Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

^	וייטו נוי	e 20 i9 calendar year, or tax year beginning A	PR 1, 2019 and	enaing M	AR 31, 20	720	
В	Check if applicat	C Name of organization			D Emplo	yer identifi	ication number
	Addr						
	Name	e Doing business as			41	-1916337	
	Initia returi	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Teleph	one numbe	er
	Final retur	1 SE MAIN STREET	·	600	612-	249-6700	
	termi ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross red	eipts \$	8,395,161.
	Amer returi	MINNEAFOLIS, IM 33414			H(a) Is thi	s a group r	eturn
	Appli tion	F Name and address of principal officer: KATE	BARR		1	ubordinates	
	pend	SAME AS C ABOVE			E .		ncluded? Yes No
Ι.	Гах-ех	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No	o," attach a	a list. (see instructions)
<u>J</u> '	Webs	te: WWW.PROPELNONPROFITS.ORG			ŀ		on number
K	orm o	forganization: X Corporation Trust A	ssociation Other >	L Year	of formation:		M State of legal domicile: MN
P	art I	Summary					
	1	Briefly describe the organization's mission or most	significant activities: TO FUE	L THE IMP	ACT AND		
Activities & Governance		EFFECTIVENESS OF NONPROFITS WITH GUID	ANCE, EXPERTISE, AND CA	PITAL.			
Ξa	2	Check this box ▶ ☐ if the organization disco	ntinued its operations or dispos	sed of more	than 25% o	f its net as	sets.
Š	3	Number of voting members of the governing body	(Part VI, line 1a)			з	18
Ğ	4	Number of independent voting members of the go					17
တ္	5	Total number of individuals employed in calendar y					35
ritie	6	Total number of volunteers (estimate if necessary)					20
Ċ.	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12		•••••	7a	0.
<	b	Net unrelated business taxable income from Form					
					Prior Y		Current Year
ď	8	Contributions and grants (Part VIII, line 1h)			5,	598,397.	
nŭ	9				2,	523,581.	<u> </u>
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4				25,344.	64,622.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				0.	0.
	12	Total revenue - add lines 8 through 11 (must equal			8,	147,322.	8,339,894.
	13	Grants and similar amounts paid (Part IX, column (460,388.	2,969,627.
	14	Benefits paid to or for members (Part IX, column (A		,	<u>-</u>	0.	0.
(A	15	Salaries, other compensation, employee benefits (l			2,	592,839.	2,654,295.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			······································	0.	0,
per	b	Total fundraising expenses (Part IX, column (D), lin		093.			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d	. 11f-24e)		1,	425,873.	1,531,504.
	18	Total expenses. Add lines 13-17 (must equal Part I				479,100.	
	19	Revenue less expenses. Subtract line 18 from line				668,222.	1,184,468.
- P. S.	3		.=		ginning of Cu		End of Year
ets	20	Total assets (Part X, line 16)		120		277,659.	40,727,822.
Net Assets	21	Total liabilities (Part X, line 26)				579,547.	25,845,242.
Net	22	Net assets or fund balances. Subtract line 21 from	line 20			698,112.	14,882,580.
Pa	art II	Signature Block			<u> </u>		, , ,
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	nts, and to th	ne hest of my	v knowledge and helief, it is
		t, and complete. Deglaration of preparer (other than office					,, ,
	<u> </u>	Vers A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2/19	7/21
Sig	n	Signature of officer			Da	ite	
Her		KATE BARR, PRESIDENT					
	_	Type or print name and title					
		Print/Type preparer's name	Preparer's signature	D	ate	Check	PTIN
Paid	i	DEIRDRE HODGSON	DEIRDRE HODGSON	02	2/12/21	if self-employ	
	arer	Firm's name CLIFTONLARSONALLEN LLP				m's EIN ▶	41-0746749
	Only	Firm's address 220 S 6TH STREET, SUITE	300			III O EIN	
, ,		MINNEAPOLIS, MN 55402			Ph	ione no 612	2-376-4500
May	the l	RS discuss this return with the preparer shown abo	ve? (see instructions)		111		X Yes No

4d	Other p	rogram	services	(Des	cribe	on	Sch	ec	lul	e C	(.(
	t			1	177	61	2				

1,177,612. including grants of \$

TOOLS THAT PROPEL USE ARE STRATEGIC PLANNING,

0.) (Revenue \$

196,911.)

Total program service expenses

06360212 131839 053-023636-00

DEVELOPMENT

6.174.189.

WITH THE TOOLS TO BE MORE EFFECTIVE WITH REACHING THEIR MISSION. THE

BOARD DEVELOPMENT, AND LEADERSHIP TRANSITION.

Form 990 (2019)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		**	
	If "Yes," complete Schedule D, Part IV	9	Х	
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	George (Х
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,		77	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	21	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	· · · · ·	14b		х
4 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV			
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			†
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17		17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	···		
10		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II			
19		19		x
20-	complete Schedule G, Part III	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	T	 	
<u>~ 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	The state of the s			

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Pai	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	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U		24c		
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			۱.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? //			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<u> </u>	х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		ļ
32	· · · · · · · · · · · · · · · · · · ·	32		х
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		00		х
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
	Part V, line 1	34	Х	х
	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1

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(gambling) winnings to prize winners?

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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 return2a	35		
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 e-file (see instructions)	456446766666		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	١ ـ		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
	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?			х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	1		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
- u	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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	or? 7a	х	100000000000000000000000000000000000000
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	l	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	"		
Ü	to file Form 8282?	. 7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	0		
u _	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			Х
, a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	the state of the s			1
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	- stadte knoweds	
9	Sponsoring organizations maintaining donor advised funds.	•		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	100000000	a significant district
b				
10	Section 501(c)(7) organizations. Enter:			
	1 11 11 11 11 11 11 11 11 11 11 11 11 1			
	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	400000000000000000000000000000000000000	in the second se
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
IJ	organization is licensed to issue qualified health plans	95		1
С	10-	\Box		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		1	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	T
.5	excess parachute payment(s) during the year?	15		х
	If "Yes," see 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		х
	To the organization are educational medication caspect to the society food except tax of the investment medition			

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If "Yes," complete Form 4720, Schedule O.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 independent1b17			
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	х	400000000000000000000000000000000000000
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		Х
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
4	• • • • • • • • • • • • • • • • • • • •	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			
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 appoint one or	_	.,	
	more members of the governing body?	7a	Х	
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	X	201000000
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	the state of the s	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С		40-		х
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Α	
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	Х	
b	Other officers or key employees of the organization	15b	3 9 25 3 25 2 3	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
-	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
13	statements available to the public during the tax year.		-141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KEVEN AMBRUS - 612-249-6700			
	1 SE MAIN STREET, NO. 600, MINNEAPOLIS, MN 55414			
	I DE MAIN DIREEI, NO. 000, MINNEGEODIE, MN 33414		000	

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per	box.	not c	Posi heck r ss per id a di	ition more son is	than o	n an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEAN ADAMS	2,00									
BOARD MEMBER	37.50	Х						0.	256,222.	51,885.
(2) KATE BARR	40.00									
PRESIDENT AND CEO	0.00			Х		<u> </u>		169,775.	0.	23,737.
(3) JANET OGDEN-BRACKETT	40.00									
VICE PRESIDENT OF PROGRAMS	0.00			Х		<u> </u>	<u> </u>	118,756.	0.	26,758.
(4) KEVEN AMBRUS	40.00					l				
VICE PRESIDENT OF FINANCE & CHIEF FI	0.00			Х		<u> </u>	<u> </u>	108,411.	0.	28,718.
(5) HEIDI CHRISTIANSON	2,00									
BOARD MEMBER	0.00	Х						0,	0.	0.
(6) COURTNEY COLBY	2.00					Ì				
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) BRAD KRUSE	2.00			İ						
BOARD MEMBER	0.00	х					<u> </u>	0.	0.	0.
(8) SCOTT MARQUARDT	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) SONY MALHOTRA	2.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(10) DAVID MITCHELL	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) MARCUS OWENS	2.00									
BOARD MEMBER	0.00	х						0.	0.	0.
(12) PATTY PANNKUK	2.00									
BOARD MEMBER	0.00	х						0.	0.	0,
(13) MAGUI RUBALCAVA SCHULMAN	2.00									
BOARD MEMBER	0.00	х		L				0.	0.	0.
(14) GARY TAVERNA	2.00									
BOARD MEMBER	0.00	х	<u>l</u>					0.	0.	0.
(15) BO THAO-URABE	2,00									
BOARD MEMBER	0.00	х					L	0.	0.	0.
(16) DIANE TRAN	2.00									
BOARD MEMBER	0.00	х			<u>L</u>		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	0.	0.	0.
(17) PAUL BABCOCK	2,00									
BOARD MEMBER	0.00	х	<u>L</u>		L			0.	0.	0.

932007 01-20-20

Form 990 (2019)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	iH t	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(4	C)			(D)	(E)		(F)		
Name and title	Average	(do			itior more	า than เ	one	Reportable	Reportable	- 1	Estimat		
	hours per	box	, unle	ss pe	rson i	is both or/trus	n an	compensation	compensation		amount		
	week (list any	ļ	00, 41	1000	T COL	77.000	100,	from the	from related organizations		othei mpens		
	hours for	lirect			i	_		organization	(W-2/1099-MISC)		from th		
	related	e or (stee		İ)sate		(W-2/1099-MISC)	(11 27 1000 111100)		rganiza		
	organizations	truste	al tru		yee	mbe		(and rela		
	below	ndividual trustee or director	Institutional trustee	يۋ	odue	Highest compensated employee	je j			Or	ganizat	tions	
	line)	iģ	Insti	Officer	Key	High emp	Former						
(18) SARAH CLYNE	3.00				l								
VICE CHAIR	0.00	Х		Х	<u> </u>		<u> </u>	0.		0.		0.	
(19) SEAN KERSHAW	4.00							_					
CHAIR	0.00	х		х	<u> </u>	ļ	<u> </u>	0.		0.		0.	
(20) ELIZABETH TOPOLUK	3,00			l	1							•	
TREASURER	0.00	X		Х		ļ	_	0.	ALL AND WARRENCE TO	٥.		0.	
		ļ											
		<u> </u>		<u> </u>	 		—				***************************************		
		ļ											
	<u> </u>	 	S COMMISSION N	and white the			├		· · · · · · · · · · · · · · · · · · ·		***************************************	***************************************	
					ļ								
		┢			 -		-			+			
		l			l								
		┝	┢	┝	┢	┢	_			_	<u> </u>		
		l											
	ļ	ļ		!	┢	十	 			-	******		
1b Subtotal		<u> </u>	L	<u> </u>	<u> </u>			396,942.	256,22	2,	131	,098.	
c Total from continuation sheets to Part VI								0.		0.	0,		
d Total (add lines 1b and 1c)							>	396,942.	256,22	2,	131	,098.	
Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization						•			•			3	
											Yes	No	
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, or	hig	hest compensated emp	loyee on	8.00			
line 1a? If "Yes," complete Schedule J for s	uch individual									. 3		Х	
4 For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	ation	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J f	for such individual		. 4	Х		
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedul	e J f	or si	ıch	pers	on				. 5		Х	
Section B. Independent Contractors													
1 Complete this table for your five highest co										ısation	from		
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	/ith (or wi	ithin		ear.				
(A) Name and business	addraga							(B) Description of s	onicos	Com	(C) pensati	on	
Ivaine and business	address	NO	NE		***			Description of s	ier vices	COM	Jensan	UI I	
	· · · · · · · · · · · · · · · · · · ·												
											,		

2 Total number of independent contractors (i	ncludina but n	ot lir	nite	d to	tho	se lis	sted	above) who received m	ore than				
\$100,000 of compensation from the organi	-					0	_	,					
										For	m 990	(2019)	

Form 990 (2019) PROPEL NON Statement of Revenue

			Check if Schedule Q	conta	ains a	response	or note to any lin	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
रु छ	1	а	Federated campaigns			1a					
ant	•		Membership dues			1b					
@ B			Fundraising events			1c					
ifts If A			D. I. I. J			1d	827,500.				
B,S			Government grants (contr			1e	234,013.				
ğ S		f	All other contributions, gifts,	grant	ts, and						
ber the			similar amounts not included	abov	/e	1f	4,641,845.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1	1a-1f	1g \$					
<u>8</u> 8		h	Total. Add lines 1a-1f				<u></u>	5,703,358.			
							Business Code				
g	2	_	LOAN INTEREST REVEN				522200	1,720,223.	1,720,223.		
ه ڲ		-	CLIENT FEE AND CONT	RAC			541900	726,023.	726,023.		
Sign		•	LOAN FEE REVENUE				522200	108,268.	108,268.		
leve		d	WORKSHOP AND TRAINI	NG			611430	17,400.	17,400.		
Program Service Revenue		е									
₫			All other program service								
\longrightarrow			Total. Add lines 2a-2f					2,571,914.			
	3		Investment income (include					00 422			00 422
			other similar amounts)					80,433.			80,433.
	4		Income from investment o					***************************************			
	5		Royalties	······) Real	(ii) Personal				
	_) Real	(II) Personal				
	6		Gross rents	6a				-			
			Less: rental expenses	6b							
			Rental income or (loss)	<u> 6c</u>	l						
			Net rental income or (loss) Gross amount from sales of	<u>'—</u>	[(i) S	ecurities	(ii) Other				
	′	a	assets other than inventory	7a		39,456					
		h	Less: cost or other basis	/a	<u> </u>	00,100	•				
<u>u</u>		b	and sales expenses	7b		55,267					
ᇣ		_	Gain or (loss)	7c		-15,811					
er Revenue			Net gain or (loss)		<u> </u>			-15,811.	-15,811.		
F G			Gross income from fundraisi								
₽		_	including \$			of					
			contributions reported on	line	1c). S	ee					
			Part IV, line 18				a				
		b	Less: direct expenses				ь				
			Net income or (loss) from				>				
	9	а	Gross income from gamin	ng ac	tivities	s. See					
			Part IV, line 19			<u>9</u>	a				
		b	Less: direct expenses			9	b				
			Net income or (loss) from				<u></u>				
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sale	s of in	ventory					
<u>s</u>							Business Code				
eon e	11										
Miscellaneous Revenue		b									
Sey		C	All et								
ΜĬ			All other revenue								
		е	Total revenue See instruction					8,339,894.	2,556,103.	0.	80,433.
	12		Total revenue. See instructi	UHS			·····	1 3,333,034.	1 2,000,100.	1	1 00, 200.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) (**D)** Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 2,969,627 2,969,627, and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 505,223 252,856, 236,161, 16,206. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,635,124 1,312,528 254,691 67.905. 7 Other salaries and wages Pension plan accruals and contributions (include 81,756 65,626 12,735 3,395. section 401(k) and 403(b) employer contributions) 37,184 271,726. 222,788. 11,754. 9 Other employee benefits 160,466 120,054, 34,349 6.063. Payroll taxes 10 11 Fees for services (nonemployees): 6,915 6,327 588 Management 4.946 3,492 1,454 Legal 28,446. 28,446 Accounting Lobbying _____ Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 217,738 135,198. 64,540 18,000. column (A) amount, list line 11g expenses on Sch O.) 25,074. 23,687. 572 815. Advertising and promotion 12 47,250. 31,396 80.073. 1,427. Office expenses 13 91,356. 16,033. 72,964. 2,359. Information technology 14 15 Royalties 232,975 175,067 49,468 8,440. 16 Occupancy 6,965. 35,555 23,055. 5,535 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 1,748. 38,434 34,139 2,547 Conferences, conventions, and meetings 19 535,802, 535,802. 20 Payments to affiliates _____ 21 196,382 147,593 42,042 6,747. 22 Depreciation, depletion, and amortization 11,738 5.882 5,587 269. Insurance 23 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.) LENDING EXPENSES 15,533. 15,533. UNCOLLECTIBLE ACCOUNTS 9,613, 9,613, b OTHER FILING FEE EXPENS 924 847 77 С d e All other expenses 7,155,426. 6,174,189 829,144. 152,093. Total functional expenses. Add lines 1 through 24e 25

Form **990** (2019)

Check here

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

If following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

		Check if Schedule O contains a response or	note to any lift	GRITING FALLY	(A)	······	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			4,432,280.	1	7,396,961.
	2	Savings and temporary cash investments			1,744,312.	2	1,511,000.
	3	Pledges and grants receivable, net			875,212.	3	1,484,920.
	4	Accounts receivable, net			124,613.	4	160,295.
-	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial cont	ributor, or 35%			
i		controlled entity or family member of any of	these persons		0.	5	0 ,
	6	Loans and other receivables from other disq	ualified person	s (as defined			
ı		under section 4958(f)(1)), and persons descr	ibed in section	4958(c)(3)(B)	0.	6	0
٨	7	Notes and loans receivable, net			28,809,732.	7	28,420,091
Assets	8	Inventories for sale or use			0.	8	0 .
₹	9	m 11 11 11			89,233.	9	122,811.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	1,489,862.			
	b	Less: accumulated depreciation	10b	671,840.	946,451.	10c	818,022.
	11	Investments - publicly traded securities			0.	11	0.
١	12	Investments - other securities. See Part IV, li	ne 11		1,195,015.	12	813,722
	13	Investments - program-related. See Part IV, I	ine 11		0.	13	0 .
	14	Intangible assets			0.	14	0
	15	Other assets. See Part IV, line 11			60,811.	15	0
	16	Total assets. Add lines 1 through 15 (must			38,277,659.	16	40,727,822
	17	Accounts payable and accrued expenses		685,326.	17	667,487	
	18	Grants payable		18			
	19	Deferred revenue			10,675.	19	576,190
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV of S	Schedule D	1,133,696.	21	1,080,943
e l	22	Loans and other payables to any current or	former officer,	director,			
Ě		trustee, key employee, creator or founder, se	ubstantial cont	ributor, or 35%			
Liabilities		controlled entity or family member of any of	these persons			22	
1	23	Secured mortgages and notes payable to ur		F	00 = 10 0=0	23	00 500 600
	24	Unsecured notes and loans payable to unre			22,749,850.	24	23,520,622
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on	ines 17-24). Co	omplete Part X			
		of Schedule D			24 570 547	25	25 045 242
	26			V	24,579,547.	26	25,845,242
ا ي		Organizations that follow FASB ASC 958,	check here				
ĕ		and complete lines 27, 28, 32, and 33.			11,008,914.		11,606,718
<u> </u>	27			2,689,198.	27	3,275,862	
	28	Net assets with donor restrictions			2,009,190.	28	3,213,002
5		Organizations that do not follow FASB AS	C 958, check	nere 🕨 🔛			
<u>,</u>		and complete lines 29 through 33.			00		
3	29	Capital stock or trust principal, or current fu				29	
SSE	30	Paid-in or capital surplus, or land, building, o		F		30 31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			13,698,112.	31	14,882,580
ž	32	Total net assets or fund balances		1	38,277,659.		40,727,822
	33	Total liabilities and net assets/fund balances	3		30,277,009.	33	Form 990 (2019

Form **990** (2019)

Form	990 (2019) PROPEL NONPROFITS	41-19163	37	Pag	_{je} 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		,339,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,155,	
3	Revenue less expenses. Subtract line 2 from line 1	3		,184,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	,698,	112.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14	,882,	580.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O,			
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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		PROPEL	NONPROFITS						41-19163	37				
Pa	rt I	Reason for Public C	harity Status (A	All organizations must co	mplete thi	s part.) Se	e instructions							
The 1 2 3 4	organ	ization is not a private foundate A church, convention of church A school described in section A hospital or a cooperative A medical research organization, and state:	ation because it is: (Furches, or association on 170(b)(1)(A)(ii). (Ahospital service orga	for lines 1 through 12, ch n of churches described Attach Schedule E (Form nization described in se	neck only only on section 990 or 990 or 990 ot 170	one box.) n 170(b)(1 0-EZ).) (b)(1)(A)(iii)(A)(i). i).		the hospita	al's name,				
5		An organization operated fo	r the benefit of a coll	ege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in					
Ŭ	<u></u>	section 170(b)(1)(A)(iv). (C		,	•	, ,								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X													
		section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Part	II.)									
9		An agricultural research org	anization described i	in section 170(b)(1)(A)(i :	x) operate	ed in conju	nction with a	land-grant	college					
		or university or a non-land-g	rant college of agricu	ulture (see instructions). I	Enter the r	name, city,	and state of	the college	or					
		university:												
10		An organization that normal												
		activities related to its exem												
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	πer June 3	10, 1975.				
		See section 509(a)(2). (Cor		value to toot for public oof	atu Caa	sastian EO	10(a)(A)							
11 12	H	An organization organized a An organization organized a						rny out the	nurnoses (of one or				
14		more publicly supported org												
		lines 12a through 12d that of												
а	· [Type I. A supporting orga							giving					
		the supported organization												
		organization. You must c												
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing					
		control or management of	f the supporting orga	nization vested in the sa	ıme persoi	ns that cor	ntrol or mana	ge the supp	orted					
		organization(s). You mus												
c	:	Type III functionally inte						ly integrate	d with,					
		its supported organization												
C	ı	Type III non-functionally												
		that is not functionally into						an attentiv	/eness					
		requirement (see instructi	•					II Tuno III						
e	•	Check this box if the orga functionally integrated, or					Type I, Type	ii, Type iii						
	: Ent	er the number of supported o	1 12			ation.								
(vide the following information	•	d organization(s).					<u> </u>					
	110	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amo	ount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (se	ee instructions)				
									ļ					

Schedule A (Form 990 or 990-EZ) 2019 PROPEL NONPROFITS 41-191633 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	793,556.	7,303,225.	3,719,704.	5,598,397.	5,703,358.	23,118,240.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	793,556.	7,303,225.	3,719,704.	5,598,397.	5,703,358.	23,118,240.
5	The portion of total contributions				79		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					5 S	
	amount shown on line 11,						
	column (f)						4,340,542.
	Public support. Subtract line 5 from line 4.						18,777,698.
	ction B. Total Support	Γ					
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	793,556.	7,303,225.	3,719,704.	5,598,397.	5,703,358.	23,118,240.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	45.005	12 224	01 000	05 244	90 422	156 540
	and income from similar sources	15,835.	13,904.	21,032.	25,344.	80,433.	156,548.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						22 274 700
	Total support. Add lines 7 through 10		,			40	23,274,788.
	Gross receipts from related activities,					12	10,405,001.
13	First five years. If the Form 990 is for						
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage		***************************************		
	Public support percentage for 2019 (I			olumn (fl)		14	80.68 %
	Public support percentage from 2018					15	76,28 %
							, ,
108	6a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
L	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
i.							~ 3 1
17-	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
1/2	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
L	10% -facts-and-circumstances test						
·	more, and if the organization meets the						
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization						s
	, iii ato ioanaatoni n mo organizane	ara mor omoon d				edule A (Form 990	

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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						
_	The value of services or facilities						
5							
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified 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	1			7	·	Г
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	r the organization's	e firet egoond thir	d fourth or fifth t	av vear as a sectio	n 501(c)(3) organiz	ation
14	-	or the organization s					
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2019 (column (fl)		15	%
	Public support percentage from 2018	• • • • • • • • • • • • • • • • • • • •	-			16	%
	ction D. Computation of Inves					1101	
	Investment income percentage for 2			ine 13. column (fl)		17	9/
18	Investment income percentage from					18	9/
	a 33 1/3% support tests - 2019. If the						
136	more than 33 1/3%, check this box a						
1.	o 33 1/3% support tests - 2018. If the						
r	line 18 is not more than 33 1/3%, che						
00	Private foundation. If the organization						
/11	- FOVAIR LOUDGANON, II HIR OTGANIZAN	an alla not brieck a	DUA UH BHD 14. 15	OL 100. UNDUK L	ココン レンス はけい うせき 目形	JU ADUM 10	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

	Yes	No
1		
2		
3a		
3b 3c		
4a		
4b		
4c		
5a		
5b		
50		
7		
8		
9a		
9b 9c		
9c 10a		
10b		

Pai	t IV Supporting Organizations (continued)			
Section 2011	11 0 C COMMITTEE		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
_	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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		
Sec	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			
	the supported organization(s).	1		l
Sec	tion D. All Type III Supporting Organizations			
	,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	100000000000000000000000000000000000000	1001 NO. 110 A 10
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	251 22 A M V V V V V V	
3	By reason of the relationship described in (2), 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		
Sec	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 instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions,	Yes	No
2	Activities Test. Answer (a) and (b) below.		168	INU
а	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	2a		THE STATE OF
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	u		Test series
D	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		1	
	activities but for the organization's involvement.	2b		Witness and Age
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
J	of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard	3h	Total Control of the Control	1

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in Pa	rt VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-functional	<u></u>	ted Type III supporting organ	ization (see
•	instructions).	,	71 111 11 11 11 11 11	,

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	·		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			ananti sa sa sa sa sa sa sa sa sa sa sa sa sa
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
•	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	Annual Control of Cont		
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
J	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
,	and 4c.			
9	Breakdown of line 7:			
8				
	Excess from 2015 Excess from 2016			
	Excess from 2017			
	Excess from 2018			
<u>e</u>	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Dart VIII	(Form 990 or 990-EZ) 2019 PROPER NORFROFITS Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

06360212 131839 053-023636-00

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PROPEL NONPROFITS

Employer identification number 41-1916337

Par	t I Organizations Maintaining Donor Advised	Funds or Other Sir	nilar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
	L	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in we			
	are the organization's property, subject to the organization's ex			
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor or			
E-00000	impermissible private benefit?			
Par			on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation			torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribut	ion in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
С	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included in (c) acquired aff			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or te	minated by the orgai	nization during the tax
	year -			
4	Number of states where property subject to conservation ease		b	
5	Does the organization have a written policy regarding the period			Yes No
•	violations, and enforcement of the conservation easements it it Staff and volunteer hours devoted to monitoring, inspecting, h		Lonforcing consonyst	
6	Start and volunteer nours devoted to monitoring, inspecting, in	ialiding of violations, and	elliolollig collselvat	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	vrcina conservation e	asements during the year
7	S	ing or violations, and ente	Joing conservation c	addition during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(f	3)(i)
Ü	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
·	balance sheet, and include, if applicable, the text of the footnot			
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rever	nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publ			
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X	.,,		> \$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2019

Complete if the organization answered "Ves" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		586,929.	152,363.	434,566.
d Equipment		868,433.	516,973.	351,460.
e Other		34,500.	2,504.	31,996.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. colur	nn (B). line 10c.))	818,022.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" or tion of security or category (including name of security) Il derivatives held equity interests	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	-of-year market value
ıl derivatives	(b) Book value	(c) Method of Valuation: Cost of end	-or-year market value
held equity interests		i e	
			_
n) must equal Form 990 Part X col. (B) line 12.)			
_	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
			,
o) must equal Form 990, Part X, col. (B) line 13.)			
Other Assets.			
		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
			Million Control Contro
	*		
	<u>15.)</u>	>	
	E 000 D 1 B 1 B 1 B	44	
	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value
			(b) DOOK VAIGE
eral income taxes			
	w		
4)	05)		
mn (b) must equal Form 990. Part X, col. (B) line			<u> </u>
for uncertain tax positions. In Part XIII, provide	the text of the feetnests to	a the argenization's financial statements the	at reports the
	(a) Description of investment) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line (a) Description of investment (b) Book value) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 15.)	Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end

Part XI Reconciliation of Revenue per Audited Financial St		e per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	<u> </u>	0 220 004
1 Total revenue, gains, and other support per audited financial statements		1	8,339,894.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants	1 1		
d Other (Describe in Part XIII.)			0.
e Add lines 2a through 2d			8,339,894.
3 Subtract line 2e from line 14 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			0,000,002.
 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 	1 40		
b Other (Describe in Part XIII.) c Add lines 4a and 4b		4c	0.
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			8,339,894.
Part XII Reconciliation of Expenses per Audited Financial S	Statements With Expens	es per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,	<u>-</u>		
Total expenses and losses per audited financial statements		1	7,155,426.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	••••••	······· -	
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	<u> </u>	2e	0.
3 Subtract line 2e from line 1			7,155,426.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line			7,155,426.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		art V, line 4; Part X, lir	ne 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
DADE THE CASE OF			
PART IV, LINE 2B:			
MUE COMPINED ODCANIZATION ACTO AC A ETCCAI CHONCOD TO EMEDO	TNC BDOTECHC		
THE COMBINED ORGANIZATION ACTS AS A FISCAL SPONSOR TO EMERG	ING PRODUCTS		
DACED IN MINNEGONA NODWE DAVONA COUNT DAVONA AND WISCONG	מסק העטה אדי		
BASED IN MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA, AND WISCONS	IN THAT FOR		
VARIOUS REASONS HAVE NOT ESTABLISHED THEMSELVES AS SEPARATE	: 501(C)(3)		
VARIOUS READOND HAVE NOT ESTABLISHED THEMSELVED AS SELAKATE	1 301(0)(3)		
NONPROFIT ORGANIZATIONS. THESE ENTITIES MAY BE IN THE PROCE	SS OF APPLYING		
FOR 501(C)(3) STATUS OR MAY BE SHORT-TERM IN NATURE OR MAY	BE EXPLORING		
AND MADE ADDROVERS A GENERAL MONDOCKE TO MAD MOST ADDROVED.	mn rong many		
WHETHER BECOMING A SEPARATE NONPROFIT IS THE MOST APPROPRIA	TE LONG-TERM		
STRATEGY TO ACCOMPLISH THEIR MISSION, PROPEL NONPROFITS ACC	CEPTS CHARITABLE		
GRANTS AND CONTRIBUTIONS ON BEHALF OF THESE PROJECTS, THESE	FUNDS ARE		· · · · · · · · · · · · · · · · · · ·
TREATED AS CONTRIBUTIONS WITH DONOR RESTRICTIONS WHEN RECEI	VED BY PROPEL		
NONPROFITS, THESE FUNDS ARE RELEASED FROM RESTRICTION AS PR	ROPEL NONPROFITS		
IN TURN GRANTS THEM TO THE FISCALLY SPONSORED RECIPIENTS. F	PROPEL		

Schedule D (Form 990) 2019

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Attach to Form 990.

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

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Open to Public Inspection

Name of the organization PROPEL NONPROFITS	FITS						Employer identification number 41-1916337
Part I General Information on Grants and Assistance	nd Assistance						and the same of th
Does the organization maintain records to substantiate the amount of the criteria used to award the grants or assistance?	to substantiate the stance?	amount of the grants	or assistance, the g	grantees' eligibility	for the grants or assis	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	on Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use	ocedures for monite		of grant funds in the United States.	States.			
Part II Grants and Other Assistance to Domestic Organizations and I	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	. IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additic	onal space is neede	šď.	-		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ASSOCIATION FOR BLACK ECONOMIC							NONPROFIT INFRASTRUCTURE
POWER - 227 COLFAX AVE NORTH STE 230 - MINNEAPOLIS, MN 55405	81-5486146 501(C)(3)	501(C)(3)	7,028.	0	N/A	N/A	GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT
BREAK THE SILENCE PO BOX 17370 LOT 1851 SAINT PAUL, MN 55117	81-2003541	501(C)(3)	227,386.	•0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
							FISCAL SPONSORSHIP
MINNEAPOLIS, MN 55403	47-4977811		27,896.	0	N/A	N/A	PROGRAM
COFFEE HOUSE PRESS 79 13TH AVE NE MINNEAPOLIS, MN 55413	36-3332945 501(C)(3)	501(C)(3)	6,667.	° 0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM
							LOAN FORGIVENESS THROUGH
COMMONWEAL THEATRE COMPANY 208 PARKWAY AVE N LANESBORO, MN 55949	41-1796293 501(C)(3)	501(C)(3)	7,278.	0.	N/A	N/A	EQUITY BUILDER LOAN PROGRAM AND LOAN FUND EQUITY BUILER
COMMUNITY HEALTH FUND 5810 42ND AVE N							FISCAL SPONSORSHIP
ROBBINSDALE, MN 55422	82-0728457		59,155.	•0	N/A	N/A	PROGRAM
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	panizations listed in the	line 1 table				38.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table					17.
A For Paperwork Red	uction Act Notice, see the Instructions for Form 990 SEE PART IV FOR COLUMN (H) DESCRIPTIONS	ons for Form 990. DESCRIPTIONS					Schedule I (Form 990) (2019)

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Part II Continuation of Grants and Other Assistance to Governments and	ssistance to Gov	rernments and Organi	Organizations in the United States		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL FOR BLACK MALE SUCCESS 381 ROBIE STREET E SAINT PAUL, MN 55107	84-2160972		669,278.	0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
CULTURAL DIVERSITY RESOURCES 303 ROBERTS ST N FARGO, ND 58102	41-1896836	501(C)(3)	889'8	0	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT
DISCAPACITADOS ABRIENDOSE CAMINOS 107 S 7TH AVE SOUTH SAINT PAUL, MN 55075	41-1936762	501(C)(3)	14,555.	0	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT
FAMILY VALUES FOR LIFE 1280 ARCADE ST SAINT PAUL, MN 55106	41-2006889	501(C)(3)	8,256.	0.0	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT
FILMNORTH 550 VANDALIA STREET SAINT PAUL, MN 55114	41-1594894	501(C)(3)	19,667.	0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM AND LOAN FUND EQUITY BUILER
FOSTER ADVOCATES 555 WABASHA ST NORTH SAINT PAUL, MN 55102	82-5411160	501(C)(3)	155,565.	0.0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
GREAT RIVER PASSAGE CONSERVANCY 500 CITY HALL ANNEX 25 W 4TH ST SAINT PAUL, MN 55102	83-2828394	501(C)(3)	.000,06	0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
GUTTER PUNK COFFEE 3125 10TH AVE SOUTH MINNEAPOLIS, MN 55407	82-0734578	501(C)(3)	12,158.	0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
HALLIE Q. BROWN 270 N KENT ST SAINT PAUL, MN 55102	41-0693846 501(C)(3)	501(C)(3)	10,000.	0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM
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Schedule I (Form 990) PROPEL NONPROFITS Part II Continuation of Grants and Other Assistance to Governments and	TITS Assistance to Gov		Organizations in the United States		(Schedule I (Form 990), Part II.)		41-1916337 Page 1
	(b) EIN		(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLUSION THEATRE 528 HENNEPIN AVE MINNEAPOLIS, MN 55403	23-7392140	501(C)(3)	*.199'9	0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM
IN THE HEART OF THE BEAST THEATER 1500 EAST LAKE STREET MINNEAPOLIS, MN 55407	41-1251313	501(C)(3)	33,000.	0.0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM AND LOAN FUND EQUITY BUILER
INDIGENOUS ROOTS 788 EAST 7TH STREET SAINT PAUL, MN 55107	47-4492457	501(C)(3)	.000,6	0.0	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT
JUXTAPOSITION ARTS 1500 EAST LAKE STREET MINNEAPOLIS, MN 55411	41-1851915	501(C)(3)	26,667.	0.0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM
KA JOOG 419 CEDAR AVE SOUTH MINNEAPOLIS, MN 55454	39-2073475	501(C)(3)	10,000.	.0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM
LAO ASSISTANCE CENTER OF MN 503 IRVING AVE NORTH MINNEAPOLIS, MN 55405	36-3255880	501(C)(3)	19,502.	.0	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT
LIVEMORE PO BOX 10711 SAINT PAUL, MN 55110	84-2537633	501(C)(3)	72,000.	0.	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
MACROSTIE ART CENTER 405 NW 1ST AVE GRAND RAPIDS, MN 55744	23-7105948	501(C)(3)	16,333.	0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM AND LOAN FUND EQUITY BUILER
MARKET ENTRY FUND 1136 GRAND AVENUE SAINT PAUL, MN 55105	83-4587871		10,100.	0.0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
							Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	vernments and Organi	izations in the Uni		(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEWINZHA ONDAADIZIIKE WIIGAMING 1819 BEMIDJI AVE NORTH BEMIDJI, MN 56601	46-2523191	501(C)(3)	16,097.	.0	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT
	41-6029402	501(C)(3)	13,333.	0	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT - FISCAL FOR LATINO LEAD
MINNESOTA INDIGENOUS BUSINESS ALLIANCE - PO BOX 40354 - SAINT PAUL, MN 55104	81-5041824	501(C)(3)	85,191.	0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
MPGL ENTERTAINMENT 4712 ZENITH AVE SOUTH MINNEAPOLIS, MN 55410	84-1832278	501(C)(3)	25,080.	Ċ	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
TEAT	27-3901099	501(C)(3)	71,525.	0.	N/A	N/A	FISCAL SPONSORSHIP PROGRAM - TWIN CITIES THEATER OF COLORS COALITION - TCTOCC
NORTHERN EAGLE FEDERAL CREDIT UNION - 5342 LAKESHORE DR - NETT LAKE NN 55772	46-3975380	501(C)(3)	.000,03	•0	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT
A WC EST APOI	41-1854164	501(C)(3)	71,525.	0.	N/A	N/A	FISCAL SPONSORSHIP PROGRAM - TWIN CITIES THEATER OF COLORS COALITION - TCTOCC
PARENTS RADICALLY ORGANIZED PROS 1360 UNIVERSITY AVE W STE 422 SAINT PAUL, MN 55114	83-2120537	501(C)(3)	260,000.	0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
PARK SQUARE THEATRE 408 SAINT PETER ST SAINT PAUL, MN 55102	41-1280683	501(C)(3)	21,667.	0.	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM
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Schedule I (Form 990) PROPEL NONPROFITS	SILS					,	41-1916337 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	vernments and Organ	izations in the Uni		(Schedule I (Form 990), Part II.)	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENUMBRA THEATRE COMPANY 270 NORTH KENT STREET SAINT PAUL, MN 55102	41-1563764	501(C)(3)	13,333.	0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM
	41-1563764		120,150.	.0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM - TWIN CITIES THEATER OF COLORS COALITION - TCTOCC
PROJECT IMPRINTZ 3133 EAST CALHOUN PARKWAY MINNEAPOLIS, MN 55408	82-5305250	501(C)(3)	64,737.	0.0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
PROPEL NONPROFITS (MNIBA) 1 SE MAIN STREET MINNEAPOLIS, MN 55414	41-1916337	501(C)(3)	9,406.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT - FISCAL FOR MN INDIGENOUS
QUALITY EDUCATION SERVICES 2828 UNIVERSITY AVE SE STE150 MINNEAPOLIS, MN 55414	46-4014810 501(C)(3)	501(C)(3)	110,344.	0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
REVIVING THE ISLAMIC SISTERHOOD FOR EMPOWERMENT - 1007 WEST BROADWAY AVE N - MINNEAPOLIS, MN 55411	81-1236990 501(C)(3)	501(C)(3)	11,695.	.0	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT
SAHAN JOURNAL 370 WABASHA AT N STE 500 SAINT PAUL, MN 55102	83-2745995 501(C)(3)	501(C)(3)	6,812.	.0	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT
SAHAN JOURNAL 370 WABASHA AT N STE 500 SAINT PAUL, MN 55102	83-2745995 501 (C)(3)	501(C)(3)	15,180.	.0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
SAINT PAUL NEIGHBORHOOD NETWORK 550 VANDALIA ST STE 170 SAINT PAUL, MN 55101	41-1500773 501(C)(3)	501(C)(3)	23,000.	0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM AND LOAN FUND EQUITY BUILER
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Schedule | (Form 990) PROPEL NONPROFITS

| Part II | Continuation of Grants and Other Assistance to Govern

Schedule I (Form 990) PROPED NONPROFITS	T.T.S						#I-IST033/ Page 1
Part II Continuation of Grants and Other Assistance to Governments an	Assistance to Gov	vernments and Organ	d Organizations in the United States	- 1	(Schedule I (Form 990), Part II.)	† II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMALI COMMUNITY RESETTLEMENT SVCS							NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) -
FAIRBAULT, MN 55021	31-1668255	501(C)(3)	5,851.	0	N/A	N/A	CAPACITY BUILDING GRANT
ART P. AV	41-1944443	501(C)(3)	16,533.	.0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM AND LOAN FUND EQUITY BUILER
	82-5315136	501(C)(3)	28,628.	0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM
TEATRO DEL PUEBLO TCTOCC 209 PAGE ST W SUITE 208 SAINT PAUL, MN 55107	41-1739320	501(C)(3)	71,525.	•0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM - TWIN CITIES THEATER OF COLORS COALITION - TCTOCC
THE CEDAR CULTURAL CENTER, INC. 416 CEDAR AVE SOUTH MINNEAPOLIS, MN 55454	41-1669156	501(C)(3)	15,228.	•0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM AND LOAN FUND EQUITY BUILER
THE WORKS 9740 GRAND AVE SOUTH BLOOMINGTON, MN 55420	41-1570750	501(C)(3)	6,667.	0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM
THEATER MU, INC. 755 PRIOR AVE NORTH SAINT PAUL, MN 55104	41-1727881	501(C)(3)	23,333.	0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM
THEATER MU, INC. TCTOCC 755 PRIOR AVE NORTH SAINT PAUL, MN 55104	41-1727881	501(C)(3)	71,525.	.0	N/A	N/A	FISCAL SPONSORSHIP PROGRAM - TWIN CITIES THEATER OF COLORS COALITION - TCTOCC
THRIVE ED 3221 HAZELWOOD W MINNETONKA, MN 55391	83-3718861	501(C)(3)	42,424.	.0	0. N/A	N/A	FISCAL SPONSORSHIP PROGRAM Schedule l'Form 990)
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Schedule I (Form 990)

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Schedule I (Form 990) PROPEL NONPROFITS Part II Continuation of Grants and Other Assistance to Governments and	TITS Assistance to Gov		Organizations in the United States		(Schedule I (Form 990), Part II.)		41-1916337 Page 1
(a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	I > I	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TU DANCE 2121 UNIVERSITY AVE WEST SAINT PAUL, MN 55104	20-2534129 501(C)(3)	501(C)(3)	10,000.	.0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM
WALKER WEST MUSIC ACADEMY 760 SELBY AVE SAINT PAUL, MN 55104	41-1678368	501(C)(3)	13,333.	.0	N/A	N/A	LOAN FORGIVENESS THROUGH EQUITY BUILDER LOAN PROGRAM
WE WIN INSTITUTE, INC. 3751 17TH AVE SOUTH MINNEAPOLIS, MN 55407	41-1820991 501(C)(3)	501(C)(3)	13,157.	.0	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP) - CAPACITY BUILDING GRANT
ZAMYA THEATER PROJECT 3501 CHICAGO AVE S MINNEAPOLIS, MN 55407	83-2374869		77,738.	.0			FISCAL SPONSORSHIP PROGRAM
							Schedule I (Form 990)

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Page 2 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant INFRASTRUCTURE GRANT PROGRAM (NIGP). IN ALL FOUR OF THESE PROGRAMS, CLIENTS ATTENDING REQUIRED MEETINGS AND TRAININGS, AND MEETING MINIMUM PROGRAMMATIC AND FINANCIAL THRESHOLDS, OUR PROGRAM STAFF ARE IN CONSTANT CONTACT WITH MUST APPLY AND ARE VETTED FOR FIT AND PROBABLE SUCCESS. FOR CLIENTS THAT GRANTS ARE MADE TO CLIENT PARTICIPANTS IN OUR SOCIAL ENTERPRISE COHORT, EQUITY BUILDER LOAN PROGRAM, FISCAL SPONSORSHIP PROGRAM, AND NONPROFIT ARE GRANTEES IN THE SOCIAL ENTERPRISE COHORT AND EQUITY BUILDER LOAN PROGRAM, THE GRANTEE MUST BE ACTIVELY PARTICIPATING IN THE PROGRAM (b) Number of recipients PROPEL NONPROFITS (a) Type of grant or assistance Schedule I (Form 990) (2019) PART I, LINE 2: PartIII

41-1916337

Schedule I (Form 990) (2019)

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NAME OF ORGANIZATION OR GOVERNMENT: MACROSTIE ART CENTER

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Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

PROPEL NONPROFITS

Employer identification number 41-1916337

Pε	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		auren er en de
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		5000000000000
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	I will be the beautiful year	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b	100000000000000000000000000000000000000	Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	ļ	X
b	Any related organization?	6b	Tarabanasa.	Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	1 500 HOUSE	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u></u>

Schedule J (Form 990) 2019

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(c)-(i)(s)	in column (b) reported as deferred on prior Form 990
(1) JEAN ADAMS	Œ	0	0	0	0	0	0	0.
湿	E (255,060.	0	1,162.	20,922.	30,963.	308,107.	0
(2) KATE BARR	€	169,775.	0	0	8,902.	14,835.	193,512.	.0
22) <u>(</u>	0	0	0	•0	•0	.0	.0
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							Schedi	Schedule J (Form 990) 2019

Schedule J (Form 990) 2019	
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	rovide the information, explanation, or descriptions required for Part I, lines 1a,

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Employer identification number Name of the organization 41-1916337 PROPEL NONPROFITS FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BUILD FINANCIAL HEALTH, CLEAR STRATEGY, AND STRONG GOVERNANCE PRACTICES, WE PROVIDE EXPERT KNOWLEDGE, GUIDANCE, AND INSIGHT FOR NONPROFITS ABOUT GOVERNANCE, PLANNING, FINANCIAL STRATEGY, AND SUSTAINABILITY.WE CONSULT AND GUIDE ON STRATEGY, ORGANIZATIONAL STRUCTURE AND FINANCIAL PLANS, STRATEGIC ALLIANCES, AND GOVERNANCE. WE OFFER NONPROFIT ACCOUNTING SERVICES AND FINANCIAL SYSTEMS REVIEW. WE PROVIDE FISCAL SPONSORSHIP AND SUPPORT FOR EMERGING ORGANIZATIONS AND COLLABORATIONS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: CAPITAL PROVIDERS, WE ALSO LEVERAGED ADDITIONAL FUNDS OF \$19 MILLION INTO THE COMMUNITY. WITHIN THE LENDING PROGRAM, PROPEL NONPROFITS HAS CONTINUED THE INNOVATIVE EQUITY BUILDER LOAN PROGRAM. THIS PROGRAM INCLUDES INTENSE TECHNICAL ASSISTANCE. A COHORT LEARNING PROCESS, LOAN FORGIVENESS, AND A STRUCTURED SAVINGS PROGRAM THAT BRINGS EQUITY TO THE BALANCE SHEETS OF MINNESOTA-BASED ARTS AND CULTURE NONPROFITS. ULTIMATELY. THE GOAL IS TO ALLOW THE LEADERS OF THESE ORGANIZATIONS TO BE MORE STRATEGIC AND VISIONARY IN THEIR WORK. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THE DISCRETION TO REDIRECT THE FUNDS TO ANOTHER ENTITY IF NEEDED IN ORDER TO ACCOMPLISH THE PURPOSE OF THE CONTRIBUTION AS ORIGINALLY RESTRICTED BY ITS DONOR. ONCE THE FUNDS HAVE BEEN GRANTED TO THE FISCALLY SPONSORED CLIENT, THE CLIENT HAS THE OPTION TO HOLD AND MANAGE

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

Schedule O (Form 990 or 990-EZ) (2019)

THOSE FUNDS ON ITS OWN OR ENTER AN ARRANGEMENT WITH PROPEL NONPROFITS

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19

THE AUDITED FINANCIAL STATEMENTS ON WHICH THE FORM 990 IS BASED, ARE

PRESENTED TO THE FINANCE COMMITTEE BY THE AUDITORS. THE 990 IS PREPARED BY

THE VICE PRESIDENT OF FINANCE AND CFO BASED ON THE AUDITED FINANCIAL

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Parti

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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Open to Public Inspection

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

2019

OMB No. 1545-0047

Employer identification number 41-1916337 PROPEL NONPROFITS

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

(t)	Direct controlling entity							əmpt
								e related tax-ex
(e)	End-of-year assets							e it had one or mor
(p)	Total income							rt IV, line 34, becaus
(၁)	Legal domicile (state or foreign country)							if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt
(q)	Primary activity							ons. Complete if the organization ans
(a)	Name, address, and EIN (if applicable) of disregarded entity							Part II Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year.

call organizations during the tax year.							
(a)	(g)	(c)	(g)	(e)		(g)	£7.49
Name, address, and EIN	Primary activity	Legal domicile (state or		Public charity	Direc	controlled	(c) (c)
of related organization		foreign country)	section	status (if section		entity?	
				501(c)(3))	The state of the s	Yes	No
THE MINNEAPOLIS FOUNDATION - 41-6029402							
80 SOUTH 8TH STREET, IDS CENTER 800							
MINNEAPOLIS, MN 55402	PHILANTHROPY	MINNESOTA	501(C)(3)	LINE 7	N/A		×
					MINISTER 1		
	—						
	T						

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

Schedule R (Form 990) 2019

Page 2

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. PartIII

(K)	Percentage ownership							TI TI		e related	(E)	512(b)(13) controlled	Yes No	· · ·							Schedule R (Form 990) 2019
9	General or managing partner?									one or mor	£	Percentage ownership									ile R (Form
Θ	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)									Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related		ᆆᆠ	assets								Schedu
Ξ	Disproportionate allocations? Yes No									t IV, line 34,							 				
(a)	Share of end-of-year assets					:				m 990, Par	(j)	Share of total income									
_							 		 	es" on For	(e)	Type of entity (C corp, S corp,	trust)								
Œ	Share of total income									nswered ")			o				 				
_				 	_					 e organization a	(p)	Direct controlling entity									
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)									mplete if th	(0)	Legal domicile (state or	toreign country)								Ĺ
(g	Direct controlling entity										(q)	Primary activity									
<u>ව</u>	Legal domicile (state or foreign country)									is a Corpoi g the tax y		Prim									
(g)	Primary activity									anizations Taxable a		Z									
(a)	Name, address, and EIN of related organization									Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	(a)	Name, address, and EIN of related organization)								932162 09-10-19

Page 3

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

Shipodoo sidt to // as III II attach at Leater at 12 a				^	Yes	2
Note: Complete line in any entity is listed in Fatis it, iii, or it or ans screeker. 1 During the tax year did the propalization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rela	ited organizations listed i	n Parts II-IV?		10000000	
Peccint of (i) interest (ii) annihies (iii) rovalties or (iv) rent from a controlled entity		•			X	м
Giff grant or capital contribution to related organization(s)	*			4	×	ال
Gift, grant, or capital contribution from related organization(s)				-	×	
				19	×	м
				- 9	×	1
ב בכמוס כן וכמו שממומונכני בין וכומנים כושה משת ובמנים וכי						
f Dividends from related organization(s)				#	×	_
Sale of assets to related organization(s)				19	×	
ation(s)				1h	X	,
				ij	×	u l
i Lease of facilities, equipment, or other assets to related organization(s)				1j	×	<u>.</u>
				:	Þ	10.
k Lease of facilities, equipment, or other assets from related organization(s)				¥	4	
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×	اير
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			투	×	<u>_</u>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uo			Ę	×	ы
				٩	×	<u>,</u>
				q	M	
p Reimbursement paid to related organization(s) וסו פאףפוואפט				19	×	×
r Other transfer of cash or property to related organization(s)				-	*	
Other transfer of cash or property from related organization(s)				1\$	×	ы
If the answer to any of the above is "Yes," see the instructions for inform	ho must complete this	s line, including covered r	lation on who must complete this line, including covered relationships and transaction thresholds.			
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		1
(1) THE MINNEAPOLIS FOUNDATION	ນ	827,500.	CASH RECEIVED			
(2)						
(3)						
(4)				:		
(5)						
(9)						1
932163 09-10-19	51		Schedule	Schedule R (Form 990) 2019	990) 2(019

41-1916337

Schedule R (Form 990) 2019

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income partners sec. (related, unrelated, solicity) excluded from tax under sections 512-514) (e)	(f) Share of total	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No	(j) General or managing partner? Yes No	(k) Percentage ownership
							Schedule	R (Form	Schedule R (Form 990) 2019

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Schedule R	(Form 990) 2019	PROPEL NONPROFITS	41-1916337	Page 5
Part VII	(Form 990) 2019 Supplemental Info	ormation		
	J Cappionionia niic	ormation		
	Provide additional infor	nation for responses to questions on Schedule R. See instructions.		
		·		
	•		,	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contrac	ts, for which an extension request must be sent to the IRS	in paper	format (see instructions). For more d	letails on th	ne electronic	
filing of	this form, visit www.irs.gov/e-file-providers/e-file-for-charit	ties-and-n	on-profits.			
Auton	natic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).			
All corp	orations required to file an income tax return other than Fc	rm 990-T	(including 1120-C filers), partnership	s, REMICs	, and trusts	
must us	e Form 7004 to request an extension of time to file income	e tax returi	ns.			
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	identification num	ber (TIN)
print	PROPEL NONPROFITS				41-1916337	
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, see 1 SE MAIN STREET, NO. 600	ee instruct	ions.			
nstruction		reign addı	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Applica	tion	Return	Application			Return
s For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
	KEVEN AMBRUS					
	cooks are in the care of 1 SE MAIN STREET, NO.	600 - M				
Tele	ohone No. ► 612-249-6700		Fax No. >			
	organization does not have an office or place of business					▶ ∐
If this	s is for a Group Return, enter the organization's four digit (=				
oox ►	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the extension is	s for.
			<u>Y 16, 2021</u> , to file	e the exem	pt organization re	urn for
th	ne organization named above. The extension is for the orga	anization's	return for:			
	calendar year or		04 0000			
	X tax year beginning APR 1, 2019	, an	d ending MAR 31, 2020		•	
			· · · · · · · · · · · · · · · · · · ·			
2 If	the tax year entered in line 1 is for less than 12 months, cl	neck reaso	on: Initial return	Final retur	n	
L	Change in accounting period					
- 16	W	0000				
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less		•	n
_	ny nonrefundable credits. See instructions.		C	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	-		01-	Φ.	٥
	stimated tax payments made. Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a, Include your pa			0-	Φ.	0.
	sing EFTPS (Electronic Federal Tax Payment System). See			452 FO en	\$ 8970 EO f	
Cautioi instruct	n: If you are going to make an electronic funds withdrawal	(uirect dei	ong with this rollin 6006, see rollin 8	+oo∙c∪ an	u i OIIII 00/9-EU I	л раушетт
	For Privacy Act and Paperwork Reduction Act Notice.	see instri	ictions.		Form 8868 (Rev. 1-2020)