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** PUBLIC INSPECTION COPY **

	n	00	Return	of Orga	nization	Exempt	From I	ncome	e Tax	OMB No. 15	45-0047			
Forr	n J	90	Under section 501				^{s)} 202	27						
Depa	rtment c	of the Treasury			security numbe		-	-		Open to				
Intern	al Reve	nue Service			v/Form990 for i					Inspec	tion			
_			ar year, or tax year	beginning A	AUG 1, 20)21 and	lending .	<u>JUL 31</u>	•					
а	heck if oplicabl	e:	forganization					D Emplo	oyer identific	ation number				
X	Addre] Chang		SANNEH FOU	NDATION										
	Name chang	e Doing bu	usiness as					56	<u>-233226</u>	59				
	Initial return		and street (or P.O. b		elivered to street a	lddress)	Room/suite		none number					
	Final return termir	-	6 UNIVERSITY AVE W 651-690-485 r town, state or province, country, and ZIP or foreign postal code G Gross receipts \$											
	ated	City or t	, ,	· · ·	d ZIP or foreign p	oostal code		G Gross re		6,824	,757.			
X	Amen return Applic			55104					is a group re		TT			
	tiòn pendii	^{ng} SAME	nd address of princip AS C ABOVE	oal officer: AN'.	THONY SAT	NNEH			ubordinates		X No No			
		empt status: [) (insert no.)	4947(a)(1)	or 527	/ If "N	o," attach a l	list. See instruct	ions			
			THESANNEHF	OUNDATIC	N.ORG				up exemptior					
			X Corporation	Trust A	Association	Other ►	L Year	of formation	:2004 m	State of legal do	micile: MN			
Pa	rt I	Summary												
e			e the organization's		t significant acti	vities: EMPO	WER YC	DUTH, 1	IMPROVE	LIVES,				
Activities & Governance			TE COMMUNI											
erna		Check this bo			ontinued its ope					ets.	20			
Š			ting members of the	• • •		,					29			
ن ه			lependent voting me								29			
ies			of individuals employ								<u>83</u> 29			
tivit			of volunteers (estima			_								
Act			d business revenue f		1 1						0.			
	b	Net unrelated	business taxable inc	come from Form	<u>1 990-1, Part I, Iir</u>	ne 11	<u></u>							
	•	o						Prior Y	7ear 5,139.	<u>Current Y</u> 4,893				
ne			and grants (Part VIII,						1,846.	1,093				
Revenue		•	ce revenue (Part VIII,	• •	4 L T N				5,391.		<u>, 550.</u> , 191.			
Re			come (Part VIII, colur						3,470.		<u>, 191.</u> , 933.			
			e (Part VIII, column (A						8,906.	6,519				
			- add lines 8 through						5,787.		,330.			
			nilar amounts paid (F						0.	50	<u>, , , , , , , , , , , , , , , , , , , </u>			
			to or for members (P r compensation, emp		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(A) lines 5 10)		1 63	0,475.	2,820	-			
ses			undraising fees (Part					<u> </u>	0, 175.	2,020	0.			
Expense			ing expenses (Part I)			421,4	50				••			
Ă			es (Part IX, column (A		/ -	,		2 30	8,969.	2,297	647.			
			s. Add lines 13-17 (n						5,231.	5,148				
			expenses. Subtract I					1,43	3,675.	1,370				
es								eginning of C		End of Y				
Net Assets or -und Balances	20	Total assets (F	Part X, line 16)					8,01	4,398.	10,248	,605.			
Ass Ba	21	-							8,331.	2,822				
Net -unc	22		fund balances. Subt						6,067.	7,426	,466.			
	rt II	Signature							· · ·	•				
Unde	er pena	alties of perjury,	I declare that I have exa	amined this returr	n, including accom	panying schedule	es and statem	ents, and to t	he best of my	knowledge and be	elief, it is			
true,	correc	ct, and complete.	Declaration of prepare	r (other than offic	cer) is based on all	information of w	hich prepare	r has any kno	wledge.					
		Br	andon Griffin	,				2,	/20/2024					
Sigr	า	Signature	of officer 15FDFD693D442					D	ate					
Her		BRAN	DON GRIFFI	N, SENIC	R VP OF	OPS								
		Type or p	print name and title											
		Print/Type prep	parer's name		Preparer's sign			Date	Check	PTIN				
Paid		MACKENZ	IE MCNAUGH	TON	MACKENZ	LE MCNAU	GHTON (
Prep	arer		▶ CLIFTONL		EN LLP					41-07467	49			
Use	Only	Firm's address	220 S 6T			300								
			MINNEAPO	LIS, MN	55402			Р	hone no.612	2-376-45	00			
May	the II	RS discuss this	s return with the prep	parer shown ab	ove? See instruc	tions				X Yes	No			

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) THE SANNEH FOUNDATION	56-2332269	Page 2
Pa	rt III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		<u>A</u>
•	THE SANNEH FOUNDATION, A YOUTH DEVELOPMENT ORGANIZATION,	PROVIDES LIE	7E
	SKILLS PROGRAMS FOR AT-RISK CHILDREN USING SOCCER AS THE		
		MISSION OF	
	SANNEH IS TO EMPOWER YOUTH, IMPROVE LIVES, AND UNITE COM	MUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
Ū	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,456,550. including grants of \$ 0.) (Revenue (Code:) (Revenue (Revenue (Code:) (Revenue (Revenu (Revenue (Revenue (Re		2 51.)
	THE SANNEH FOUNDATION MAINTAINS THE CONWAY COMMUNITY CENT		
	THRIVING PUBLIC SPACE THAT OFFERS DIVERSE AND FREE YOUTH AND A SAFE PLACE FOR LOCAL YOUTH TO SPEND OUT OF SCHOOL		
	FOUNDATION ALSO OFFERS FREE PRO SPORTS CAMPS THROUGHOUT 1		
	ST. PAUL AND SURROUNDING METRO AREAS.	ATTRIBATION OF TO ,	
	(Code:) (Expenses \$ 1,360,229. including grants of \$ 0.) (Revenue	220 (350.)
4b	(Code:) (Expenses \$1,360,229. including grants of \$0.) (Revenue THE SANNEH FOUNDATION'S DREAMLINE PROGRAM IS AN ACADEMIC		
	PROGRAM SERVING LOW-INCOME, UNDER-PERFORMING STUDENTS IN		
	SCHOOLS AND HIGH SCHOOLS.		
4c	(Code:) (Expenses \$707,566 • including grants of \$0 •) (Revenue (Revenu (Revenue (Revenue (Revenue (R	ue\$168,7	738.)
	THE SANNEH FOUNDATION'S NUTRITION SERVICES INVOLVE PACKAG		
	DISTRIBUTING MEALS SIX DAYS A WEEK TO HELP CLOSE THE FOOI	D INSECURITY	
	GAP FOR FAMILIES IN THE TWIN CITIES METRO AREA.		
4d	Other program services (Describe on Schedule O.)	010 607	
A c	4 100 100	210,697.)	
40	Total program service expenses ► 4,136,190.	Form 9	90 (2021)
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	2		
unc		NULLATING CANT	<u>1021</u>

^{2021.06020} THE SANNEH FOUNDATION A

		56-2332
Par	rt IV Checklist of Required Schedules	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	
	If "Yes," complete Schedule A	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candid	
	public office? If "Yes," complete Schedule C, Part I	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election	
	during the tax year? If "Yes," complete Schedule C, Part II	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessm	
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedu	ule D, Part I
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	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," com	plete
	Schedule D, Part III	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custod	ian for
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation service	vices?
	If "Yes," complete Schedule D, Part IV	
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	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII,	
	as applicable.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sch	nedule D
	Part VI	,
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its t	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its	
-	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 report	
	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.	
f		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	
12u	Schedule D, Parts XI and XII	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	
b		
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
	Did the summing time residues an efficiency of the state of the the back of the state of the sta	
14a		
b		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$	
45	or more? If "Yes," complete Schedule F, Parts I and IV	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for a	-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part I	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VI	
	1c and 8a? If "Yes," complete Schedule G, Part II	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,	
	complete Schedule G, Part III	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	
b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	

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2

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11d 11e

11f

12a

12b

13

14a

14b

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17

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19 20a 20b

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Yes

1 X

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Form 990 (2021)

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

Form	1990 (2021) THE SANNEH FOUNDATION 56-2	233226) (⊳ _{age} 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	e		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	1	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?)	
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	240	;	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	1	
	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	25	1	x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25	,	x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			+
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	······		+
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	lled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.			x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			<u>+</u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		288		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		,	+
U		280		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			+
29 30		29		+
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>			<u> ^ </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		<u> ^ </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		x	
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		+
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05.	Part V, line 1		_	X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	·	+^_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<u>)</u>	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizati			
e=	If "Yes," complete Schedule R, Part V, line 2	36		<u> </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> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
Pa	Note: All Form 990 filers are required to complete Schedule O	38	X	1
rd				
	Check if Schedule O contains a response or note to any line in this Part V			
		7 0	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	72		
	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			
	(gambling) winnings to prize winners?	1c		<u> </u>
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^{2021.06020} THE SANNEH FOUNDATION

Form	990 (2021) THE SANNEH FOUNDATION 56-2332	269	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 2a 83			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
	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)?	4a		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		х
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).			
а	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	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21 5	Form	990	(2021)

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^{2021.06020} THE SANNEH FOUNDATION

Form 990 (2			FOUNDATION	56-2332269	Page 6
Part VI	Governance, Manag	gement, and	Disclosure. For each "Yes"	response to lines 2 through 7b below, and for a "No" re	sponse
				nges on Schedule O. See instructions.	
	Check if Schedule O cont	ains a response	e or note to any line in this Part VI		X

					Yes	N					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29								
	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	29								
2											
2	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the			2		X					
3				3		x					
	Did the organization make any significant changes to its governing documents since the prior Form 9	00 was filed?		4		X					
4				-		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		A X					
6	Did the organization have members or stockholders?			6							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_		.,					
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	,									
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-								
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)									
					Yes	N					
0a	Did the organization have local chapters, branches, or affiliates?			10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
~				10b							
1-	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х						
		belore ming a		11a							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	Х						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			77						
	on Schedule O how this was done			12c	X						
3	Did the organization have a written whistleblower policy?			13	X						
4	Did the organization have a written document retention and destruction policy?			14	Х						
5	Did the process for determining compensation of the following persons include a review and approva	l by independe	ent								
	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			15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a									
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
	exempt status with respect to such arrangements?			16b							
ec	tion C. Disclosure										
7	List the states with which a copy of this Form 990 is required to be filed										
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 000 T (cocti	20, 501(c)(3)c	only)	availat						
0		iu 990-1 (Sectio	511 50 1(5)(5)5	Unity)	avalla	JIE					
	for public inspection. Indicate how you made these available. Check all that apply.		-								
~	X Own website Another's website X Upon request Other <i>(explain</i>			<i>c</i> .							
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict of interes	t policy, and	tinano	cial						
	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	ks and records	s 🕨								
	<u>ANTHONY SANNEH - 651-690-4855</u>										
	1276 UNIVERSITY AVE W, ST PAUL, MN 55104				990						

Form 990 (2021) THE SANNEH FOUNDATION	56-2332269	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
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 v	with or within the organization?	s tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regime to the organization of the organizati	ardless of amount of compens	ation.

Enter -0- in columns (\widetilde{D}), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title										(F)
	Average	(do			itior	ا than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aaa	Irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related
	below	dual t	Institutional trustee	-	mploy	st col	ar	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) ANTHONY SANNAH	40.00									
CEO	0.00			х				124,608.	Ο.	7,758.
(2) DEBORAH OLSON	1.00									
BOARD CO-CHAIR	0.00	Х		Х				0.	0.	0.
(3) KRISTY CARSTENSEN	1.00									
BOARD CO-CHAIR	0.00	Х		Х				0.	0.	0.
(4) MIGUEL ALEXANDER	1.00									
BOARD VICE CHAIR	0.00	Х		Х				0.	0.	0.
(5) DAVE RUST	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(6) SARA NELLERMOE	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(7) FRANK TAYLOR	1.00									
FORMER BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(8) JUDD GILATS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(9) DOMINIC CIRESI	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) CORDELL HARDY	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(11) SEAN BALL	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) JACOB MILLER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(13) LARA JURAS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(14) BETH PAULSON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(15) KEITH MOSES	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(16) LAWRENCE PATTERSON	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(17) CHRIS SHERMAN	1.00								-	
DIRECTOR	0.00	Х						0.	0.	0. Form 990 (2021)

7

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Form 990 (2021)

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2021.06020 THE SANNEH FOUNDATION

	990 (2021) THE SANN									56-2332	2269 Page 8
Par	VII Section A. Officers, Directors, Tru		ploy	ees,			ghes	t C	ompensated Employee	s (continued)	1
	(A)	(B)			_ (0				(D)	(E)	(F)
	Name and title	Average	(do	not c	Pos heck i			one	Reportable	Reportable	Estimated
		hours per week			ess per nd a di				compensation	compensation	amount of
		(list any							from the	from related	other compensation
		hours for	ndividual trustee or director				_		organization	organizations (W-2/1099-MISC/	from the
		related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
		organizations	truste	al trus		/ee	m per		1099-NEC)	1000 1120)	and related
		below	idual 1	nstitutional trustee	2	Key employee	est co oyee	er			organizations
		line)	Indivi	Instit	Officer	Key el	Highest compensated employee	Former			
(18)	JEFFREY FAUST	1.00									
DIRE	CTOR	0.00	Х						0.	0.	. 0.
(19)	MYA HONEYWELL	1.00									
DIRE	CTOR	0.00	Х						0.	0.	. 0.
(20)	TAMBA JOHNSON	1.00									
DIRE	CTOR	0.00	х						0.	0.	0.
(21)	TONY SIMMONS	1.00									
DIRE	CTOR	0.00	х						0.	0.	. 0.
(22)	KOUROSH MOTALEBI	1.00									
DIRE	CTOR	0.00	х						0.	0.	0.
(23)	BRIAN FINDLAY	1.00									•••
DIRE	CTOR	0.00	х						0.	0.	. 0.
(24)	FOLEY SCHMIDT	1.00									•••
DIRE	CTOR	0.00	х						0.	0.	. 0.
(25)	ADAM GISLASON	1.00								•	
DIRE	CTOR	0.00	х						0.	0.	. 0.
	JEN GELS	1.00									
DIRE		0.00	x						0.	0.	. 0.
				-					124,608.	0.	
	Subtotal Total from continuation sheets to Part V								0.	0.	
	Total (add lines 1b and 1c)								124,608.	0.	
2	Total number of individuals (including but										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	compensation from the organization		036	iiste	u au	000	<i>y</i> wii	010	ceived more than \$100,		1
											Yes No
3	Did the organization list any former office	director truct	مم لا		ampl	0.100	o or	hia	hest compensated emp		
5	line 1a? If "Yes." complete Schedule J for			(ey e	empi	Oyee	e, oi	ing	nest compensated emp	oyee on	3 X
4	For any individual listed on line 1a, is the s					 tion	d		or componention from t		
-											4 X
5	and related organizations greater than \$15										4 21
5	Did any person listed on line 1a receive or										5 X
Sect	rendered to the organization? <i>If</i> "Yes." <i>col</i> ion B. Independent Contractors	mplete Schedul	e J to	or si	uch r	oers	on .				5 X
		monortoding	lono	ndo	nt or	ontro	oto	n th	at reacived more than [¢]	100.000 of compose	ation from
1	Complete this table for your five highest componentian for										alion nom
	the organization. Report compensation for	the calendar y	eare		ig w						(0)
	(A) Name and busines	s address	NC	ONE	F				(B) Description of s	ervices	(C) Compensation
			11(200011011010		eenpeneanen
								\neg			
	Total number of index and at a subscript	المعاممة المعا	ot !!:		d +	+		+ c - 1		are then	
2	Total number of independent contractors	including but n	ot lin	niteo	u to i	tnos		ted	above) who received mo	ore than	

Form 990 THE SANNE									56-233	2269
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	hours (check all th					ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week (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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) TOMMY MCNEAL	1.00								2	0
DIRECTOR	0.00	Х						0.	0.	0.
(28) SEAN JENSEN DIRECTOR	1.00	x						0.	0.	0.
		-								
		-								
		-								
Total to Part VII, Section A, line 1c										

132201 04-01-21

	<u>n 99</u> rt \		2021) THE SANNEH FO	UNDATION			56-2332	269 Page 9
Fa	TUN		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
rvice Contributions, Gifts, Grants		b c d f f <u>b</u>	All other contributions, gifts, grants, and	150,587. 929,730. 812,882. 93,107. ▶ Business Code 711300 711300	<u>4,893,199.</u> 999,938. 54,737.	999,938. 54,737.		
n Ser enue		с	EARNED REVENUE	711300	38,861.	38,861.		
Program Service Revenue			All other program service revenue		1,093,536.			
	3		Investment income (including dividends, intere	est, and				
	4 5		other similar amounts) Income from investment of tax-exempt bond p Royalties	oroceeds 🕨	4,191.			4,191.
	6	b c	Gross rents (i) Real Gross rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
ne	7	a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b	(ii) Other				
evenue			Gain or (loss)					
Other Re	8	а		755,680. 304,898.				
			Net income or (loss) from fundraising events	>	450,782.			450,782.
	9		Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9b					
			Net income or (loss) from gaming activities	►				
	10		Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b					
		с	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11	a b	MISCELLANEOUS REVENUE	Business Code 900099	78,151.			78,151.
scell		c						
Mis			All other revenue	►	78,151.			
	12		Total revenue. See instructions			1,093,536.	0.	533,124.
13200	19 12	2-09-	21		10			Form 990 (2021)

2021.06020 THE SANNEH FOUNDATION

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THE SANNEH FOUNDATION Form 990 (2021) Part IX Statement of Functional Expenses

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

Seci	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	30,330.	30,330.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	132,200.	132,200.		
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	2,347,017.	1,858,636.	229,053.	259,328.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	100,089.	85,281.	7,025.	7,783. 18,787.
10	Payroll taxes	241,619.	205,875.	16,957.	18,787.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	14,693.	9,109.	5,451.	133.
с	Accounting	88,712.		88,712.	
d	Lobbying	41,000.	29,000.	8,027.	3,973.
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	726,260.	607,194.	85,319.	<u>33,747.</u> 6,657.
12	Advertising and promotion	58,017.	46,903.	4,457.	6,657.
13	Office expenses	138,338.	95,221.	19,379.	23,738.
14	Information technology	114,739.	83,486.	8,846.	22,407.
15	Royalties				
16	Occupancy	381,474.	376,396.	2,388.	2,690.
17	Travel	17,398.	16,756.	593.	49.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	65,640.	56,241.	9,399.	
21	Payments to affiliates	445 444			
22	Depreciation, depletion, and amortization	115,914.	92,096.	11,200.	12,618.
23	Insurance	68,122.	37,213.	25,952.	4,957.
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.)	082 055	000 100	08.004	18 600
а	PROGRAM EXPENSES	273,957.	228,436.	27,831.	17,690.
b	TRANSPORTATION	96,784.	94,816.	1,133.	835.
с	MISC EXPENSES	52,534.	38,206.	9,402.	4,926.
d	PROFESSIONAL DEVELOPMEN	44,065.	12,795.	30,138.	1,132.
	All other expenses	F 140 000	1 1 2 6 1 0 0	E01 060	101 150
25	Total functional expenses. Add lines 1 through 24e	5,148,902.	4,136,190.	591,262.	421,450.
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)
13201	0 12-09-21	11			Form 330 (2021)

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2021.06020 THE SANNEH FOUNDATION

THE SANNEH FOUNDATION Form 990 (2021) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,306,936. 1,228,810. 1 1 Cash - non-interest-bearing 1,306,490. 380,291. 2 Savings and temporary cash investments 2 1,382,930. 1,659,994. 3 3 Pledges and grants receivable, net 461,473. 177,825. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 14,772. 851,415. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other _____<u>10</u>a 6,798,627. basis. Complete Part VI of Schedule D 306,949. 2,946,770. 6,491,678. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 42,032. 11,587. 15 15 Other assets. See Part IV, line 11 8,014,398. 10,248,605. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 480,820. 133,871. Accounts payable and accrued expenses 17 17 18 18 Grants payable 500,000. 0. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 2,635. 28. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 2,826,149. 2,104,472. Secured mortgages and notes payable to unrelated third parties 23 23 268,330. 236,819. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 97,346. 25 of Schedule D 3,828,331. 2,822,139. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,419,948. 27 3,768,537. 27 Net assets without donor restrictions Net assets with donor restrictions 1,766,119. 3,657,929. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 7,426,466. Total net assets or fund balances 4,186,067. 32 32 8,014,398. 10,248,605. 33 33 Total liabilities and net assets/fund balances

Form 990 (2021)

132011 12-09-21

Form	1990 (2021) THE SANNEH FOUNDATION	56-2	332269	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,51		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,14		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,37		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,18	6,0	67.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1,86	9,4	42.
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	7,42	6,4	66.
Pa	rt 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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	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			1
	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 requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

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(Fo	rm 99	DULE A 90) of the Treasury		omplete if the organ 49	n ity Status an nization is a section 501 147(a)(1) nonexempt cha Attach to Form 990 or F	(c)(3) orga ritable tru	anization Ist.			OMB No. 1545-0047
		nue Service			v/Form990 for instruction			nformation.		Inspection
Nan	ne of t	the organization								identification number
Pa	rt I	Reason		SANNEH FOU Charity Status.	(All organizations must c	omplete th	nis part) S	ee instruction		6-2332269
					(For lines 1 through 12, c					
1			-		on of churches described	•	-	1)(A)(i).		
2		A school dese	cribed in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	า 990).)				
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4			+	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
-		city, and state		with a banafit of a as	ollege or university owned			waramantal	nit dooorib	
5				Complete Part II.)	bliege of university owned	or operation	eu by a go	veninentaru		
6	\square	-			mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	-		•	antial part of its support fr			.,	ne general j	oublic described in
		section 170(I	ɔ)(1)(A)(vi). (Co	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		-	-		l in section 170(b)(1)(A)(-		-	-
		-	or a non-land-g	rant college of agric	culture (see instructions).	Enter the i	name, city	, and state of	the college	e or
10		university:	on that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross receipts from
					ct to certain exceptions; a					
		income and u	nrelated busin	ness taxable income	e (less section 511 tax) fro	m busines	sses acqui	red by the ore	ganization a	after June 30, 1975.
		See section	5 09(a)(2). (Cor	mplete Part III.)						
11		-	-	-	sively to test for public sa	•				
12		-	-		sively for the benefit of, to	-			-	
					ed in section 509(a)(1) on supporting organization					Jneck the box on
а		-	-	• •	supervised, or controlled		-		-	aivina
				-	egularly appoint or elect a	• • • •	-			
		organizatio	n. You must c	omplete Part IV, S	ections A and B.					
b		Type II. A s	upporting orga	anization supervised	d or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		- °	()	•	Sections A and C.	in connoct	tion with	and functions	lly intograte	ad with
С			-	• •	s). You must complete I				ily integrate	a with,
d			0	. , .	porting organization oper			-	rted organiz	zation(s)
		that is not f	unctionally into	egrated. The organi	zation generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	/eness
		requiremen	t (see instructi	ions). You must co	mplete Part IV, Sections	A and D,	and Part	v .		
е			•		written determination fro			Туре I, Туре	II, Type III	
	Ent				onally integrated supportion					
f		er the number of wide the followi		about the supported	ed organization(s)					
9		(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
										<u> </u>
Tota	4I 									<u> </u>

	edule A (Form 990) 2021 T rt II Support Schedule for (FOUNDATIO		a(1)(A)(iy) and	56-233	2269 Page 2
Pa							
	(Complete only if you checked fails to qualify under the tests				n failed to qualify u	Inder Part III. If the	organization
800	tion A. Public Support	listed below, plea	se completer art i	n. <i>)</i>			
	••	(-) 0017	(1-) 0010	(-) 0010	(1) 0000	(-) 0001	(0) Tabal
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	2901342.	2223170.	3856238.	5185139.	1903100	19059088.
•		2901342.	222J1/0.	3030230.	2102123.	4095199.	19039088
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	2901342.	2223170.	3856238.	5185139.	4902100	19059088.
	Total. Add lines 1 through 3	2901342.	2223170.	3030230.	5105139.	4095199.	19039000.
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,						1000155
	column (f)						1292155.
	Public support. Subtract line 5 from line 4.						17766933.
	tion B. Total Support					1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2901342.	2223170.	3856238.	5185139.	4893199.	19059088.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		0.001				10.000
	and income from similar sources \dots	2,856.	2,881.	378.	90.	4,191.	10,396.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	47,169.				450,782.	497,951.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	17,979.	3,210.	1,659.	38,292.		139,291.
11	Total support. Add lines 7 through 10						19706726.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	<u>,233,993.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stor		-				
	ction C. Computation of Publi						
14	Public support percentage for 2021 (I		•			14	90.16 %
15	Public support percentage from 2020					15	92.89 %
16 a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

Schedule A (Form 990) 2021

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			FOUNDATI			56-233	2269 Page 3
Pa	rt III Support Schedule for C	Organizations	Described in S	Section 509(a)	(2)		
	(Complete only if you checked	the box on line 10) of Part I or if the o	organization failed	to qualify under P	art II. If the organiza	ation fails to
	qualify under the tests listed b	elow, please comp	olete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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 \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	le organization's fi	rst. second. third	fourth, or fifth tax v	/ear as a section f	501(c)(3) organizatio	n.
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves					• •	
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Þ 132023 01-04-22

Schedule A (Form 990) 2021

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1

Yes No

(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

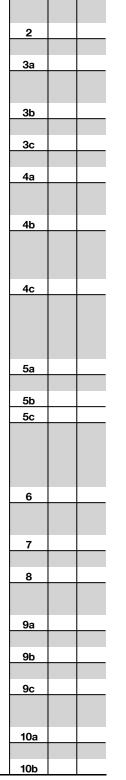
Part IV Supporting Organizations

Schedule A (Form 990) 2021

- 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.)

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Schedule A (Form 990) 2021

Scher	dule A (Form 990) 2021 THE SANNEH FOUNDATION 56	-233226	9 Pa	age 5
	t IV Supporting Organizations (continued)			<u>.g. c</u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a		44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Soot	<i>detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
Seci				
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	s,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
			Vee	
	Did the second structure of the second structure structure is the first structure of the COL second structure		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	c)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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 constituted substantially all of its activities.	2a		
	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 organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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

3b | Schedule A (Form 990) 2021

3a

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18 2021.06020 THE SANNEH FOUNDATION Schedule A (Form 990) 2021

1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu		•	Part VI). See instructio
Secti	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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function			/

THE SANNEH FOUNDATION

7 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

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Sche	dule A (Form 990) 2021 THE SANNEH FO			5	6-2332269	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
and the second se						

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	THE	SANNEH	FOUNDATION	56-2332269 _{Pag}	je 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c lines 2 and	, 4b, 4c, 5a, d 3; Part IV, \$	explanations required by Part II, line 10; Part II, line 17a or 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V	and 2; Part IV, Section C, , Section B, line 1e; Part V,	
	Section D, lines 5, 6, and (See instructions.)	8; and Pai	t V, Section	E, lines 2, 5, and 6. Also complete this part for any addition	nal information.	
_						
132028 01-04-2	2				Schedule A (Form 990) 2	2021
				21	· · ·	

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Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

56-2332269

		1 2 2 2 2 2					
Organization type (chec	Drganization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						

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

THE SANNEH FOUNDATION

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

56-2332269

THE SANNEH FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		. \$ <u>647,258.</u>	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
2		\$\$\$\$\$	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
3		\$350,000.	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
4		\$ <u>200,750.</u>	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>193,549.</u>	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
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

2021.06020 THE SANNEH FOUNDATION

A1831102

Schedule B (Form 990) (2021)	Page 3					
Name of organization	Employer identification number					
THE SANNEH FOUNDATION	56-2332269					
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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
3453 11-11-21		\$	Schedule B (Form 990) (2

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2021.06020 THE SANNEH FOUNDATION

A1831102

Schedule I	B (Form 990) (2021)				Page 4		
Name of o	rganization				Employer identification number		
THE S	ANNEH FOUNDATION				56-2332269		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following charitable, etc., contributions of \$	a line entry. For o	raanizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held		
	Transferee's name, address, a	(e) Transfe		elationshin of trai	nsferor to transferee		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held		
		(e) Transfe	r of gift				
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

Schedule B (Form 990) (2021)

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SCHEDULE C	Po	litical Campaign	and Lobbyir	ng Activities	OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	Complete	501(c) and section 527 to Form 990 or Form 990 e latest information.	-EZ. Open to Public Inspection		
f the organization ans	wered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ine 46 (Political Campaig	n Activities), then
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not co	mplete Part I-C.		
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-E	8.
 Section 527 organiz 	•				
		Form 990, Part IV, line 4, or Fo			
	•	nave filed Form 5768 (election un nave NOT filed Form 5768 (elect		•	•
	•	Form 990, Part IV, line 5 (Prox			•
Fax) (See separate inst					
• Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Name of organization				En	nployer identification numbe
		NEH FOUNDATION			56-2332269
Part I-A Compl	ete if the org	anization is exempt und	er section 501(c)	or is a section 527	organization.
2 Political campaign3 Volunteer hours for	activity expenditor political campai	ation's direct and indirect politic ures gn activities anization is exempt und		▶	►\$
-	-	-		. ,	۴
		ncurred by the organization unc			• \$
		ncurred by organization managen 1 4955 tax, did it file Form 4720			
b If "Yes," describe in					
		anization is exempt und	er section 501(c),	, except section 501	(c)(3).
1 Enter the amount c	lirectly expended	by the filing organization for se	ction 527 exempt func	tion activities	• \$
		zation's funds contributed to ot			
exempt function ac	tivities			🕨	▶\$
3 Total exempt funct	ion expenditures	Add lines 1 and 2. Enter here a	nd on Form 1120-POL	-,	
line 17b				🕨	• \$
4 Did the filing organ	ization file Form	1120-POL for this year?			Yes 🗌 No
made payments. For contributions received	or each organizat ved that were pro	ployer identification number (Ell ion listed, enter the amount pair omptly and directly delivered to a	d from the filing organi a separate political org	zation's funds. Also enter janization, such as a sepa	the amount of political
political action com	imittee (PAC). If a	additional space is needed, prov		: IV.	
(a) Namo	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -(contributions received and

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	THE S.	ANNEH	FOUNDATION		56-2	2332269 Page 2
Part II-A Complete if the orga	anizatio	on is exen	npt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).						
				n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share		, ,	. ,			
B Check b if the filing organizat	tion check	ed box A ar	nd "limited control" pro	ovisions apply.	() =···	(1) A 4000 A 4
		bying Exper leans amou	nditures nts paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	lic opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add lir	nes 1a and	d 1b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500,000	(2) 10.		the amount on line 1e.			
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0			0 plus 5% of the exce			
Over \$17,000,000	000,000	\$1,000,0		<u></u>		
		ψ1,000,				
g Grassroots nontaxable amount (ent	er 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer			line 11 did the organiz			
reporting section 4911 tax for this y	-					Yes No
			eraging Period Under			
(Some organizations th		a section 5		have to complete all o	of the five columns b	elow.
	Lobl	bying Expe	nditures During 4-Yea	ar Averaging Period		T
Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
3. Lobbying pontoyable amount						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

132042 11-03-21

Schedule C (F	orm 990) 2021	THE	SANNEH	FOUNDATION	56-2332269	Page 3
Part II-B	•	•		mpt under section 501(c)(3) and	has NOT filed Form 5768	
	(election unde	r section 5	601(h)).			

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	1)	o)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		v		
a	Volunteers?		X X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?	X		41	L,000.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
	Total. Add lines 1c through 1i			41	L,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		,
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5), or sec	tion	
	561(6)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	103	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
	t III-B Complete if the organization is exempt under section 501(c)(4), sectio			tion	1
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с	Total		2c		
3				ļ	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5	L	
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
SCI	EDULE C, PART IV, ADDITIONAL INFORMATION:				

LOBBYING ACTIVITIES WERE RELATED TO PROMOTING THE DREAMLINE PROGRAM TO GET

MORE MINNESOTA APPORTIONED FUNDS.

Schedule C (Form 990) 2021

132043 11-03-21

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SC	HEDULE D	OMB No. 1545-0047			
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 99 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or		2021
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest infor	mation.	Open to Public Inspection
Nam	e of the organization				Employer identification number
Dar	t I Organiza	THE SANNEH FOUNDAT: ations Maintaining Donor Advise		s or Aor	56-2332269
Far		n answered "Yes" on Form 990, Part IV, lin		S OF ACC	Complete if the
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at er	nd of year			·
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value at	t end of year			
5	-	on inform all donors and donor advisors in v	-		
		on's property, subject to the organization's			
6	•	on inform all grantees, donors, and donor a	•••		•
		oses and not for the benefit of the donor o			
Par	impermissible priva	ation Easements. Complete if the org	nanization answered "Yes" on Form 990		
1		servation easements held by the organization		, i aitiv, i	
•		of land for public use (for example, recrea		of a histor	ically important land area
		f natural habitat	·		ed historic structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form	n of a con	servation easement on the last
	day of the tax year	·.			Held at the End of the Tax Year
а	Total number of co	onservation easements		····· -	<u>2a</u>
b	-			Г	<u>2b</u>
с.		vation easements on a certified historic stru			<u>2c</u>
d		vation easements included in (c) acquired a nal Register			2d
3		vation easements modified, transferred, rel			
	year 🕨				
4		where property subject to conservation eas		-	
5		tion have a written policy regarding the per			Yes No
6	,	orcement of the conservation easements it r hours devoted to monitoring, inspecting,			
U		r hours devoted to monitoring, inspecting,	handling of violations, and chloreling co	1301 Valion	casements during the year
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserv	vation ease	ements during the year
	▶\$				5
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 17	0(h)(4)(B)(i)	1
	and section 170(h)	(4)(B)(ii)?			Yes No
9		be how the organization reports conservation	•		
		d include, if applicable, the text of the footr	ote to the organization's financial state	ments that	describes the
Par	organization's acco	ounting for conservation easements. ations Maintaining Collections of	Art Historical Treasures or (Other Si	nilar Assots
I ui		the organization answered "Yes" on Form			
	-	elected, as permitted under FASB ASC 95		t and balar	nce sheet works
14	•	easures, or other similar assets held for put	•		
		Part XIII the text of the footnote to its finar			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	d balance s	sheet works of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of	of public service,
	•	ng amounts relating to these items:			
		ded on Form 990, Part VIII, line 1			► \$
~		ed in Form 990, Part X			► \$
2	•	received or held works of art, historical tre-		cial gain, pr	oviae
~	-	unts required to be reported under FASB A	-		¢
a b		on Form 990, Part VIII, line 1			► \$ ► \$
		eduction Act Notice, see the Instructions			Schedule D (Form 990) 2021
	10-28-21		·		
			30		

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^{2021.06020} THE SANNEH FOUNDATION

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Sche		NEH FOUNDATION				332269	
Par	t III Organizations Maintaining C	ollections of Art, Hist	orical Treasures, o	r Other Si	imilar Asse	ets _{(contin}	ued)
3	Using the organization's acquisition, accessi	on, and other records, chec	k any of the following that	t make signif	ficant use of it	S	
	collection items (check all that apply):						
а	Public exhibition d Loan or exchange program						
b	Scholarly research	e 🗌	Other				
c	Preservation for future generations	•					
4	Provide a description of the organization's co	alloctions and oxplain how th	oov further the organizatio	n's avompt		ort VIII	
	During the year, did the organization solicit of			-		art Am.	
5					-	Vee	
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran					Yes	No
T ai	reported an amount on Form 990, Pa		e organization answered	Yes" on For	m 990, Part P	v, line 9, or	
	•						
та	Is the organization an agent, trustee, custodi						v .
	on Form 990, Part X?				L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table:			• •	
						Amount	
	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990, Part X, line 21, for	escrow or custodial acco	unt liability?	[Yes	X No
b	If "Yes," explain the arrangement in Part XIII.						
Par	rt V Endowment Funds. Complete	if the organization answered	"Yes" on Form 990, Part	IV, line 10.			
		(a) Current year (b)	Prior year (c) Two yea	rs back (d)	Three years bad	ck (e) Four	years back
1a	Beginning of year balance						
b	Contributions						
c	Net investment earnings, gains, and losses						
	Grants or scholarships						
	Other expenditures for facilities						
U							
4							
t	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curr	•	g, column (a)) neid as:				
a	Board designated or quasi-endowment						
	Permanent endowment	%					
С		<u>%</u>					
	The percentages on lines 2a, 2b, and 2c sho	•					
3a	Are there endowment funds not in the posse	ession of the organization the	at are held and administer	red for the o	rganization	r	
	by:						Yes No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as required on S	Schedule R?			3b	
4	Describe in Part XIII the intended uses of the	organization's endowment	funds.				
Par	t VI Land, Buildings, and Equipm	ient.					
	Complete if the organization answere	d "Yes" on Form 990, Part I	V, line 11a. See Form 990	, Part X, line	10.		
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu	mulated	(d) Book	value
		basis (investment)	basis (other)	depred			
1a	Land		260,180.	-		260),180.
	Buildings		1,658,684.	10	5,060.		3,624.
	Leasehold improvements		_,	±0	_ ,	_,	.,
			279,837.	2	1,453.	249	3,384.
	Equipment		4,599,926.		0,436.),490.
	Other						L,678.
Tota	I . Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>equal Form 990, Part X, colur</u>	mn (B), line 10c.)				
					Schedu	ule D (Form	990) 2021

132052 10-28-21

Schedule D (Form 990) 2021 THE SANNEH FOUNDATION

56-2332269 Page **3**

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	al derivatives			
	held equity interests			
(3) Other (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	an Farma 000 Dart IV line	11a Cas Farma 000 Bart V line 10	
	Complete if the organization answered "Yes"		, , ,	d of your market value
(4)	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	u-or-year market value
<u>(1)</u>				
<u>(2)</u> (3)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(4)	(a)	Description		(b) Book value
<u>(1)</u>				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X	Other Liabilities.	an Farma 000 Dart IV line	11. av 116 Cas Faure 000 Dart V line 05	
	Complete if the organization answered "Yes" ((a) Description of liability	on Form 990, Part IV, line	- 110 01 111. See Form 990, Part X, IINE 25	. (b) Book value
<u>1.</u> (1) Fea	deral income taxes			
(1) Fec (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) line	25.)		
-	/ for uncertain tax positions. In Part XIII, provide		-	
organiz	ation's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pr	ovided in Part XIII X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 THE SANNEH FOUNDATION		56-2332269 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	
1			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5
Pa	t 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 SANNEH FOUNDATION IS EXEMPT FROM FEDERAL AND MINNESOTA TAXATION							
PURSUANT TO THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE							
CODE AND SECTION 290.05 OF THE MINNESOTA STATUES AND IS ONLY SUBJECT TO							
FEDERAL AND STATE INCOME TAXES ON NET UNRELATED BUSINESS INCOME. SINCE							
THE FOUNDATION HAD NO UNRELATED BUSINESS TAXABLE INCOME DURING THE YEAR							
ENDED JULY 31, 2022, THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS DO							
NOT INCLUDE ANY PROVISION FOR FEDERAL OR STATE INCOME TAXES. THE							
SUBSIDIARIES ARE INCLUDED AS DISREGARDED ENTITIES IN THE SANNEH FOUNDATION							
FEDERAL AND STATE FILINGS.							

THE	FOUNDATION'S	S FILINGS	WITH	THE	INTERNAL	REVENUE	SERVIC	E ARE	SUBJECT	ТО
132054 10-28-21								Schedule D (Form 990) 2021		
1 2 1 0 0 0 1	C 121020 310	22110			33	00 mm	~			21021100
T3TA051	.6 131839 A18	83110			2021.060	ZO THE S	SANNEH F	OUNDA	TION	A1831102

Schedule D (Form 990) 2021 THE SANNEH FOUNDATION	56-2332269 Page 5
Part XIII Supplemental Information (continued)	
AUDIT. THE INFORMATION RETURNS FOR THE PAST THREE YEARS ARE (OPEN TO
EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND	HAS CONCLUDED
THAT THEY DO NOT RESULT IN ANYTHING THAT WOULD REQUIRE EITHER	R RECORDING OR
DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS BASED ON	THE CRITERIA
SET FORTH IN ACCOUNTING STANDARDS CODIFICATION (ASC) SECTION	740.
132055 10-28-21	Schedule D (Form 990) 2021

13190216 131839 A183110

SCHEDULE F (Form 990)	Stateme ► Complete if	OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service	information.		Open to Public Inspection			
Name of the organization		lentification number				
-						
THE SANNEH FOU					56-233	
		ctivities Out	side the United States. Comple	ete if the organ	ization answei	red "Yes" on
Form 990, Part 1 For grantmakers. Do		maintain record	ds to substantiate the amount of its gra	ints and other a	esistance	
•	0		the selection criteria used to award the		,	Yes No
United States.			procedures for monitoring the use of its		ner assistance	outside the
(a) Region	(1 ne following Pan (b) Number of	T	an be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d) (f) Total
	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	gram service, specific type (s) in the regio	expenditures for and investments
				PROGRAM SER EDUCATION,	HEALTH AND	
HAITI	1		PROGRAM SERVICES	WELLNESS TH AND SPORTS.	ROUGH SOCCI	110,798.
3 a Subtotal b Total from continuatio sheets to Part I c Totals (add lines 3a	n					
and 3b)	1	0				110,798.

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

Schedule F (Form 990) 2021

132071 12-20-21

Schedule F (Form 990) 2021 THE SANNEH FOUNDATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax												
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities											

56-2332269

Schedule F (Form 990) 2021	THE SANNEH FO	UNDATION		5	6-2332269		Page 3			
Part III Grants and Other Assistan	ce to Individuals Outside	e the United Sta	ites. Complete	if the organization answered "Yes"	on Form 990, Parl	t IV, line 16.				
Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

Schedule F (Form 990) 2021

Sched	ILE F (Form 990) 2021 THE SANNEH FOUNDATION	56-2332269	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may</i> be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

Part V Supplemental Information

56-2332269 Page 5

Schedule F (Form 990) 2021 THE SANNEH FOUNDATION

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F (Form 990) 2021

132075 12-20-21

SCHEDULE G	SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047									
(Form 990)	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.									
Department of the Treasury Internal Revenue Service	Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization				s anu		011.	Employer ic	Ientification number		
		NEH FOUNDATION					56-233			
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not		
		ed funds through any of the followin								
a Mail solicitat					overnment grants					
b Internet and c Phone solici	email solicitations tations	g Special			nment grants events					
2 a Did the organization	on have a written o	r oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees,	or			
		art VII) or entity in connection with p			-		Ye			
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu- organization.	ant to a	agreer	nents under which th	ne fur	ndraiser is to l	De		
			(iii)	Did		(v)	Amount paid	() A mount poid		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	to (o	or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
		n is registered as licensed to colicity		•	or boo boon potified	itio	avanat from 1	vagiatration		
or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	IT IS 6	exempt from i	egistration		
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z.		Schedu	le G (Form 990) 2021		

132081 10-21-21

56-233226<u>9 Page 2</u> THE SANNEH FOUNDATION Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GALA FOR NONE (add col. (a) through GOALS GOLF 4 GOALS col. (c)) (event type) (event type) (total number) Revenue 772,149. 105,066. 877,215. Gross receipts 1 105,976. 44,611. 150,587. 2 Less: Contributions 60,455. Gross income (line 1 minus line 2) 666,173. 726,628. 3 4 Cash prizes 5 Noncash prizes Direct Expense: 680. 16,562. 17,242. Rent/facility costs 6 10,122. 10,122. 7 Food and beverages Entertainment 8 274,925. 2,609. 277,534. 9 Other direct expenses 304,898. **10** Direct expense summary. Add lines 4 through 9 in column (d) ► 421,730. 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 \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 1 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 Other direct expenses 5 % Yes Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ► 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain: _ Schedule G (Form 990) 2021 132082 10-21-21

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Sch	edule G (Form 990) 2021 THE SANNEH FOUNDATION 56	-233	322	69	Page 3
11	Does the organization conduct gaming activities with nonmembers?	C	Υ	'es	No
12		Г	Υ	/oc	No
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	. L	T	62	
	a The organization's facility	1	3a		%
	• An outside facility		3b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				,_
	Name				
	Address				
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[_ Y	'es	🗌 No
t	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount				
	of gaming revenue retained by the third party \blacktriangleright \$				
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?	Ε	Y	'es	🗌 No
k	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 🕨 \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III	, line	s 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
1320	83 10-21-21 Sch 42	edule	G (F	orm	990) 2021
					- 1 0 0 1

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2021.06020 THE SANNEH FOUNDATION A1831102

Schedule G	(Form 990)	THE SANNEH	FOUNDATION	56-2332269	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)			
				Schedule G (Form 990
132084 11-18-	21				

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service	Inspection									
Name of the organization TH	THE SANNEH FOUNDATION 56-2332269									
Part I General Information	Part I General Information on Grants and Assistance									
criteria used to award the	criteria used to award the grants or assistance?									
Part II Grants and Other A	ssistance to D	omestic Organiz		Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any		
1 (a) Name and address of o or government	organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
2 Enter total number of sect3 Enter total number of othe							1	└ 		

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

Schedule I (Form 990) 2021 THE SANNEH	FOUNDATION				56-2332269	Page
Part III Grants and Other Assistance to Domestic Indi Part III can be duplicated if additional space is ne	viduals. Complete if the eded.	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	assistance
COD	200000	٥.	30,330.	FMV	FOOD	

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

	HEDULE M		Nonc	ash Contri	ibutions		OMB No. 1	545-004	7
(Fo	rm 990)						20	21	
				answered "Yes" o	n Form 990, Part IV, lines 29	or 30.			
	ment of the Treasury I Revenue Service	 Attach to Form 990. Go to www.irs.gov/ 		r instructions and	the latest information.		Open to Inspe		С
Name	e of the organizatior					Employer ide	ntificati	on nur	nber
	C C	THE SANNEH F	OUNDAT	ION			2332		
Par	tl Types of	Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g) Method of noncash contri		•	5
1	Art - Works of art								
2		sures							
3		erests							
4		tions							
5	Clothing and hous	ehold goods							
6		nicles							
7									
8	Intellectual proper	ty							
9	Securities - Publicl	y traded							
10	Securities - Closely	y held stock							
11	Securities - Partne	rship, LLC, or							
12	Securities - Miscel	laneous							
13	Qualified conserva								
	Historic structures								
14	Qualified conserva	tion contribution - Other							
15	Real estate - Resid								
16		mercial							
17		·							
18									
19									
20		l supplies							
21									
22									
23		ns							
24	Archeological artif		v	8	02 107 1	ATD MADER	m 177.	י דד ד	
25		ISC CONTRIBU	<u> </u>	0	95,10/•F	AIR MARKE	I VA		
26 07	Other ► ()							
27)							
<u>28</u> 29	Other (l zation during	l the tax year for c					
29		nization completed Form 82						0	
	for which the orga		00,1 art v, L					Yes	No
30a	During the year di	d the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 through	28 that it		100	110
				•••••	which isn't required to be use				
		for the entire holding period?			'		30a		Х
b		the arrangement in Part II.							
31		v	oolicy that re	equires the review o	of any nonstandard contributio	ns?	31	х	
32a		tion hire or use third parties					-		
	contributions?			•			32a		Х
b	If "Yes," describe i								
33	If the organization	didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is check	ed,			
	describe in Part II.								
LHA	For Paperwork	Reduction Act Notice, see	the Instruc	tions for Form 990).	Schedule	M (Forr	n 990)	2021

132141 11-17-21

Schedule M (Form 990) 2021 THE SANNEH FOUNDATION

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF ITEMS CONTRIBUTED.

Schedule M (Form 990) 2021

56-2332269

Page 2

132142 11-17-21

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- 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.	-EZ
Name of the organizatio	· · · ·	Employer identification number 56-2332269
FORM 990, PA		
SANNEH EMPOW	ERS YOUTH BY SUPPORTING AND PROMOTING EDUCATIO	NAL
ATTAINMENT T	HROUGH IN-SCHOOL AND AFTER-SCHOOL SUPPORT, IMP	ROVES LIVES
BY PROVIDING	PROGRAMS THAT STRENGTHEN PHYSICAL HEALTH AND	SOCIAL AND
EMOTIONAL DE	VELOPMENT, AND UNITES COMMUNITIES BY ADVANCING	DIVERSITY,
EQUITY, AND	COMMUNITY WELL-BEING.	
<u>FORM 990, PA</u>	RT III, LINE 4D, OTHER PROGRAM SERVICES:	
THE SANNEH F	OUNDATION OFFERS OTHER PROGRAMS AS WELL SUCH A	S FREE PRO
CAMPS AND TH	E HAITIAN INITIATIVE.	
EXPENSES \$ 6	11,845. INCLUDING GRANTS OF \$ 30,330. REVEN	UE \$ 210,697.
FORM 990, PA	RT VI, SECTION A, LINE 1A:	
THE EXECUTIV	E COMMITTEE SHALL CONSIST OF THE CHAIR, THE VI	CE CHAIR, THE
SECRETARY, T	REASURER, THE CEO, AND SUCH OTHER DIRECTORS AS	THE BOARD SHALL
ELECT. THE C	HAIR OF THE BOARD SHALL NOMINATE CANDIDATES FR	OM THE MEMBERSHIP
OF THE BOARD	TO FILL THE UNDESIGNATED SEATS ON THE EXECUTI	VE COMMITTEE. THE
CHAIR OF THE	BOARD SHALL SERVE AS THE CHAIR OF THE EXECUTI	VE COMMITTEE. THE
IMMEDIATE PA	ST CHAIR SHALL BE EX-OFFICIO MEMBERS, UNLESS O	THERWISE
DETERMINED B	Y VOTE OF A MAJORITY OF THE BOARD OF DIRECTORS	. THE EXECUTIVE
COMMITTEE SH	ALL HAVE AND EXERCISE THE AUTHORITY OF THE BOA	RD IN THE
MANAGEMENT O	F THE ROUTINE BUSINESS OF THE CORPORATION. THE	EXECUTIVE
COMMITTEE SH	ALL ACT AS AND FOR THE BOARD IN THE INTERVAL B	ETWEEN MEETINGS
OF THE BOARD	EXCEPT FOR EXECUTION OF THE FOLLOWING DUTIES,	WHICH REQUIRE A
FULL BOARD:	CHANGES TO THE ARTICLES OF INCORPORATION, ELEC	TION OF OFFICERS
	MBERS, MATERIAL CHANGES TO THE FINANCIAL STATU	
LHA FOR Paperwork H	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

132211 11-11-21

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Schedule O (Form 990) 2021	Page 2
Name of the organization THE SANNEH FOUNDATION	Employer identification number 56-2332269
FOUNDATION, AND CHANGES IN THE BYLAWS. THE BOARD SHALL RAT	IFY THE ACTIONS
OF THE EXECUTIVE COMMITTEE AT THE NEXT REGULARLY SCHEDULED	MEETING OF THE
FULL BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL, BY	MAJORITY VOTE,
APPOINT THE CHAIRS OF ALL COMMITTEES OF THE BOARD EXCEPT I	TSELF. THE
EXECUTIVE COMMITTEE MAY MEET AT STATED TIMES OR UPON NOTIC	E TO ALL GIVEN BY
ANY OF THEIR OWN NUMBER. VACANCIES IN THE MEMBERSHIP OF TH	E EXECUTIVE
COMMITTEE MAY BE FILLED BY THE BOARD AT A REGULAR MEETING	OR AT A SPECIAL
MEETING CALLED FOR THAT PURPOSE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST DISCLOSURES ARE UPDATED ANNUALLY FOR	ALL BOARD MEMBERS

AND STAFF. COPIES ARE KEPT WITH THE HUMAN RESOURCE DOCUMENTATION.

A CONFLICT MAY EXIST WHERE AN INTERESTED PARTY DIRECTLY OR INDIRECTLY BENEFITS OR PROFITS AS A RESULT OF A DECISION, POLICY OR TRANSACTION MADE BY THE SANNEH FOUNDATION. A CONFLICT OF INTEREST EXISTS ONLY WHEN THE BOARD DECIDES THAT A PERSON WITH A FINANCIAL INTEREST HAS A CONFLICT OF INTEREST. A CONFLICT ALSO MAY EXIST WHERE AN INTERESTED PARTY OBTAINS A NON-FINANCIAL BENEFIT OR ADVANTAGE THAT HE/SHE WOULD NOT HAVE OBTAINED ABSENT HIS/HER RELATIONSHIP WITH TSF. AN INTERESTED PARTY IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN OR REASONABLY SHOULD BE KNOWN.

DISCLOSURE STATEMENTS AND AFFIRMATIONS OF COMPLIANCE WILL BE SUBMITTED AS

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FOLLOWS:

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
THE SANNEH FOUNDATION	56-2332269
FOR BOARD MEMBERS, THE DISCLOSURE STATEMENTS WILL BE PROVI	DED TO THE BOARD
CHAIR.	
THE CHAIR'SDISCLOSURE STATEMENT SHALL BE PROVIDED TO THE S	ECRETARY OF THE
BOARD.	
IN THE CASE OF STAFF AND CONSULTANTS/VOLUNTEERS, THE DISCL	OSURE STATEMENTS
SHALL BE PROVIDED TO THE EXECUTIVE DIRECTOR.	
IN THE CASE OF THE EXECUTIVE DIRECTOR, THE DISCLOSURE STAT	EMENT SHALL BE
PROVIDED TO THE CHAIR OF THE BOARD.	
THE SECRETARY OF THE BOARD OR THE PERSON DESIGNATED TO THE	BOARD AS THE
REVIEWING OFFICIAL IS RESPONSIBLE FOR BRINGING POTENTIAL C	ONFLICTS TO THE
ATTENTION OF THE BOARD OR THE EXECUTIVE DIRECTOR. THE SECR	ETARY OF THE
BOARD SHALL FILE COPIES OF ALL DISCLOSURE STATEMENTS WITH	THE OFFICIAL
CORPORATE RECORDS OF THE SANNEH FOUNDATION.	

WHENEVER THERE IS REASON TO BELIEVE THAT A POTENTIAL CONFLICT OF INTEREST EXISTS BETWEEN THE SANNEH FOUNDATION AND A BOARD MEMBER OR THE EXECUTIVE DIRECTOR, THE BOARD SHALL DETERMINE THE APPROPRIATE RESPONSE. IF THE BOARD OR EXECUTIVE DIRECTOR (FOR CONSULTANT/VOLUNTEERS) DECIDES THAT THE INTERESTED PARTY HAS IN FACT FAILED TO DISCLOSE A POSSIBLE CONFLICT OF INTEREST, THE BOARD SHALL TAKE SUCH DISCIPLINARY AND CORRECTIVE ACTION AS THE BOARD SHALL DETERMINE.

FORM 990, PART VI, SECTION B, LINE 15: THE SANNEH FOUNDATION BOARD OF DIRECTORS USE THE MN COUNCIL OF NONPROFITS SALARY SURVEY AND OTHER SALARY SURVEYS FOR SIMILAR POSITIONS, BOTH NATIONALLY AND LOCALLY, FOR EVALUATION OF THE CEO'S COMPENSATION. ADDITIONALLY, PERFORMANCE CRITERIAL IS ESTABLISHED ANNUALLY AND GOALS ARE REVIEWED. COMPENSATION IS HEAVILY WEIGHTED ON ACHIEVEMENT OF ORGANIZATIONAL Schedule O (Form 990) 2021 132212 11-11-21 50 13190216 131839 A183110 2021.06020 THE SANNEH FOUNDATION

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Name of the organization THE SANNEH FOUNDATION	Employer identification number 56-2332269
GOALS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION PROVIDED UPON H	REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
INDEPENDENT CONTRACTORS:	
PROGRAM SERVICE EXPENSES	452,594.
MANAGEMENT AND GENERAL EXPENSES	68,219.
FUNDRAISING EXPENSES	21,672.
TOTAL EXPENSES	542,485.
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	154,600.
MANAGEMENT AND GENERAL EXPENSES	17,100.
FUNDRAISING EXPENSES	12,075.
TOTAL EXPENSES	183,775.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	726,260.
FORM 990	
AMENDED RETURN DISCLOSURES:	
FORM 990, PAGE 1, BOX B WAS CHECKED FOR A CHANGE IN ADDRES	
FORM 990, PAGE 1, BOX C THE ADDRESS WAS 2090 CONWAY STREED	F, ST. PAUL,
MN 55119, AND IS NOW 1276 UNIVERSITY AVE W, ST. PAUL, MN 5	55104.
FORM 990, PAGE 1, BOX E WAS 612-296-3739, AND IS NOW 651-6	690-4855
FORM 990, PART III, LINE 4A EXPENSES WAS 1,683,699, AND IS	5 NOW
1,456,550.	
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Name of the organization THE SANNEH FOUNDATION	Employer identification number 56-2332269
FORM 990, PART III, LINE 4B EXPENSES WAS 1,373,714, A	
1,360,229.	
FORM 990, PART III, LINE 4C EXPENSES WAS 722,447, ANI	D IS NOW 707,566.
FORM 990, PART III, LINE 4D EXPENSES WAS 909,785, ANI	D IS NOW 611,845.
FORM 990, PART III, LINE 4A REVENUE WAS 952,976, AND	IS NOW 393,251.
FORM 990, PART III, LINE 4B REVENUE WAS 777,524, AND	IS NOW 320,850.
FORM 990, PART III, LINE 4C REVENUE WAS 408,906, AND	IS NOW 168,738.
FORM 990, PART III, LINE 4D REVENUE WAS 131,654, AND	IS NOW 210,697.
FORM 990, PART IV, LINE 12B WAS CHECKED NO, AND IS NO	OW CHECKED YES.
FORM 990, PART IV, LINE 26 WAS CHECKED YES, AND SCH I	L HAD BEEN FILLED
OUT. NOW LINE 26 HAS BEEN CHECKED NO, AND SCH L IS NO	OT BEING FILED.
FORM 990, PART VI, SECTION A, LINE 2 WAS CHECKED YES,	, AND CONTAINED A
NARRATIVE. IT IS NOW CHECKED NO, AND THE NARRATIVE HA	AS BEEN REMOVED.
FORM 990, PART VI, SECTION C, LINE 20 HAD THE PHONE N	NUMBER
612-296-3739, AND IS NOW 651-690-4855.	
FORM 990, PART VI, SECTION C, LINE 20 HAD THE ADDRESS	S AS 2090 CONWAY
STREET, ST. PAUL, MN 55119, AND IS NOW 1276 UNIVERSIT	
MN 55104.	
FORM 990, PART VII, SECTION A HAD A DIRECTOR NAMED DI	ELOREZ HOULE.
DELOREZ HAS BEEN REMOVED.	
FORM 990, PART VIII STATEMENT OF REVENUE HAS BEEN UPI	DATED.
FORM 990, PART IX FUNCTIONAL EXPENSES HAS BEEN UPDATH	
FORM 990, PART X, COLUMN B, LINE 3 WAS BLANK, AND IS	
FORM 990, PART X, COLUMN B, LINE 4 WAS 1,929,056, ANI	
FORM 990, PART X, COLUMN B, LINE 5 WAS 120,000, AND	
FORM 990, PART X, COLUMN B, LINE 9 WAS 598,089, AND	
FORM 990, PART X, LINE 10A WAS 5,606,254, AND IS NOW	
FORM 990, PART X, COLUMN B, LINE 10C WAS 5,299,305, A	
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	NEH FOUNDATION A1831

13190216 131839 A183110

^{2021.06020} THE SANNEH FOUNDATION

A1831102

Name of the organization THE SANNEH FOUNDATION	Employer identification number 56-2332269
5,491,678.	
FORM 990, PART X, LINE 17 WAS 437,874, AND IS NOW 480,820.	
FORM 990, PART X, COLUMN B, LINE 19 WAS 30,000, AND IS NOW	BLANK.
FORM 990, PART X, COLUMN B, LINE 21 WAS 0, AND IS NOW 28.	
FORM 990, PART X, COLUMN B, LINE 23 WAS 2,075,972, AND IS	NOW
2,104,172.	
FORM 990, PART X, COLUMN B, LINE 27 WAS 5,117,254, AND IS	NOW
3,768,537.	
FORM 990, PART X, COLUMN B, LINE 28 WAS 1,669,219, AND IS	NOW
3,657,929.	
FORM 990, PART XI LINE 8 WAS 343,231, AND IS NOW 1,869,442	•
FORM 990, PART XII LINE 2B WAS CHECKED NO, AND IS NOW CHEC	KED YES. LINE
2B HAS ALSO NOW BEEN MARKED AS AUDITED UNDER A CONSOLIDATE	D BASIS.
FORM 990, PART XII LINE 2C WAS CHECKED NO, AND IS NOW CHEC	KED YES.
SCHEDULE A, PART II, SECTION A AND B, COLUMN E HAS BEEN UP	DATED.
SCHEDULE D, PART VI NUMBERS HAVE BEEN UPDATED.	

132212 11-11-21

	Delete d'Ou, enjectie de la della velete d'Devin eveluine	OMB No. 1545-0047
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	2021
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.	Open to Public Inspection

Name of the organization

THE SANNEH FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PARKSIDE HOMES, LLC					
2090 CONWAY ST					
ST. PAUL, MN 55119	REAL ESTATE	MINNESOTA	0.	0.	THE SANNEH FOUNDATION
SETON REAL ESTATE HOLDINGS, LLC					
1276 UNIVERSITY AVE W					
ST. PAUL, MN 55104	REAL ESTATE	MINNESOTA	0.	0.	THE SANNEH FOUNDATION
BRIDLEWOOD HOMES, LLC					
2090 CONWAY ST					
ST. PAUL, MN 55119	REAL ESTATE	MINNESOTA	0.	0.	THE SANNEH FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

Employer identification number 56-2332269

Schedule R (Form 990) 2021 THE SANNEH FOUNDATION

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a par																														
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)																			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	(related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, income excluded from tax under	income Share of total elated, income		Share of total income				Share of total income					Share of total income	Share of total income	Share of total income		Share of total income	Share of total income			ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)				No	K-1 (Form 1065)	Yes	lo																			
	-																													
										+																				
	-																													
	1																													
	1																													
	4																													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2021 THE SANNEH FOUNDATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g		1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s	X	

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

Schedule R (Form 990) 2021 THE SANNEH FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	

Schedule R (Form 990) 2021

Schedule F	R (Form 990) 2021 Supplemental In	THE SANNEH F	OUNDATION	56-2332269 Page 5
Part VII				
	Provide additional info	ormation for responses to que	stions on Schedule R. See instructions.	
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			58	

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