2020	,
			Edina, MN 55436			I		

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Page 2

Check if Schedule O contains a response or note to any line in this Part III . . . Briefly describe the organization's mission:

World Savvy is a national nonprofit working with educators and community leaders to reimagine learning for the 21st century and create inclusive, future-ready schools where young people are prepared to thrive in a fast-changing world. We know students must graduate ready not only to succeed in the future, but also to take responsibility for a global community that will require even more resilient peacemakers, courageous problem solvers, and passionate leaders. That's why we're empowering educators to make school inclusive, relevant, and

engaging for all students, inspiring them to learn, work, and thrive as responsible global citizens. Our program focuses on systems change by increasing student engagement, expanding educator capacity and cultural competence, and strengthening school and district leadership.

Did the organization undertake any significant program services during the year which were not listed on

If "Yes," describe these new services on Schedule O.

Did the organization cease conducting, or make significant changes in how it conducts, any program

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. 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.

(Code:) (Expenses \$ 1.337.920 World Savvy's program prepares students to thrive in our globally connected world by redesigning K-12 education to increase student engagement, expand educator

4a capacity, and strengthen school and district leadership. World Sayvy's approach to learning is based on the belief that students learn best when they are engaged in relevant and important issues that impact their communities and the world. We believe that students' lived experiences and perspectives are assets that can be

leveraged in learning every day; however, in order to successfully reach diverse students in their classrooms, educators need support to teach in a way they did not learn while engaging students from communities to which they may not be native; more than 80% of K-12 educators in the US are white, serving a collective majority of minority students. World Savvy supports educators to create active, engaged, culturally-responsive classrooms where all students can thrive. Through all of our work, we strive to embed global competence into teaching, learning and culture so that everyone within a school community - students, educators, leaders and families - is actively supporting the development of the skills and dispositions we know people need to thrive in a complex and interconnected world. World

Savvy defines global competence as the skills, behaviors, values and attitudes necessary to positively engage in one's community, locally and globally. We want all

conferences and gatherings across the US.

supports system-wide change in schools and districts to create more inclusive, adaptive, and future-ready schools. This comprehensive model aims to transform classrooms and school buildings by enhancing educators' capacity to teach for global competence and supporting school leaders as they institutionalize this work in

students to value multiple perspectives, find comfort with ambiguity and change, practice empathy, question prevailing assumptions, engage in inclusive dialogue and be collaborative problem solvers. As outlined in World Savvy's Global Competence Matrix (https://bit.ly/3lWxXTQ), this is how we prepare young people with the capacity to understand and take action on issues of global significance. The core of World Savvy's work pivots around our Comprehensive School Model, which

) (Expenses \$

) (Expenses \$

including grants of \$

teaching, learning, and culture. To meet the needs of each school and district, we offer a range of services including workshops, resources, curriculum consulting, student design challenges, and instructional coaching for both teachers and administrators designed to support the effective integration of global competence. There is no one-size-fits-all model for embedding global competence, so our approach is responsive to the needs of each participating school, and our multi-year

including grants of \$

World Savvy's most significant partnerships are with the schools, districts, and communities we serve. However, in order to offer our partners the greatest access to

including grants of \$

World Savvy has also seen increased interest in speaking engagements highlighting the need for global competence as an educational approach at a variety of

) (Revenue \$

) (Revenue \$

) (Revenue \$

) (Revenue \$

Yes No

Yes No

89,362)

35,000)

8.295)

4d

4b

3

(Code:

partnerships are designed collaboratively with school leaders to align with each school's strategic vision and goals.

487,809

23,166

meaningful tools and supports as they embed global competence into teaching and learning, we partner with like minded organizations.

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Pai	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
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. S	11a	Yes	
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		No

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែងរនិទាំ១៩៥នា និទ្ធាទាខែង និងកែន dependent audited financial statements for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

15

16

17

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Νo

Nο

Νo

Nο

Nο

Nο

Νo

Nο

Νo

Νo

Νo

Nο

Νo

Nο

Form **990** (2021)

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11e

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12b

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20b

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Yes

Yes

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Checklist of Required Schedules (continued)			
		Yes	No
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
Did the organization answer "Voc" to Part VII. Section A. line 3. 4 or 5. about componention of the organization's			

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's Yes current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

Hid He Granketa School field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

Wases " Complete Schedule R, Part II, III, or IV,

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 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Νo

Nο

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28c

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1a

1b

Yes

Yes

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Form	990 (2021)			Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b 4a		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial accounts) and the foreign country:	44		N o
5a	Washe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organizations maintaining donor advised funds. She a donor devised fund maintaining by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
4.0		4.0		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
13	year. Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
b	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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	IS ThesorgameizheidnstruetloostkombfilmsFiturtio4720bjSchedutheeNsection 4968 excise tax on net investment income?	16		No
17	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? If "Yes." complete Form 6069.	17		

independent

year by the following: **a** The governing body?

Section C. Disclosure

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apply.

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7a

Яa

9

10a

10b

11a

12a

12b

13

14

15a

15b

16a

16b

Yes

Νo

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Form 990 (2021) Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

1b

MN,CA,NY,NE,IN,MA

	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu Check if Schedule O contains a response or note to any line in this Part VI	e Ö. S	ee instructions.	 	
Se	ction A. Governing Body and Management				
				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax	1a	10		
	Year-fire 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 in Schedule O.				

	culou in coverning body and rianagement				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a	1 0		
	Year-fire 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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are				

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was

file the organization become aware during the year of a significant diversion of the organization's assets? . .

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

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

organization's mailing address? If "Yes," provide the names and addresses in Schedule O $\,\cdot\,\,$. $\,\cdot\,\,$.

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

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

a The organization's CEO, Executive Director, or top management official

Own website 🔽 Another's website 🔽 Upon request 🗌 Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

▶The Organization 2429 Nicollet Ave Minneapolis, MN 55404 (612) 259-7849

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T

(section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Did the organization have members or stockholders?

b Each committee with authority to act on behalf of the governing body?

10a Did the organization have local chapters, branches, or affiliates? .

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

List the states with which a copy of this Form 990 is required to be filed

Did the organization have a written whistleblower policy? . . .

Νo

Nο

Nο

Nο

Νo

Νo

Nο

No

Νo

	continuited, i unuagement, unua ziociocuna i con cucini i con response co imico z un	_		,			•			
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu Check if Schedule O contains a response or note to any line in this Part VI	le 0. :	See in:	structi • •	ons.					
Se	ection A. Governing Body and Management									
								Y	es	
.a	Enter the number of voting members of the governing body at the end of the tax	1a				10				
	vear diff									

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 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 organization and any related organizations.

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

Executive Director of Special Projects and Culture

- of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above. Check this boy if neither the expeniention new any valeted expeniention so

Check this box if neither the organization no	or any related o	organiz	ation	cor	npe	nsate	d ar	ny current officer,	director, or truste	e.
(A) Name and title	(B) Average hours per week (list any hours for related	unles	ore th ss pe	han derson cer a	not one n is and			(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	and related organizations
(1) Susan Kelly	3.00	· X		Х				0	0	0
Chair	Ë		!			!				
(2) Linda Ireland Vice Chair	1.00	x		х				0	0	0
(3) Sarah Curfman Treasurer	1.00	X		х				0	0	0
(4) Leslie Wright Secretary	1.00	X		х				0	0	0
(5) Julia Cowles	0.50						\Box			0
Board Member	l"	X	_!	_'		_!	_'		0	0
(6) Virginia Mills Board Member	0.50	x						0	0	0
(7) Cay Kimbrell	0.50	. x						0	0	0
Board Member	l"		!	_'		'				
(8) Madiha Murshed Board Member	0.50	X	- -	_				0	0	0
(9) Christy Kujawa Board Member	0.50							0	0	0
(10) Jennifer McClanahan Board Member	0.50							0	0	0
(11) Dana Mortenson Chief Executive Officer	40.00			х				180,000	0	17,135
(12) Maria Cote Chief Operating Officer	40.00			х				0	0	0
(13) Lynnea Atlas-Ingebretson Chief of Staff	40.00			х				145,000	0	17,680
(14) Mallory Tuominen	40.00					 	\vdash	115,000		1467
Chief Program Officer				Х				116,000	0	4,167
(15) Justin Silbaugh Executive Director - West Region	40.00			х				0	0	0
(16) Andrea Satter	40.00							115 000		6 267
Executive Director - Midwest Region			_	Х		_	_'	115,000	0	6,367
(17) Eliza O'Meara Executive Director of Special Projects and Culture	40.00			х				126,684	0	3,014

Pa	Section A. Officers, Director	s, Trustees, K	ey En	ploy	/ees	s, a	nd Hi	ighe	est Con	npens	ated	l Employee:	s (cc	ntinued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	no bo h a or/t	t check x, unling of state of the complete of the complete of the complete of the check the chec	ess er	Repo compo fro organ (W-2 MISC	(D) ortable ensation m the nization 2/1099 C/1099 EC)	on n)-	(E) Reportable compensati from relate organizatio (W-2/1099 MISC/109 NEC)	ion ed ns 9-	(F Estim amount of compen from organiz and re organiz	ated of other sation the zation
	Susan Costello-Tennyson Program Officer	40.00			х					115	,847		0		5,348
c '	Sub-Total						•		75	98,531			0		53,71
	Total number of individuals (including b \$100,000 of reportable compensation f				ed a	bov	e) who	o rec	ceived n	nore th	nan			Yes	No
3	Did the organization list any former off on line 1a? <i>If "Yes," complete Schedule</i> . For any individual listed on line 1a, is t organization and related organizations	<i>J for such indivic</i> he sum of repor	dual . table d	• comp	• ensa	• atio	• n and	• • othe	er comp	• • ensatio	• on fr		3		No
5	individual Did any person listed on line 1a receive services rendered to the organization?	• • • • e or accrue com	• • pensat	• ion fi	• rom	• any	• unrel	• • lated	• • d	 zation	• or in		5		No
S	ection B. Independent Contract	ors												T.	<u> </u>
1	Complete this table for your five highe compensation from the organization. Re	st compensated												tax year	•
	Name and b	(A) pusiness address								Des	script	(B) on of services		Comper	
									1					i	

	990 (2021)							Page 9
Part	VIII Statement of Revenue Check if Schedule O contains a res	nonce or not	a to	any line in this Pa	rt \/III			
	Circle in Schedule of Contains a res	pointe of floor		(A) Total revenue	(B) Related exem function reven	l or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contr	butions, Gifts, Grants, and OtherAmt Simi	ar Amounts	1a	Federated campaig		1a		
			b i	Membership dues		1b		
				Fundraising events		1c	140,229	
				Related organization Government grants (co		1d 1e	200,100	
			f /	All other contributions,	gifts, grants,	16		
			č	and similar amounts no	t included	1f	3,216,161	
			g	Noncash contributions i lines 1a - 1f:\$	ncluded in	1g		
			h T	Total. Add lines 1a	-1f		>	3,556,490
		Business C	ode					
•	2a World Savvy Program	90	0099	132,657		132,657		
Program Service Revenue	-							
Res	b							
ce	с							
Serv								
am	d	-						
.ogu	е							
Δ	f All other program service revenue.							
	9 Total. Add lines 2a-2f	133	2,657					
	3 Investment income (including dividends				-,			-
	other				51			61
	49incument of tax-exempt 5 Royalties	bond proceed	ds I	<u> </u>				-
	(i) Real	(ii) Perso	nal					
	6a Gross rents b Less: rental			_				
	expenses 6b							
	c Rental income or 6c							
	d (Nets)ental income or (loss)							
	(i) Securities	(ii) Othe	er►					
	7a Gross amount from sales of 7a							
	assets other than inventory							
	b Less: cost or							
	other basis and sales expenses							
	c Gain or (loss) 7c							
			•					
	8a Gross income from fundraising events							
e	(not including \$ 140,229 of contributions reported on line 1c).							
ē	See Part IV, line 18 8a		9,41					
Other Revenue	b Less: direct expenses c Net income or (loss) from fundraising 6		96,89	-87,47	75			-87,475
ē	C Net income or (loss) from fundraising (events	•	<i>57,17</i>				07,173
#								
	9a Gross income from gaming activities.							
	See Part IV, line 19 b Less: direct expenses 9b							
	c Net income or (loss) from gaming activ	vities	٠					
	10a Gross sales of inventory, less							
	returns and allowances 10a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inve	ntory						
	Miscellaneous Revenue	Business C	Code					
	11a		. 3					
	b							
	С							
	d All other revenue							
	e Total. Add lines 11a-11d		۰					
	12 Total revenue. See instructions		٠	3,601,73	33	132,657	(-87,414

Form 9	90 (2021)				Page 10
Part I	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must	t complete all colum	nns. All other organ	izations must comple	te column (A).
	Check if Schedule O contains a response or note to	any line in this Part	IX		🗀
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations d domestic governments. See Part IV, line 21				
	ants and other assistance to domestic individuals. See rt IV, line 22				
for	ants and other assistance to foreign organizations, reign governments, and foreign individuals. See Part IV, es 15 and 16.				
4 Be	nefits paid to or for members				
	mpensation of current officers, directors, trustees, and y employees	844,050	582,395	143,488	118,167
(as	mpensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons scribed in section 4958(c)(3)(B)				
7 Ot	her salaries and wages	1,023,402	700,933	174,614	147,855
40	nsion plan accruals and contributions (include section 1(k) and 403(b) employer contributions)				
	her employee benefits	90,136	62,309	14,771	13,056
	yroll taxes	139,592	96,452	23,852	19,288
	es for services (non-employees):	•	•	*	· · · · · ·
	nagement				
	gal				
	counting	190,697		190,697	
	bbying				
e Pro	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				_
_	her (If line 11g amount exceeds 10% of line 25, lumn (A) amount, list line 11g expenses on Schedule	175,943	120,794	31,304	23,845
,	vertising and promotion	12,082	7,517	1,765	2,800
	fice expenses	53,930	29,316	14,820	9,794
	Formation technology	68,808	35,923	20,952	11,933
	yalties				
	cupancy	95,300	61,864	19,160	14,276
	avel	106,789	72,421	14,571	19,797
18 Pa	yments of travel or entertainment expenses for any deral, state, or local public officials .				
19 Co	nferences, conventions, and meetings	11,840	9,611	2,229	
20 Int	rerest				
21 Pa	yments to affiliates				
22 De	preciation, depletion, and amortization	21,125	21,125		
23 Ins	surance	5,450	3,543	1,090	817
(Li am	her expenses. Itemize expenses not covered above st miscellaneous expenses in line 24e. If line 24e nount exceeds 10% of line 25, column (A) amount, list e 24e expenses on Schedule O.)				
a P	rofessional Developmen	50,302	28,651	14,830	6,821
b M	lemberships and Subscri	17,426	7,398	3,200	6,828
c D	ues, Licenses, and Ser	8,046	45	4,549	3,452
d E	quipment Rental and Ma	3,111	2,022	622	467
<u> </u>	II other expenses	6,576	6,576		
	tal functional expenses. Add lines 1 through 24e	2,924,605	1,848,895	676,514	399,196
26 Joi rep	int costs. Complete this line only if the organization ported in column (B) joint costs from a combined ucational campaign and fundraising solicitation. eck here \(\bigcap \) if following SOP 98-2 (ASC 958-720).				

Forr	n 990	(2021)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or	note t	o any line in this Part IX .			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			172,784	1	2,519,965
	2	Savings and temporary cash investments	1,000,606	2	100,660		
	3	Pledges and grants receivable, net			5,230,197	3	4,085,030
	4	Accounts receivable, net			48,344	4	25,316
Assets	5 6	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disquunder section 4958(f)(1)), and persons described.		5			
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges .			19,470	9	26,194
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	11,970			
	b	Less: accumulated depreciation	10b	0	0	10 c	11,970
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, Ii	ne 11			12	
	13	Investments—program-related. See Part IV, I	ine 11			13	
	14	Intangible assets			22,650	14	1,525
	15	Other assets. See Part IV, line 11			9,532	15	7,612
	16	Total assets: Add lines 1 through 15 (must e	qual li	ne 33)	6,503,583	16	6,778,272
	17	Accounts payable and accrued expenses .			67,175	17	88,836
	18	Grants payable				18	
	19	Deferred revenue			7,500	19	8,500
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Comple	te Par	t IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	ibutor, or 35%		22		
	23	Secured mortgages and notes payable to unre	elated	third parties		23	
	24	Unsecured notes and loans payable to unrela	ted th	ird parties	250,000	24	0
	25	Other liabilities (including federal income tax parties, and other liabilities not included on I			175,100	25	0

499,775

787,576

5,216,232

6,003,808

6.503.583

26

27

28

29

30 31

32

33

97,336

2,609,938

4,070,998

6,680,936

6.778.272

Form **990** (2021)

Net Assets or Fund Balances

32

33

26

Complete Part X of Schedule D

Net assets without donor restrictions

Net assets with donor restrictions

Total net assets or fund balances

complete lines 29 through 33.

lines 27, 28, 32, and 33.

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here 🕨 🔽 and complete

Organizations that do not follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

2c

За

3b

Yes

Νo

Form 990 (2021)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in

Form 990 (2021)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special C	ondition Description:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

SCHEDULE A

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. **Employer identification number**

OMB No. 1545-0047

Inspection

WOTIC	Savvy						45-0473508					
Pa	rt I	Reason for Publi	c Charity S	tatus (All organiza	tions must co	mplete this p		ns.				
The	organiz	ation is not a private fo	oundation beca	use it is: (For lines 1	through 12, che	eck only one bo	ox.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5			An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or loc	al government	or governmental unit	described in se	ction 170(b)(1	L)(A)(v).					
7		An organization that nedescribed in section 1	•			om a governme	ntal unit or from the g	eneral public				
8		A community trust des	cribed in sect i	ion 170(b)(1)(A)(vi).	(Complete Par	t II.)						
9		An agricultural researd university or a non-lan										
10	V	An organization that n receipts from activitie from gross investment organization after June	s related to its income and u	exempt functions—sunrelated business tax	ubject to certair able income (le	n exceptions, a ss section 511	nd (2) no more than 3	3 1/3% of its support				
11		An organization organi	zed and opera	ted exclusively to test	t for public safe	ty. See section	509(a)(4).					
12		An organization organione or more publicly s the box on lines 12a th	upported orgai	nizations described in	section 509(a)	(1) or section 5	509(a)(2). See section	509(a)(3). Check				
а		Type I. A supporting o supported organization organization. You mus	(s) the power	to regularly appoint o	r elect a majorit							
b		Type II. A supporting management of the su must complete Part IV	pporting organ	ization vested in the			•					
c		Type III functionally is supported organization	ntegrated. A s	upporting organizatio			_	rated with, its				
d		Type III non-function not functionally integra (see instructions). You	ated. The orga	nization generally mu	st satisfy a dist	ribution require		` '				
е		Check this box if the o integrated, or Type III	-				s a Type I, Type II, Ty	ype III functionally				
f	Enter	the number of support	ed organization	ns			· · · · · · · <u> </u>					
g	(:) N	Provide the following in					(-) ((-i) A + - f				
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines	listed in you docur	5	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		1- 10 above (see instructions)) Yes No										
												
Tota		rouls Dadwation Ast Notice	aa aaa tha T	turetiene fen	Cot No. 11305	-	Calcarded	A (Form 000) 3034				
		ork Reduction Act Noti	ce, see the Ins	structions for	Cat. No. 11285	5F	Schedule	e A (Form 990) 2021				

	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6							
	Section B. Total Support						
	alendar year or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
		1		ı		I	

- 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.). . Total support. Add lines 7 through
 - 12
- 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14

Section C. Computation of Public Support Percentage

Public support percentage for 2020 Schedule A, Part II, line 14 15

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain

in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

supported organization $\ldots\ldots\ldots\ldots\ldots\ldots$ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990) 2021 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.)

Section A. Public Support			
Calendar year	(a) 2017	(b) 2018	

Calcilual year	
(or fiscal year beginning in) 🕨	
Cifts sussets southillstissus	

.

persons

- **(b)** 2018
- (c) 2019 1,935,852
- - 1,749,261
- (e) 2021
- (f) Total

- Gifts, grants, contributions, and

76,690

1,825,951

152,223

152,223

1,825,951

110

110

1.826.061

(d) 2020

- 8,172,906

832,634

9,005,540

1.986.324

33,364

2,019,688

6,985,852

9,005,540

202

10

77.570 %

55.190 %

Schedule A (Form 990) 2021

0 %

(f) Total

- include any "unusual grants.") .

180,365

1,613,781

437,601

437,601

1,613,781

1,613,781

Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))

Public support percentage from 2020 Schedule A, Part III, line 15

Investment income percentage from 2020 Schedule A, Part III, line 17

(a) 2017

207,303

2,143,155

688,042

688,042

2,143,155

2,143,155

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than $\overline{33}$ 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

(b) 2018

- 1,555,274

235,619

1,790,893

421,375

421,375

1,790,893

31

10

1,790,934

(c) 2019

(d) 2020

- 1,433,416 membership fees received. (Do not

- 1,499,103

132,657

1,631,760

287,083

33,364

320,447

1,631,760

1,631,821

15

17

61

(e) 2021

Gross receipts from admissions, merchandise sold or services

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2,

and 3 received from disqualified

b Amounts included on lines 2 and 3 received from other than

disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.

Public support. (Subtract line 7c

securities loans, rents, royalties and income from similar sources

Unrelated business taxable income (less section 511 taxes) from businesses acquired after

assets (Explain in Part VI.) . . Total support. (Add lines 9, 10c,

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

c Add lines 7a and 7b. .

(or fiscal year beginning in)

June 30, 1975.

11, and 12.). .

16

17

c Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital

9 Amounts from line 6. . . Gross income from interest, dividends, payments received on

Section B. Total Support

from line 6.)

Calendar year

performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

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.	1	
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).	2	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

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

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.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

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

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

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

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

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Supporting Organizations (continued)

Page **5**

11	. Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and below, the governing body of a supported organization?	11c					
	A family many have for a super described as 14a above 2						
b		detail in 116					
С	Part VI	detail iii 110					
S	Section B. Type I Supporting Organizations						
			Yes	No			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled organization's activities. If the organization had more than one supported organization, describe how the powers to and/or remove directors or trustees were allocated among the supported organizations and what conditions or restricted in any, applied to such powers during the tax year.	e tax ed the appoint					
2	Did the organization operate for the benefit of any supported organization other than the supported organization	ion(s)					
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.						
S	Section C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or						
	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported						
_	Section 5.0 And Type III Supporting Organizations	rteu					
	Section D. Air Type III Supporting Organizations		Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the price year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the date of notification.	the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided	_					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI h						
	organization maintained a close and continuous working relationship with the supported organization(s).	2					
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's incom						
	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organ						
S	Section E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructi	ons):				
	a The organization satisfied the Activities Test. Complete line 2 below.						
	b The organization is the parent of each of its supported organizations. Complete line 3 below.						
	c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ent entity (see					
2	Activities Test. Answer lines 2a and 2b below.		Ves	No			

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

constituted substantially all of its activities.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

organization's involvement.

2a

2b

За

3b

Page **6**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2

3 3

Minimum asset amount for prior year (from Section B, line 8, Column A) 4

Enter greater of line 2 or line 3 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in ${\it Part~VI}$

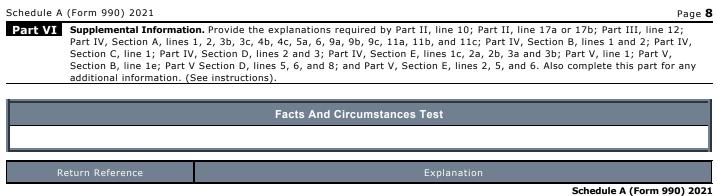
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines

See instructions.

a Excess from 2017. **b** Excess from 2018. c Excess from 2019. . . **d** Excess from 2020. e Excess from 2021.

3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) (2021)



SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

	me of the organization rld Savvy			Employer	identification number
	•			45-0473	
Pa	Organizations Maintaining Donor A Complete if the organization answered	Advised Funds of "Yes" on Form 99	or Other Similar Fu 0, Part IV, line 6.	inds or Ad	ccounts.
		(a) Donor	advised funds	(b) Fu	nds 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 ad the organization's property, subject to the organization				unds are Yes No
6	Did the organization inform all grantees, donors, an charitable purposes and not for the benefit of the do impermissible private benefit?	nor or donor adviso	, or for any other purpo	se conferrin	,
Pa	Conservation Easements. Complete if the organization answered				
1	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (e.g., recreat	ion or education)	Preservation of an	historically	important land area
	Protection of natural habitat		Preservation of a c	ertified hist	oric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization he	ld a qualified conse	vation contribution in th	ne form of a	conservation
-	easement on the last day of the tax year.	ila a qualifica collec	vacion contribution in ti		ld at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easement	S		2b	
	N			_	
С	Number of conservation easements on a certified hi		` ´	2c	
d	Number of conservation easements included in (c) a historic structure listed in the National Register		· L	2d	
3	Number of conservation easements modified, transf	erred, released, ext	nguished, or terminated	I by the orga	anization during the
4	Number of states where property subject to conser	vation easement is	ocated 🟲		
5	Does the organization have a written policy regarding violations, and enforcement of the conservation ea	- '		ling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, in year	specting, handling o	f violations, and enforci	ng conserva	tion easements during the
7	Amount of expenses incurred in monitoring, inspect \$	ing, handling of vio	ations, and enforcing co	nservation	easements during the year
8	Does each conservation easement reported on line (B)(i) and section $170(h)(4)(B)(ii)$?				4)
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the ements.	organization's financial	statements	that describes
Par	Complete if the organization answered			or Other S	Similar Assets.
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets h service, provide, in Part XIII, the text of the footnot	eld for public exhib	tion, education, or resea	arch in furth	erance of public
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets helprovide the following amounts relating to these item	d for public exhibition			
((i) Revenue included on Form 990, Part VIII, line 1 .			▶	\$
	i)Assets included in Form 990, Part X · · · · · · ·				
2	If the organization received or held works of art, his following amounts required to be reported under FA	storical treasures, o	other similar assets for		
а	Revenue included on Form 990, Part VIII, line 1 .				\$
ь	Assets included in Form 990, Part X				\$
	Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 202

52283D

3 a	Using the organization's acquisition, access collection items (check all that apply): Public exhibition	sion, and ot	her rec	ords, ch	_		owing that		ificant use	of its	
					_						
b	Scholarly research			е	l Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's Part XIII.	collections a	and exp	lain how	they furth	er the (organizatio	on's exemp	t purpose i	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes	☐ No	
Pa	t IV Escrow and Custodial Arran Complete if the organization an Part X, line 21.			Form 9	990, Part	IV, line	e 9, or re	ported ar	n amount	on Forn	n 990,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?								Yes	☐ No	
b	If "Yes," explain the arrangement in Part X	III and com	plete th	ne follow	ing table:				Amount		_
c	Beginning balance				-		1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount on	Form 990,	Part X,	line 21,	for escrow	or cus	todial acco	ount liability	y? Yes	☐ No	_
b	If "Yes," explain the arrangement in Part X	III. Check l	nere if t	he expla	anation has	s been ¡	orovided ii	n Part XIII	□		
Pa	rt V Endowment Funds. Complete if the organization an	swered "V	oc" on	Form 0	000 Part	IV line	10				
	Complete if the organization an	(a) Curre			Prior year			(d) Three	years back (e) Four ye	ars back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	rrent year e	end bala	nce (lin	e 1g, colun	nn (a))	held as:				
а											
b	Permanent endowment										
С	Term endowment		1000/								
За	The percentages on lines 2a, 2b, and 2c sl Are there endowment funds not in the poss	-			hat are he	ld and a	administer	ed for the			
Ju	organization by:	C331011 01 til	c organ	112411011	inat are ne	ia ana c	ammister	cu for the		Yes	No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(
b	If "Yes" on 3a(ii), are the related organizat	ions listed	as requ	irea on s	schedule R				31:	<u>'</u>	<u> </u>
4	Describe in Part XIII the intended uses of t	he organiza	ation's e	endowm	ent funds.						
Pa	t VI Land, Buildings, and Equipm					-					
	Complete if the organization an Description of property (a) Cost or oth (investment)	ner basis			basis (other			depreciation		(, line 1) Book val	
	Land										
	Land										
	Buildings										
	Leasehold improvements Equipment				11,97	0					11,970
	Other				11,37	-					11,570
	II. Add lines 1a through 1e. (Column (d) must	equal Form	990, Pai	rt X. colu	ımn (B), line	e 10(c).)	>	+		11,970

XIII \square

	(Form 990) 2021				Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 99	0. Part	IV. line 11b.Se	e Form 990. Part	X. line 12.
	(a) Description of security or category	(b) Boo	ok	(c) Method of valua	ition:
(1) Financia	(including name of security) al derivatives	value	e Cost	or end-of-year ma	rket value
(2) Closely	-held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 99	0, Part	IV, line 11c. Se	ee Form 990, Par	t X, line 13.
	(a) Description of investment		(b) Book value	` '	of valuation: year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (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 I	IV, line 11d. See	e Form 990, Part X,	line 15.
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990), Part 1	IV, line 11e or 1	L1f.	
1.	See Form 990, Part X, line 25. (a) Description of liability				(b) Book value
	income taxes	,			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 25.)			b	
	for uncertain tax positions. In Part XIII, provide the text of the foo n's liability for uncertain tax positions under FIN 48 (ASC 740). Ch				

1

2

Part XII

1

2

3

Part XIII

Page 4

3,663,903

62,170

3,601,733

3,601,733

2,986,775

62,170

2,924,605

2,924,605

Schedule D (Form 990) 2021

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a

2b Donated services and use of facilities

Recoveries of prior year grants Other (Describe in Part XIII.)

Total expenses and losses per audited financial statements

Donated services and use of facilities

Prior year adjustments

Add lines **2a** through **2d**

Add lines 4a and 4b

Subtract line 2e from line 1

Other losses . .

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Supplemental Information

Return Reference

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .

Total revenue, gains, and other support per audited financial statements

Add lines 2a through 2d

Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Explanation

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4a 4b

2a

2b

2c

2d

4a

4b

2c

2d

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

62,170

62,170

4c 5 1

2e

3

4c

2e

3

SCHEDULE G (Form 990)

Internal Revenue Service

World Savvy

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

OMB No. 1545-0047

Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Go to www.irs.gov/Form990 for instructions and the latest information Name of the organization **Employer identification number** 45-0473508

											
Pa		ctivities. Comple ers are not require				" on Form 990, Part I\	/, line 17.				
1	Indicate whether the orga	anization raised fund	ds throug	ıh any of	the following activities.	Check all that apply.					
а	Mail solicitations				e Solicitation of n	on-government grants					
b	☐ Internet and email so	Internet and email solicitations				overnment grants					
c	Phone solicitations				g Special fundraising events						
d	☐ In-person solicitation	ıs									
2a b	or key employees listed i	in Form 990, Part VI est paid individuals o	I) or ent or entitie	ity in co s (fundra	nnection with profession	al fundraising Ye	es No Indraiser is				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No							
1											
2											
3											
4											
5											
6											
7											
8											
9											
L 0											
	.1			_							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

registration or licensing.

	edule G (Form 990) 2021 rt III Fundraising Events. Com	nlete if the organizati	on answered "Ves" on	Form 990 Part IV	Page 2					
Га	more than \$15,000 of fundra	aising event contribut								
	events with gross receipts g		(b) Event #2	(a)Other events	(d) Tatal avents					
		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through					
		MN Event (event type)	SF Event (event type)	(total number)	col. (c))					
		(event type)	(event type)	(total number)						
е										
Revenue										
evi										
T.										
	1 Gross receipts	141,146	8,500		149,646					
	2 Less: Contributions	131,729	8,500		140,229					
	3 Gross income (line 1 minus line 2)	9,417			9,417					
	4 Cash prizes	37117			37117					
	5 Noncash prizes									
8	·									
ens	6 Rent/facility costs	21,292	1,105		22,397					
X	7 Food and beverages	14,657	1,568		16,225					
t	8 Entertainment	6,000			6,000					
Direct Expenses	9 Other direct expenses	51,245	1,025		52,270					
	10 Direct expense summary. Add lines 4	through 9 in column (d)		96,892					
	11 Net income summary. Subtract line 1	0 from line 3, column (d)		-87,475					
Par	t III Gaming. Complete if the or			art IV, line 19, or re						
	\$15,000 on Form 990-EZ, lir	ne 6a.			T					
Ine		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add					
Revenue			bingo/progressive bingo	,, ,	col.(a) through col.(c))					
Re	1 Cross revenue		. 3.							
S	1 Gross revenue									
Direct Expenses	2 Cash prizes									
xbe	3 Noncash prizes									
H										
ě	4 Rent/facility costs									
	5 Other direct expenses		1							
		Yes%	☐ Yes%	Yes%						
	6 Volunteer labor	No	☐ No	No						
	Binat was a summary Add lines 3) through Ein column (d	`							
	7 Direct expense summary. Add lines 2	through 5 in column (a)							
	8 Net gaming income summary. Subtra	ct line 7 from line 1, colu	umn (d)	<u> </u>						
9	Enter the state(s) in which the organize	ation conducts gaming a	ctivities:							
а	Is the organization licensed to conduct gaming activities in each of these states?									
b	If "No," explain:									
10a										
b	If "Yes," explain:									

Sche	edule G (Form 990) 2021				Page 3
11	Does the organization conduct ga	ming activities with nonmen	nbers?		Yes No
12			or a member of a partnership or other entity		Yes No
13	Indicate the percentage of gamin	g activity conducted in:			
а	The organization's facility .			13a	%
b	An outside facility			13b	%
14	Enter the name and address of th	e person who prepares the o	organization's gaming/special events books a	and rec	cords:
	Name 🕨				
	Address				
15a	_		whom the organization receives gaming		Yes No
b	If "Yes," enter the amount of gam amount of gaming revenue retains		organization \$ andand	d the	
C	If "Yes," enter name and address	. ,			
	Name Name				
	Address				
16	Gaming manager information:				
	Name Name				
	Gaming manager compensation	* \$			
	Description of services provided				
	bescription of services provided				
	Director/officer	Employee	☐ Independent contractor		
17	Mandatory distributions:				
а	•	r state law to make charitab	le distributions from the gaming proceeds to		
	retain the state gaming license?				☐Yes ☐No
b		•	tributed to other exempt organizations or sp	ent	
Par	in the organization's own exempt rt IV Supplemental Inform		r * \$ anations required by Part I, line 2b, co	Jumn	c (iii) and (v): and
Fal	Part III, lines 9, 9b, 10		, as applicable. Also provide any additi		
	instructions. Return Reference		Explanation		
Α.	dditional Data		Sched	ule G (F	Form 990) 2021
AC	untional Data				Return to Form
		Softwar	re ID:		

Software Version:

Compensation Information Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Department of the Treasury ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Internal Revenue Service Name of the organization

2021 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

Yes

No

VO	onu savvy			
			45-0473508	3
P a	art I Questions Regarding Compensation			
3	Check the appropiate box(es) if the organization provided 990, Part VII, Section A, line 1a. Complete Part III to pr First-class or charter travel Travel for companions Tax idemnification and gross-up payments Discretionary spending account		,	s.
b	If any of the boxes on Line 1a are checked, did the organ reimbursement or provision of all of the expenses descri	ibed burs	above? If "No," complete Part III to explain ing or allowing expenses incurred by all	

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?							
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	☐ Independent compensation consultant ☐ Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation committee						
ŀ	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a	L				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b					
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:						

compensation contingent on the net earnings of:

If "Yes," on line 6a or 6b, describe in Part III.

The organization?

8

1b

- - Νo
 - Νo Νo

Νo

Νo

Νo

Νo

Νo

5а

5b

6a

7

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed	on F	orm 990, Part VII						
Note. The sum of columns (B)(i)-(iii) for each listed individual must e	(B) Breakdown	of W-2, 1099-MIS	C compensation,	(C) Retirement	(D) Nontaxable) amounts for (E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	on Bonus & re	(iii) Other reportable compensation	and other deferred compensation			benefits
1Dana Mortenson Chief Executive Officer	(i)	180,000	0	0	0	17,135	197,135	0
	(ii)	0	0	0	 0	0	0	 0
2Lynnea Atlas-Ingebretson Chief of Staff	(i)	145,000	0	0	0	17,680	162,680	0
	(ii)	0		0	 0	0	0	 0
			1	1		1	Schedule J (Form 990) 2021

Page 3

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Return Reference Explanation Part I, Line 3 Compensation is discussed during a closed session during the Board meeting, and voted upon. The Organization also references compensation reports

from Guidestar, The Nonprofit Times, and various online salary calculators.



SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection **Employer identification number**

OMB No. 1545-0047

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 990-EZ.

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

World Savvy

Name of the organization

Department of the Treasury

Internal Revenue Service

(Form 990)

45-0473508 **Explanation** Return

Reference Form 990. The Finance Committee reviews and comments on the 990 before the submission of the document, and concerns or questions Part VI. are addressed by the Director of Finance and Administration and the Treasurer. Section B. line 11b Form 990. Reviews of any contracts or potential conflicts are evaluated on a case by case basis. Part VI. Section B. line 12c Form 990. The CEO is reviewed on an annual basis by the Executive Committee of the Board of Directors. The Chair of the Board receives Part VI. upward appraisals, given anonymously from staff members and compiled by the HR liaison on the Board. The CEO's annual Section B. review is delivered by the President and Vice President of the Board. Compensation is discussed during a closed session during the Board meeting, and voted upon. The Leadership Team members have mid-year and annual (360 degree) reviews, line 15 which include self-assessments and supervisor appraisals, as well as peer feedback during the annual review. Their performance is measured against key performance indicators, annual goals, and core organizational values. All staff member salaries are referenced against currently available compensation reports, including but not limited to those provided or purchased from Guidestar, The Nonprofit Times, and various online salary calculators.

The Organization's governing documents, conflict of interest policy, and financial statements are made available through the

Form 990. Part VI.

Section C. line 19 Form 990 Organization's business office upon request.

Part XII, Line 2c:

The process has not changed from the prior year.