The Salvation Army

Golden State Division 832 Folsom Street San Francisco, CA 94119

Form 990 Return of Organization Exempt from Tax Form

DISCLAIMER

The Salvation Army is not required to file Form 990 with the IRS. Therefore, this form is submitted under protest, and does not constitute a waiver of The Salvation Army's status as a "church or a convention or association of churches" for Federal tax purposes, including for purposes of the exemption from filing Form 990 with the IRS, or its status as a 'church' for other legal purposes.

Since the *pro forma* Form 990 return is submitted for the purpose described above by a local unit of The Salvation Army, it is an abbreviated version designed to provide relevant information about the local unit's operations and use of resources. Depending on the context, certain parts of the core form may contain information relating to the local unit, the Salvation Army USA Western Territory of which it is a part, or in some cases, a combination of both.

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| Α | For the | e 2 021 calen | dar year, or tax year beginning FY BEG OCT. 1, 2020 , 2021, and ending | SEPTEMB | ER 30 , | 20 21 | | |
|--------------------------------|------------|--------------------------|---|--|--------------------|---------------------------|--|--|
| В | Check it | f applicable: | C Name of organization THE SALVATION ARMY, WESTERN TERRITORY, USA | | D Employer id | entification number | | |
| | Address | s change | Doing business as THE SALVATION ARMY, GOLDEN STATE DIVISION | 4645 TO 1 | 94 | 1156347 | | |
| | Name c | hange | Number and street (or P.O. box if mail is not delivered to street address) Roc | m/suite | E Telephone number | | | |
| | Initial re | turn | 832 FOLSOM STREET | | 415 | -553-3500 | | |
| | Final ret | urn/terminated | City or town, state or province, country, and ZIP or foreign postal code | | | | | |
| | Amende | ed return | SAN FRANCISCO, CA 94119 | | G Gross receip | ts \$ 84.9 million | | |
| | Applicat | tion pending | F Name and address of principal officer: | THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN | | inates? Ves No | | |
| | | | | | | uded? Ves No | | |
| ı | Tax-exe | empt status: | 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | If "No," at | tach a list. See | instructions. | | |
| J | Website | e: ► | | H(c) Group ex | emption number | er > | | |
| K | Form of | organization: | Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation | n: 1914 | M State of lega | al domicile: CA | | |
| P | art I | Summa | ry | | | | | |
| | 1 | Briefly des | cribe the organization's mission or most significant activities: | | | | | |
| ce | | The Salvati | on Army, founded in 1865, is a not for profit international religious organization | ation and char | ritable | | | |
| Activities & Governance | | | organized and operated on a quasi military pattern and is a branch of the C | | | | | |
| /eri | 2 | | box ► ☐ if the organization discontinued its operations or disposed o | | | et assets. | | |
| Go | 3 | Number of | voting members of the governing body (Part VI, line 1a) | | 3 | 5 | | |
| ø | 4 | Number of | independent voting members of the governing body (Part VI, line 1b) | | 4 | 0 | | |
| ties | 5 | Total numb | per of individuals employed in calendar year 2021 (Part V, line 2a) | | 5 | 1,068 | | |
| tiv | 6 | Total numb | per of volunteers (estimate if necessary) | | 6 | 115,324 | | |
| Ac | 7a | Total unrel | ated business revenue from Part VIII, column (C), line 12 | | 7a | 0 | | |
| | b | Net unrela | ted business taxable income from Form 990-T, Part I, line 11 | | 7b | 0 | | |
| | | | | Prior Year | | Current Year | | |
| e | 8 | Contribution | ons and grants (Part VIII, line 1h) | 65,1 | 57,234 | 80,348,520 | | |
| Revenue | 9 | Program s | ervice revenue (Part VIII, line 2g) | 1,4 | 62,534 | 924,814 | | |
| eve | 10 | Investmen | t income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | |
| Œ | 11 | Other reve | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,7 | 38,134 | 3,649,735 | | |
| | 12 | Total rever | ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 57,902 | 84,923,069 | | | |
| | 13 | Grants and | d similar amounts paid (Part IX, column (A), lines 1-3) | 85,229 | 30,302,994 | | | |
| | 14 | Benefits pa | aid to or for members (Part IX, column (A), line 4) | | | | | |
| S | 15 | Salaries, of | her compensation, employee benefits (Part IX, column (A), lines 5-10) | 25,4 | 89,706 | 25,116,235 | | |
| nse | 16a | Profession | al fundraising fees (Part IX, column (A), line 11e) | | | | | |
| Expenses | b | Total fund | raising expenses (Part IX, column (D), line 25) | | | | | |
| Ш | 17 | Other expe | enses (Part IX, column (A), lines 11a-11d, 11f-24e) | 20,3 | 26,372 | 20,589,398 | | |
| | 18 | Total expe | nses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 01,307 | 76,008,627 | | | |
| | 19 | Revenue le | ess expenses. Subtract line 18 from line 12 | 3,8 | 56,595 | 8,914,442 | | |
| Net Assets or Fund Balances | | | B | eginning of Curre | ent Year | End of Year | | |
| sets | 20 | Total asse | ts (Part X, line 16) | 8,7 | 20,989 | 16,740,330 | | |
| t As | 21 | Total liabil | ties (Part X, line 26) | 2,8 | 88,711 | 1,993,610 | | |
| | | | or fund balances. Subtract line 21 from line 20 | 5,8 | 32,278 | 14,746,720 | | |
| P | art II | Signatu | re Block | | | | | |
| | | | , I declare that I have examined this return, including accompanying schedules and staten e. Declaration of preparer (other than officer) is based on all information of which preparer | | | owledge and belief, it is | | |
| | ie, correc | t, and complet | e. Declaration of preparer (other than officer) is based on all mornation of which preparer | las ariy kriowied | | | | |
| C: | | | ll Clype | | 3/25/20 | 12 | | |
| Sig | _ | Signat | ure of offiger Aapon, Controller | Date | | | | |
| He | ere | AI | | | | | | |
| _ | | | or print name and title | | | | | |
| Pa | id | Print/Type | preparer's name Preparer's signature Dat | | Check if | PTIN | | |
| | epare | er | | | self-employed | | | |
| | e On | Cirm's no. | ne 🕨 | Firm's | | | | |
| | | Firm's ad | | Phone | no. | | | |
| Ma | y the I | RS discuss | this return with the preparer shown above? See instructions | | | Yes No | | |

| Part | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
|------|--|
| 1 | Briefly describe the organization's mission: |
| | The Salvation Army, an international movement is an evangelical part of the universal Christian aburah |
| | Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of |
| | Jesus Christ and to meet human needs in His name without discrimination. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 13,730,026 including grants of \$) (Revenue \$) |
| 44 | Shelter services for homeless families/ individuals; transitional housing, treatment services for addictions. |
| | Sheller services for nomeless families/ individuals; transitional nousing, treatment services for addictions. |
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| 4b | (Code:) (Expenses \$16,919,616 including grants of \$) (Revenue \$) |
| | Community centers- youth character building programs, sports activities, camping, educational and recreational |
| | activities. |
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| | |
| 4c | (Code:) (Expenses \$ 35,803,283 including grants of \$) (Revenue \$) |
| | Financial assistance to families/ individuals including rent, temporary housing, food, clothing, utilities, and |
| | miscellaneous services. Childcare provider for low-income families. |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| Tu | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | |
| 46 | Total program service expenses ► 66,452,925 |

| 101111 000 (202 | | |
|-----------------|---------------------------------|--|
| Part IV | Checklist of Required Schedules | |

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

| Part | 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 | ~ | |
| 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 | | ~ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 20 | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ~ |
| c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b | | ~ |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 25a | | V |
| 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 | 25b | 78.1 | ~ |
| 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 | | ~ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| 28 | persons? If "Yes," complete Schedule L, Part III | 27 | | ~ |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | _ |
| b c | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b 28c | | V |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 | V | _ |
| 31 32 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 31 | | V |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | ~ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | ~ |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | V |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | , |
| 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 | | , |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | | , |
| Part | | | | |
| | | 162,7 | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| - 11 4 | reportable gaming (gambling) winnings to prize winners? | 1c | E | 150 |
| | | For | n 99 0 | (2021) |

If "Yes," complete Form 6069.

| Part | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See in | struc | tions. |
|----------|---|----------|--------|--------|
| Secti | on A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | ~ | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . | 3 | | ~ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | ~ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | 0 | ~ |
| 6 7a | Did the organization have members or stockholders? | 6 | | ~ |
| | one or more members of the governing body? | 7a | | ~ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | , |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | V | |
| 9 9 | Each committee with authority to act on behalf of the governing body? | 8b | | ~ |
| <u> </u> | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | ~ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | iue C | - | Na |
| 102 | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10a | ~ | |
| 11a | | 11a | | V |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | ~ | ., |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. | 12b | | |
| 13 | Did the organization have a written whistleblower policy? | 12c | V | ~ |
| 14 | Did the organization have a written whisheblower policy? | 14 | ~ | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | ~ | |
| b | Other officers or key employees of the organization | 15b | ~ | |
| 16a | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | 100 |
| iva | with a taxable entity during the year? | 16a | | ~ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | Toa | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Secti | on C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- | T (sec | tion ! | 501(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | of inter | rest p | olicy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | - | |

| Form | 990 | (2021) |
|------|-----|--------|
| | | |

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

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

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

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

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

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

| Check this box if neither the organization | nor any relate | d org | anız | | | ompe | ensa | ited any current | officer, director, | or trustee. |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| ivisional Commander (2) Major Mark Nelson ivisional Secretary- Business (3) Major Jeanne Stromberg ivisional Finance Secretary (4) Major Mary Norton ivisional Director of Women's Ministries (5) Major Dianne Madsen ivisional Secretary- Program (6) (7) (8) (9) | (B) Average hours | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) Major Darren Norton | | | | | | | 11 = | | | |
| Divisional Commander | | ~ | 130 | | | 3 | | | | |
| (2) Major Mark Nelson | | | | | | | - | | | Title W. |
| Divisional Secretary- Business | | ~ | | 1 | | | 100 | | | |
| (3) Major Jeanne Stromberg | | | | | | | | | | |
| Divisional Finance Secretary | | ~ | | | | H | | | | |
| (4) Major Mary Norton | | | | | | | 18 | | | |
| Divisional Director of Women's Ministries | | ~ | | | 1 | 1 | | | | |
| (5) Major Dianne Madsen | | | | 1 | 13 | | | | | |
| Divisional Secretary- Program | | ~ | | | | 1 8 | 100 | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | 1 | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | No. | H | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| | VII Section A. Officers, Directors, | | | | (0 | C) | 0, 0 | | | moutou Empio | , 000 (00/ | iniada |
|-----------------------|---|---|--------------------------------|-----------------------|----------------------|--------------|------------------------------|--------------|---------------------------------------|--|---------------------------------|---------------|
| (A) Name and title | | (B) Average hours per week | box, | unles | eck s pe d a d | rson | e than of is both or/trus | n an tee) | (D) Reportable compensation from the | (E) Reportable compensation from related | Estimated of oth compens | amount ier |
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | organizations (W-2/ 1099-MISC/ 1099-NEC) | from to organizati related orga | he on and |
| (15) | | | | | 8 | | 0 | | | | | |
| (16) | | | | | | 50 | | | | | | |
| (17) | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | 100 | ST S | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | - |
| (22) | | | 1 99 | 150 | | | | | | | | |
| (23) | | | | 5 | | | | | | | | te del |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | N. | | | | | |
| 1b | Subtotal | | | | | | | > | | | | 130 F. F. |
| c d | Total from continuation sheets to Part Total (add lines 1b and 1c) | | | | | | | • | | | | |
| 2 | Total number of individuals (including bu reportable compensation from the organ | t not limited | d to th | nose | list | ed | above | e) w | ho received mor | e than \$100,000 | of | |
| 3 | Did the organization list any former | | ector | tru | ste | a k | ev e | mnl | ovee or highes | st compensated | Ye | s No |
| 4 | employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the | Schedule J | for si | uch | indi | ivid | ual | | | | 3 | V |
| | organization and related organizations individual | greater th | an \$ | 150, | 000 | 1? 1 | f "Ye | s, " | complete Sched | | | |
| 5 | Did any person listed on line 1a receive of | or accrue co | ompe | nsat | tion | fro | m any | un un | related organiza | | The second second second | ~ |
| Secti | for services rendered to the organization ion B. Independent Contractors | | | | | | | | | | 5 | ~ |
| 1 | Complete this table for your five hig compensation from the organization. Rep | | | | | | | | | | | |
| | (A) Name and business add | dress | | | | | | | (B) Description of serv | vices | (C) Compensatio | n |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 | Total number of independent contractor | ors (includi | na bi | ıt n | ot I | limit | ed to |) th | nee listed about | el who | | |
| - | received more than \$100,000 of compens | | | | | | | - 11 | iodo iididu abov | 5) WIIO | | |

| Part VIII | Statement of Revenue |
|-----------|----------------------|

| | | Check if Schedule | Осо | ntains a re | spon | se or note to any | line in this Pa | rt VIII.... | | |
|---|--------|---|--------|-------------|----------|-------------------|----------------------|--|--------------------------------------|---|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts, | 1a | Federated campaign | ns . | | 1a | | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues | | | 1b | | | | | |
| | С | Fundraising events 1c | | | | | | | | |
| | d | Related organization | ns . | | 1d | 8,686,986 | | | THE BA | |
| | е | Government grants | | | 1e | 20,021,793 | | | | |
| | f | All other contribution | | | | | | | | The second |
| | | and similar amounts no | | | 1f | 51,639,741 | | | The walk | |
| | g | Noncash contributions included in | | | | | | | | |
| | | lines 1a-1f | | | 1g | \$ 22,696,059 | | | | |
| O a | h | Total. Add lines 1a- | -1f . | | | > | 80,348,520 | | | |
| Program Service Revenue | | | | | | Business Code | | | | |
| | 2a | | | | | | | | | |
| | b | | | | | | | ENGINE SERVE | | |
| n S | C | | | | | | | | | |
| Re | d | | | | | | | | | |
| Progra | e | All other program service revenue | | | | | | | | |
| Δ. | f g | Total. Add lines 2a- | | | | | 924,814 | AND RESIDENCE OF THE PARTY OF T | | |
| | 3 | Investment income | | | | | 924,814 | | | |
| | | other similar amoun | | | | | | | | |
| | 4 | Income from investr | | | | | | | Zale and | |
| | 5 | | | | | | | | | |
| | | , | | (i) Rea | | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | B.E. | | | | | | |
| 100 | b | Less: rental expenses | 6b | | 200 | | | | | |
| | С | Rental income or (loss) 6c | | | | | | | | |
| | d | Net rental income or (loss) | | | | > | | | | |
| | 7a | Gross amount from | 135 | (i) Securi | ties | (ii) Other | | | | |
| | | sales of assets | | | | | | | | |
| | | other than inventory | 7a | | års. | | | | | |
| ne | b | Less: cost or other basis | | | | | | | 44.7 | |
| evenue | | and sales expenses . | 7b | | | | | | | |
| C | C | Gain or (loss) | 7c | | | | | | | |
| er | d | Net gain or (loss) | | | | | | | | |
| Other | 8a | Gross income from | | - | | | | | | |
| | | events (not including of contributions rep | | d on line | | 1 | | | | |
| 2 | | 1c). See Part IV, line | | | 8a | | | | | |
| | b | Less: direct expens | | | 8b | | | | | |
| | | Net income or (loss) | | | 7.75 | nts | | | | |
| | | Gross income f | | | 5 | VIII TO BEET | | | | |
| | | activities. See Part I | | 0 | 9a | | | | | |
| - 1 | b | Less: direct expens | es . | | 9b | THE STREET | | | | |
| | C | Net income or (loss) |) from | gaming a | ctivitie | es > | | | | |
| | 10a | Gross sales of ir | | | E ISSUE | PE BOOK | | | | |
| | | returns and allowan | ces | | 10a | | | | | |
| | b | Less: cost of goods | | | 10b | | | | | |
| | С | Net income or (loss) |) from | sales of ir | rvento | | | | | |
| ns | | | | | | Business Code | | DIVERSION OF THE PARTY OF THE P | | |
| Miscellaneous Revenue | 11a | | | | | 333 70 57 | | | | |
| scellaneo | b | | | | | | | 42.4 | | |
| Re | C | All other revenue | | | | | 0 / 10 === | | | |
| Σ | d | Total. Add lines 11a | | | | | 3,649,735 | THE RESIDENCE AND ADDRESS OF THE PARTY OF TH | | |
| | 12 | Total revenue. See | | | | | 3,649,735 | | | |
| | 14 | Total revenue. 388 | 111311 | uotions | | | 84,923,069 | | | |

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must con-

| and 301(c)(4) organizations must | complete all columns. All others are in the | |
|----------------------------------|--|-----|
| Check if Schodula O contains | complete all columns. All other organizations must complete column (| (4) |

| _ | ot include amounts reported on lines 6b. 7b. | or note to any line | in this Part IX | riust complete colum | nn (A). |
|----------|---|--|------------------|--|---------------------|
| 80, 9 | b, and 10b of Part VIII. | (A) Total expenses | Program service | (C) Management and | (D) Fundraising |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses | expenses |
| | and domestic governments. See Part IV, line 21 . | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 30,302,994 | 30,302,994 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | 30,302,774 | | |
| 4 5 | Benefits paid to or for members | | | | |
| 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 | 21,345,838 | 10.070.101 | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 21,343,636 | 18,273,121 | 1,842,826 | 1,229,891 |
| 9 | Other employee benefits | 3,770,397 | 3,241,585 | 221 027 | 007.707 |
| 10 | Payroll taxes | 3,770,377 | 3,241,363 | 321,027 | 207,785 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | Name and the second |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) | | | | |
| 40 | | 5,078,100 | 2,690,423 | 1,641,319 | 746,358 |
| 12 | Advertising and promotion | 1,829,172 | 393,227 | 46,135 | 1,389,810 |
| 13 | Office expenses | 2,172,688 | 2,050,765 | 96,113 | 25,810 |
| 14 15 | Information technology | | | | |
| 16 | Royalties | | | | |
| 17 | Occupancy | 7,245,719 | 6,700,247 | 515,297 | 30,175 |
| 18 | Payments of travel or entertainment expenses | 1,202,811 | 946,751 | 199,680 | 56,380 |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . Interest | | | AND MARKET DE PROPERTY | |
| 21 | Payments to affiliates | 4 440 405 | | | |
| 22 | Depreciation, depletion, and amortization . | 1,412,405 | 850,167 | 562,238 | |
| 23 | Insurance | 492,795 | 460,435 | 21,635 | 10,725 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | Communications | 834,005 | 288,253 | E0.0E7 | 404 705 |
| b | | 034,003 | 200,253 | 58,957 | 486,795 |
| c | | | Trans Tue (Em) | THE STATE OF THE S | TENSOR IN |
| d | | THE STATE OF THE S | | | (0.25) (c) s,-1 |
| е | All other expenses | 321,703 | 254,957 | 50,752 | 15,994 |
| 25 | Total functional expenses. Add lines 1 through 24e | 76,008,627 | 66,452,925 | 5,355,979 | 4,199,723 |
| 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)

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Par | (A) Beginning of year | | (B) End of year |
|-----------------------------|-----|---|-----------------------|-----|--------------------|
| | 1 | Cash—non-interest-bearing | 2,199,602 | 1 | 1,643,366 |
| | 2 | Savings and temporary cash investments | 858,151 | 2 | 8,721,007 |
| S | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 4,382,911 | 4 | 4,447,181 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | 42,312 | 8 | |
| As | 9 | Prepaid expenses and deferred charges | 270,193 | | 246,944 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | 967,820 | 10c | 1,681,832 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments-program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 8,720,989 | 16 | 16,740,330 |
| | 17 | Accounts payable and accrued expenses | 2,888,711 | 17 | 1,993,610 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | SPACE DESCRIPTION OF | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | | | |
| | | | | 25 | |
| - | 26 | Total liabilities. Add lines 17 through 25 | 2,888,711 | 26 | 1,993,610 |
| Net Assets or Fund Balances | | Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33. | | | |
| | 27 | Net assets without donor restrictions | 5,832,278 | 27 | 14,746,720 |
| | 28 | Net assets with donor restrictions | | 28 | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 5,832,278 | | 14,746,720 |
| | 33 | Total liabilities and net assets/fund balances | 8,720,989 | | 16,740,330 |
| | - | Total machine direction description described | 0,720,989 | 00 | 10,740,330 |

| Par | 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) | | | 23,069 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | 76,008,627 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | 8,914,442 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | | 32,278 | | |
| 5 | Net unrealized gains (losses) on investments | | | | | |
| 6 | Donated services and use of facilities | | | | | |
| 7 | Investment expenses | | | | | |
| 8 | | | - V | أصمال | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | ساسا | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | YV. | 14,74 | 6,720 | | |
| Part | 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 Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain schedule O. | n | | | | |
| | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | ~ | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled | or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | 2b | 1 | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on | a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | 6. 1 | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | ~ | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain | n | | | | |
| • | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t | | | | | |
| | Single Audit Act and OMB Circular A-133? | 3a | ~ | | | |
| D | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t | - I | | - 44 | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . | 3b | ~ | | | |