

Return of Organization Exempt From Income Tax

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

A For the 2021 calendar year, or tax year beginning APR 1, 2021 **and ending** MAR 31, 2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROPEL NONPROFITS Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1 SE MAIN STREET 600 City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55414 F Name and address of principal officer: KATE BARR SAME AS C ABOVE	D Employer identification number 41-1916337 E Telephone number 612-249-6700 G Gross receipts \$ 14,478,230. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.PROPELNONPROFITS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1998 M State of legal domicile: MN

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO FUEL THE IMPACT AND EFFECTIVENESS OF NONPROFITS WITH GUIDANCE, EXPERTISE, AND CAPITAL.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	37
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	6,246,500.	12,415,603.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,082,787.	2,042,057.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,487.	20,570.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,344,774.	14,478,230.
14	Benefits paid to or for members (Part IX, column (A), line 4)	3,194,746.	4,414,679.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,943,971.	3,037,307.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 221,786.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,335,596.	1,555,525.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,474,313.	9,007,511.
19	Revenue less expenses. Subtract line 18 from line 12	870,461.	5,470,719.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	40,479,076.	49,559,623.
22	Net assets or fund balances. Subtract line 21 from line 20	24,726,035.	28,333,338.
		15,753,041.	21,226,285.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KATE BARR, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DEIRDRE HODGSON Preparer's signature DEIRDRE HODGSON Date 02/10/23 Check if self-employed <input type="checkbox"/> PTIN P01484710 Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Firm's address ▶ 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402 Phone no. 612-376-4500	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF PROPEL NONPROFITS IS TO FUEL THE IMPACT AND EFFECTIVENESS OF NONPROFITS WITH GUIDANCE, EXPERTISE, AND CAPITAL. PROPEL NONPROFITS PROVIDES LOANS TO NONPROFITS FOR FACILITIES AND WORKING CAPITAL. WE TRAIN NONPROFIT STAFF AND BOARDS TO UNDERSTAND AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,268,465. including grants of \$ 977,918.) (Revenue \$ 1,475,275.) LENDING: AS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI) CERTIFIED BY THE U.S. TREASURY, PROPEL NONPROFITS MAKES LOANS TO NONPROFIT ORGANIZATIONS TO EXPAND PROGRAMS AND SERVICES, BRIDGE CASH FLOW GAPS, CONSOLIDATE DEBT, AND MAKE CAPITAL IMPROVEMENTS. WE BELIEVE THAT ACCESS TO CAPITAL IS ESSENTIAL TO THE GROWTH AND STABILITY OF THE NONPROFIT SECTOR. PROPEL NONPROFITS MAKES LOANS TO NONPROFITS OF ALL SIZES AND STAGES OF DEVELOPMENT, MANY OF WHICH HAVE BEEN HISTORICALLY UNDER-SERVED BY TRADITIONAL MARKETS. LOANS ARE AS LARGE AS \$1 MILLION AND AS SMALL AS \$5,000. OVERALL, WE MADE 71 NEW LOANS IN FY2022 TOTALING \$18,690,025. OUR LENDING IMPACTED ORGANIZATIONS WORKING IN HEALTH CARE, HUMAN SERVICES, ARTS AND HUMANITIES, CHARTER SCHOOLS, COMMUNITY DEVELOPMENT, AFFORDABLE HOUSING, AND OTHERS AS WELL. BY

4b (Code:) (Expenses \$ 2,659,411. including grants of \$ 1,662,288.) (Revenue \$ 143,596.) TRAINING, CAPACITY BUILDING, AND KNOWLEDGE SHARING: PROPEL NONPROFITS PROVIDES ONGOING TRAINING, AND TECHNICAL ASSISTANCE ON TOPICS RANGING FROM FINANCIAL MANAGEMENT, ACCOUNTING, GOVERNANCE, NONPROFIT BUSINESS MODELS, AND SOCIAL ENTERPRISE. IN FY22 PROPEL'S PROGRAM DELIVERY CONTINUED TO BE MOSTLY VIRTUAL AS A RESULT OF COVID-19. PROPEL PRESENTED A TOTAL OF 132 TRAININGS TO 5,993 PARTICIPANTS IN FY22 AND HELD 14 LEADERS CIRCLES AND 4 FINANCIAL LEADERSHIP COHORTS WITH A COMBINED TOTAL OF 141 PARTICIPANTS. FY22 WAS THE SECOND YEAR OF A 2-YEAR CAPACITY BUILDING INITIATIVE (CBI) FOR FAMILY ENGAGEMENT WITH 12 NONPROFIT AND/OR FISCALLY SPONSORED ORGANIZATIONS IN A PARTICIPANT-DRIVEN CAPACITY BUILDING MODEL TO EMPOWER FAMILIES IN K12 EDUCATIONAL SYSTEMS. PROPEL, WITH FUNDS APPROPRIATED BY THE MINNESOTA

4c (Code:) (Expenses \$ 2,002,807. including grants of \$ 1,774,473.) (Revenue \$ 104,266.) FISCAL SPONSORSHIP: PROPEL NONPROFITS ACTS AS A FISCAL SPONSOR TO EMERGING PROJECTS BASED IN MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA, AND WISCONSIN THAT FOR VARIOUS REASONS HAVE NOT YET ESTABLISHED THEMSELVES AS SEPARATE 501(C)(3) NONPROFIT ORGANIZATIONS. THESE ENTITIES MAY BE IN THE PROCESS OF APPLYING FOR 501(C)(3) STATUS, MAY BE SHORT-TERM IN NATURE OR MAY BE EXPLORING WHETHER BECOMING A SEPARATE NONPROFIT IS THE MOST APPROPRIATE LONG-TERM STRATEGY TO ACCOMPLISH THEIR MISSION. PROPEL NONPROFITS ACCEPTS CHARITABLE GRANTS AND CONTRIBUTIONS ON BEHALF OF THESE PROJECTS. PROPEL NONPROFITS IN TURN GRANTS THESE FUNDS TO THE FISCALLY SPONSORED RECIPIENTS. PROPEL NONPROFITS ULTIMATELY RETAINS THE DISCRETION TO REDIRECT THE FUNDS TO ANOTHER ENTITY IF NEEDED TO SATISFY THE PURPOSE OF THE CONTRIBUTION AS DIRECTED BY ITS DONOR. ONCE

4d Other program services (Describe on Schedule O.) (Expenses \$ 776,721. including grants of \$ 0.) (Revenue \$ 318,920.)

4e Total program service expenses 7,707,404.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part 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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 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?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section 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) available 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ELLIE O'BRIEN - 612-249-6665
1 SE MAIN STREET, 600, MINNEAPOLIS, MN 55414

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATE BARR PRESIDENT AND CEO	40.00			X			176,771.	0.	23,413.	
(2) KEVEN AMBRUS VICE PRESIDENT OF FINANCE AND CFO	40.00			X			115,364.	0.	31,526.	
(3) GLYN NORTHINGTON SENIOR PROGRAM DIRECTOR	40.00				X		103,493.	0.	19,382.	
(4) SEAN KERSHAW CHAIR	4.00	X		X			0.	0.	0.	
(5) SARAH CLYNE VICE CHAIR	3.00	X		X			0.	0.	0.	
(6) DAVID MITCHELL TREASURER	3.00	X		X			0.	0.	0.	
(7) PAUL BABCOCK SECRETARY	3.00	X		X			0.	0.	0.	
(8) JEAN ADAMS BOARD MEMBER	2.00	X					0.	0.	0.	
(9) HEIDI CHRISTIANSON BOARD MEMBER	2.00	X					0.	0.	0.	
(10) COURTNEY COLBY BOARD MEMBER	2.00	X					0.	0.	0.	
(11) BRAD KRUSE BOARD MEMBER	2.00	X					0.	0.	0.	
(12) SCOTT MARQUARDT BOARD MEMBER	2.00	X					0.	0.	0.	
(13) SONY MALHOTRA BOARD MEMBER	2.00	X					0.	0.	0.	
(14) PATTY PANNKUK BOARD MEMBER	2.00	X					0.	0.	0.	
(15) GARY TAVERNA BOARD MEMBER	2.00	X					0.	0.	0.	
(16) BO THAO-URABE BOARD MEMBER	2.00	X					0.	0.	0.	
(17) DIANE TRAN BOARD MEMBER	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARCUS OWENS BOARD MEMBER	2.00	X						0.	0.	0.
(19) ELIZABETH TOPOLUK BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								395,628.	0.	74,321.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								395,628.	0.	74,321.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,648,493.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,767,110.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		12,415,603.			
Program Service Revenue	2 a	LOAN INTEREST REVENUE	Business Code 522200	1,376,524.	1,376,524.		
	b	CLIENT FEE AND CONTRAC	541900	443,030.	443,030.		
	c	WORKSHOP AND TRAINING	522200	123,455.	123,455.		
	d	LOAN FEE REVENUE	522200	97,500.	97,500.		
	e						
	f	All other program service revenue	900099	1,548.	1,548.		
	g	Total. Add lines 2a-2f		2,042,057.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		20,570.		20,570.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		14,478,230.	2,042,057.	0.	20,570.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,414,679.	4,414,679.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	389,856.	233,914.	152,044.	3,898.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,034,030.	1,408,125.	492,159.	133,746.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,336.	70,158.	24,512.	6,666.
9 Other employee benefits	342,225.	235,739.	84,694.	21,792.
10 Payroll taxes	169,860.	115,391.	44,630.	9,839.
11 Fees for services (nonemployees):				
a Management	20,551.		20,551.	
b Legal	17,377.	11,333.	5,442.	602.
c Accounting	31,526.		31,526.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	299,814.	219,361.	68,312.	12,141.
12 Advertising and promotion	17,730.	13,277.	3,015.	1,438.
13 Office expenses	70,075.	36,129.	32,400.	1,546.
14 Information technology	138,379.	101,614.	29,037.	7,728.
15 Royalties				
16 Occupancy	205,379.	145,394.	47,477.	12,508.
17 Travel	1,730.	1,580.	136.	14.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	9,019.	7,058.	1,886.	75.
20 Interest	519,389.	519,389.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	161,201.	119,289.	33,852.	8,060.
23 Insurance	28,340.	20,063.	6,551.	1,726.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a LENDING EXPENSES	31,364.	31,364.		
b FILING EXPENSES	3,651.	3,547.	97.	7.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	9,007,511.	7,707,404.	1,078,321.	221,786.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,861,436.	1	8,093,976.
	2 Savings and temporary cash investments	1,387,637.	2	10,851,617.
	3 Pledges and grants receivable, net	977,582.	3	799,217.
	4 Accounts receivable, net	172,900.	4	868,136.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	23,487,319.	7	27,424,647.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	103,259.	9	144,636.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,441,236.		
	b Less: accumulated depreciation	10b 887,401.	667,909.	10c 553,835.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	821,034.	12	823,559.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	40,479,076.	16	49,559,623.	
Liabilities	17 Accounts payable and accrued expenses	942,963.	17	1,035,101.
	18 Grants payable		18	
	19 Deferred revenue	561,750.	19	416,302.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	690,659.	21	581,906.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	22,530,663.	24	25,403,779.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	896,250.
	26 Total liabilities. Add lines 17 through 25	24,726,035.	26	28,333,338.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,321,637.	27	13,260,860.
	28 Net assets with donor restrictions	3,431,404.	28	7,965,425.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,753,041.	32	21,226,285.
33 Total liabilities and net assets/fund balances	40,479,076.	33	49,559,623.	

Part 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	14,478,230.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,007,511.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,470,719.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,753,041.
5	Net unrealized gains (losses) on investments	5	2,525.
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	21,226,285.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	Employer identification number
PROPEL NONPROFITS	41-1916337

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,719,704.	5,598,397.	5,703,358.	6,246,500.	12,415,603.	33,683,562.
2 Tax revenues levied for the organization'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	3,719,704.	5,598,397.	5,703,358.	6,246,500.	12,415,603.	33,683,562.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,094,449.
6 Public support. Subtract line 5 from line 4.						24,589,113.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	3,719,704.	5,598,397.	5,703,358.	6,246,500.	12,415,603.	33,683,562.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,032.	25,344.	80,433.	15,487.	20,570.	162,866.
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.)						
11 Total support. Add lines 7 through 10						33,846,428.
12 Gross receipts from related activities, etc. (see instructions)					12	11,602,676.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	72.65 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	83.64 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 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						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

PROPEL NONPROFITS

Employer identification number

41-1916337

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization PROPEL NONPROFITS	Employer identification number 41-1916337
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 3,365,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,979,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 968,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 514,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROPEL NONPROFITS	Employer identification number 41-1916337
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 433,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 248,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROPEL NONPROFITS	Employer identification number 41-1916337
---	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization PROPEL NONPROFITS	Employer identification number 41-1916337
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: PROPEL NONPROFITS; Employer identification number: 41-1916337

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (2a-2d table); 3-9. Monitoring and reporting requirements (Yes/No questions).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Text of footnote for public service. 1b: Amounts for art collections. 2: Amounts for art collections for financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		605,476.	264,346.	341,130.
d Equipment		825,256.	618,551.	206,705.
e Other		10,504.	4,504.	6,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				553,835.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LOAN FORGIVENESS	896,250.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	896,250.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	14,480,755.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,525.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,525.
3	Subtract line 2e from line 1	3	14,478,230.
4	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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,478,230.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	9,007,511.
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	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,007,511.
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.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,007,511.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE COMBINED ORGANIZATION ACTS AS A FISCAL SPONSOR TO EMERGING PROJECTS

BASED IN MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA, AND WISCONSIN THAT FOR

VARIOUS REASONS HAVE NOT ESTABLISHED THEMSELVES AS SEPARATE 501(C)(3)

NONPROFIT ORGANIZATIONS. THESE ENTITIES MAY BE IN THE PROCESS OF APPLYING

FOR 501(C)(3) STATUS OR MAY BE SHORT-TERM IN NATURE OR MAY BE EXPLORING

WHETHER BECOMING A SEPARATE NONPROFIT IS THE MOST APPROPRIATE LONG-TERM

STRATEGY TO ACCOMPLISH THEIR MISSION. PROPEL NONPROFITS ACCEPTS CHARITABLE

GRANTS AND CONTRIBUTIONS ON BEHALF OF THESE PROJECTS. THESE FUNDS ARE

TREATED AS CONTRIBUTIONS WITH DONOR RESTRICTIONS WHEN RECEIVED BY PROPEL

NONPROFITS. THESE FUNDS ARE RELEASED FROM RESTRICTION AS PROPEL NONPROFITS

IN TURN GRANTS THEM TO THE FISCALLY SPONSORED RECIPIENTS. PROPEL

Part XIII Supplemental Information (continued)

NONPROFITS ULTIMATELY RETAINS THE DISCRETION TO REDIRECT THE FUNDS TO
 ANOTHER ENTITY IF NEEDED TO ACCOMPLISH THE PURPOSE OF THE CONTRIBUTION AS
 ORIGINALLY RESTRICTED BY ITS DONOR. ONCE FUNDS HAVE BEEN GRANTED TO THE
 FISCALLY SPONSORED CLIENT, THE CLIENT HAS THE OPTION TO HOLD AND MANAGE
 THOSE FUNDS ON ITS OWN OR ENTER AN ARRANGEMENT WITH PROPEL NONPROFITS IN
 WHICH PROPEL NONPROFITS ADMINISTERS THE FUNDS ON BEHALF OF THE CLIENT. IF
 THE CLIENT CHOOSES TO HAVE PROPEL NONPROFITS ADMINISTER ITS FUNDS, THOSE
 FUNDS BECOME A LIABILITY OF PROPEL NONPROFITS AND ARE RECORDED AS SUCH FOR
 ACCOUNTING PURPOSES. THE ARRANGEMENT INCLUDES PROPEL NONPROFITS HOLDING
 THE CLIENT'S FUNDS IN A CUSTODIAL ACCOUNT, PROVIDING BOOKKEEPING AND
 ACCOUNTING SERVICES, AND ASSISTING IN OTHER ADMINISTRATIVE DUTIES RELATED
 TO THOSE FUNDS. IN THIS ARRANGEMENT, THE MANAGEMENT OF THE
 FISCALLY-SPONSORED CLIENT DIRECTS THE USE OF THE FUNDS. PROPEL NONPROFITS
 SIMPLY EXECUTES THE MECHANICS OF THE TRANSACTIONS.

PART X, LINE 2:

PROPEL NONPROFITS IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF
 THE INTERNAL REVENUE SERVICE CODE. IT HAS BEEN CLASSIFIED AS A PUBLIC
 CHARITY THAT IS NOT A PRIVATE FOUNDATION UNDER THE IRC AND CHARITABLE
 CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE. PROPEL NONPROFITS IS ALSO
 EXEMPT FROM STATE INCOME TAXES. PROPEL NONPROFITS EVALUATED ITS TAX
 POSITIONS AND DETERMINED THAT IT HAS NO UNCERTAIN TAX POSITIONS.

**SCHEDULE I
(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.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **PROPEL NONPROFITS** Employer identification number **41-1916337**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PANGEA WORLD THEATRE 711 WEST LAKE STREET, SUITE 101 MINNEAPOLIS, MN 55408	41-1854164	501(C)(3)	47,475.	0.			FISCAL SPONSORSHIP - TWIN CITIES THEATERS OF COLOR COALITION
HARAMBEE SPORTS CLUB 2432 30TH AVE S MINNEAPOLIS, MN 55406-1446	84-4396737	501(C)(3)	5,782.	0.			FISCAL SPONSORSHIP
MARKET ENTRY FUND 1136 GRAND AVE STE 300 SAINT PAUL, MN 55105-2628	83-4587871		45,000.	0.			FISCAL SPONSORSHIP
LEECH LAKE FINANCIAL SERVICES 113 SPRUCE AVENUE NORTHEAST CASS LAKE, MN 56633	46-2579700	501(C)(3)	7,063.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
MINNEAPOLIS FOUNDATION 80 S 8TH ST MINNEAPOLIS, MN 55402-2100	41-6029402	501(C)(3)	92,500.	0.			FAMILY ENGAGEMENT PROGRAM
REVIVING THE ISLAMIC SISTERHOOD FOR EMPOWERMENT - 1007 W BROADWAY AVE - MINNEAPOLIS, MN 55411-2503	81-1236990	501(C)(3)	27,170.	0.			SEEDING CULTURAL TREASURES & NONPROFIT INFRASTRUCTURE GRANT PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 71.

3 Enter total number of other organizations listed in the line 1 table ▶ 12.

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSMISSION MINISTRY COLLECTIVE 2124 COMO AVE APT 303 SAINT PAUL, MN 55108-1803	84-4915474		61,445.	0.			FISCAL SPONSORSHIP
SOLUTIONS NOT SUSPENSIONS COALITION - 1611 PARK AVE - MINNEAPOLIS, MN 55404-3793	83-2238254		11,250.	0.			FISCAL SPONSORSHIP
CURA FOUNDATION 13350 TIMBER CREST DR MAPLE GROVE, MN 55311-3332	85-4263441	501(C)(3)	13,953.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
LOWER PHALEN CREEK PROJECT #4496 60 PLATO BLVD E, STE 400 SAINT PAUL, MN 55106	27-5469929	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
360 IMPACT 218 7TH ST E SAINT PAUL, MN 55101-2366	86-2543829		228,000.	0.			FISCAL SPONSORSHIP
INDIGENOUS ROOTS 788 7TH ST E SAINT PAUL, MN 55106-5015	47-4492457	501(C)(3)	26,734.	0.			SEEDING CULTURAL TREASURES & NONPROFIT INFRASTRUCTURE GRANT PROGRAMS
MANIDOO OGITIGAAN 102 1ST ST W STE 110 BEMIDJI, MN 56601-4695	82-4771865	501(C)(3)	14,161.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
MINNESOTA IBPOC IN EVALUATION COMMUNITY OF PRAXIS - 808 BERRY ST APT 247 - SAINT PAUL, MN 55114-1076	86-3264393		18,494.	0.			FISCAL SPONSORSHIP
STORYARK 640 MAIN ST N APT 34 STILLWATER, MN 55082-3931	81-3780329	501(C)(3)	5,851.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURAL DIVERSITY RESOURCES 112 UNIVERSITY DR N STE 306 FARGO, ND 58102-4661	41-1896836	501(C)(3)	7,376.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
NORTHEAST SCULPTURE GALLERY FACTORY - 1720 NE MADISON ST. #14 - MINNEAPOLIS, MN 55413	83-2858954	501(C)(3)	7,500.	0.			SEEDING CULTURAL TREASURES PROGRAM
BRIDGEMAKERS C/O IMPACTHUB, SUITE 200, 825 WASHINGTON AVE. SE - MINNEAPOLIS, MN 55414	85-4214217		331,946.	0.			FISCAL SPONSORSHIP
VOICES FOR RACIAL JUSTICE 2525 E FRANKLIN AVE STE 301 MINNEAPOLIS, MN 55406-1198	41-1750116	501(C)(3)	135,000.	0.			FAMILY ENGAGEMENT PROGRAM
WAYSIDE HOUSE, INC. #4518 7401 METRO BLVD STE 200 EDINA, MN 55439-3030	41-0873104	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
MINNESOTA EDUCATION EQUITY PARTNERSHIP - 2233 UNIVERSITY AVE W STE 220 - SAINT PAUL, MN 55114-1698	41-1699505	501(C)(3)	160,000.	0.			FAMILY ENGAGEMENT PROGRAM
KA JOOG #3986 419 CEDAR AVE S PMB 257 MINNEAPOLIS, MN 55454-1032	39-2073475	501(C)(3)	10,000.	0.			EQUITY BUILDER FORGIVENESS
THE NETWORK FOR BETTER FUTURES #4549 - 813 N 5TH ST - MINNEAPOLIS, MN 55401-1135	45-0550557	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
MINNESOTA PARENT UNION 2288 UNIVERSITY AVE W SAINT PAUL, MN 55114-9938	84-4704645	501(C)(3)	137,500.	0.			FAMILY ENGAGEMENT PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR COACHING IN ORGANIZATIONS - 1995 JERROLD AVE - ARDEN HILLS, MN 55112-7907	85-3672864	501(C)(3)	5,996.	0.			FISCAL SPONSORSHIP
THE CEDAR CULTURAL CENTER #3961 416 CEDAR AVE S MINNEAPOLIS, MN 55454-1033	41-1669156	501(C)(3)	10,000.	0.			EQUITY BUILDER FORGIVENESS
SOMALI SUCCESS SCHOOL 2812 E 26TH ST MINNEAPOLIS, MN 55406-1303	20-3021208	501(C)(3)	92,500.	0.			FAMILY ENGAGEMENT PROGRAM
MEMORIALIZE THE MOVEMENT 1 SE MAIN ST STE 600 MINNEAPOLIS, MN 55414-1036	86-3217004		68,469.	0.			FISCAL SPONSORSHIP
CHANGE INC. #4574 381 ROBIE ST E SAINT PAUL, MN 55107-2415	41-0906127	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
STELLER KINDNESS PROJECT 945 BROADWAY ST NE MINNEAPOLIS, MN 55413-1471	84-2681106		10,359.	0.			FISCAL SPONSORSHIP
CENTER FOR LEADERSHIP AND NEIGHBORHOOD ENGAGEMENT - 4150 DUPONT AVE N - MINNEAPOLIS, MN 55412-1615	85-1027484	501(C)(3)	9,914.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
CITY OF LAKES COMMUNITY LAND TRUST #4541 - 1930 GLENWOOD AVE - MINNEAPOLIS, MN 55405-1248	06-1665031	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
SWEET POTATO COMFORT PIE 8014 HIGHWAY 55 # 464 GOLDEN VALLEY, MN 55427-4712	84-4657505	501(C)(3)	13,575.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOSTER ADVOCATES #4539 2233 UNIVERSITY AVE W STE 235 SAINT PAUL, MN 55114-1629	82-5411160	501(C)(3)	37,500.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
PENUMBRA THEATRE COMPANY 270 KENT ST SAINT PAUL, MN 55102-1744	41-1563764	501(C)(3)	73,850.	0.			FISCAL SPONSORSHIP - TWIN CITIES THEATERS OF COLOR COALITION
SISTERS NEED A PLACE PO BOX 11358 MINNEAPOLIS, MN 55411-0358	57-1188655	501(C)(3)	9,900.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
ASSOCIATION FOR BLACK ECONOMIC POWER - 227 COLFAX AVE N STE 230 - MINNEAPOLIS, MN 55405-1414	81-5486146	501(C)(3)	14,123.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
30,000 FEET 2355 MN-36 ROSEVILLE, MN 55113	47-3224688	501(C)(3)	92,500.	0.			FAMILY ENGAGEMENT PROGRAM
YOUTH LEADERSHIP INITIATIVE 5500 38TH AVE S MINNEAPOLIS, MN 55417-2107	86-1711656	501(C)(3)	198,596.	0.			FISCAL SPONSORSHIP
ALONGSIDE NETWORK 4817 ELLIOT AVE MINNEAPOLIS, MN 55417-1137	87-1703441	501(C)(3)	48,449.	0.			FISCAL SPONSORSHIP
ZAMYA THEATER PROJECT 3501 CHICAGO AVE MINNEAPOLIS, MN 55407-2109	83-2374869	501(C)(3)	6,978.	0.			FISCAL SPONSORSHIP
FAMILY VALUES FOR LIFE 1280 ARCADE ST SAINT PAUL, MN 55106-2067	41-2006889	501(C)(3)	92,500.	0.			FAMILY ENGAGEMENT PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWNBODY 434 VADNAIS LAKE DRIVE VADNAIS HEIGHTS, MN 55127	46-2759548	501(C)(3)	17,133.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
TEATRO DEL PUEBLO 209 PAGE ST W SAINT PAUL, MN 55107-3457	41-1739320	501(C)(3)	47,475.	0.			FISCAL SPONSORSHIP - TWIN CITIES THEATERS OF COLOR COALITION
URBAN BIRD COLLECTIVE 122 WINIFRED ST W SAINT PAUL, MN 55107-2142	84-3935254	501(C)(3)	11,673.	0.			FISCAL SPONSORSHIP
LORING COLLECTIVE 1516 W LAKE ST STE 105 MINNEAPOLIS, MN 55408-6600	84-4233302		15,314.	0.			FISCAL SPONSORSHIP
TUSAALO 2817 ANTHONY LN S STE 105 MINNEAPOLIS, MN 55418-2489	84-4923561	501(C)(3)	5,884.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
AMERICAN INDIAN COMMUNITY HOUSING ORG #4533 - 202 W 2ND ST - DULUTH, MN 55802-1934	41-1782394	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
THE GOOD ACRE #4471 1790 LARPEFTEUR AVE W FALCON HEIGHTS, MN 55113-5736	47-1663334	501(C)(3)	21,250.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
PARK SQUARE #3985 408 SAINT PETER ST STE 110 SAINT PAUL, MN 55102-1121	41-1280683	501(C)(3)	21,667.	0.			EQUITY BUILDER FORGIVENESS
COUNCIL ON AMERICAN-ISLAMIC RELATIONS MINNESOTA - 2511 E FRANKLIN AVE STE 100 - MINNEAPOLIS, MN 55406-1028	45-0553731	501(C)(3)	20,064.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW NATIVE THEATRE PO 40118 SAINT PAUL, MN 55104	27-3901099	501(C)(3)	47,475.	0.			FISCAL SPONSORSHIP - TWIN CITIES THEATERS OF COLOR COALITION
HEART OF THE BEAST #3917 1500 E LAKE ST MINNEAPOLIS, MN 55407-1720	41-1251313	501(C)(3)	13,333.	0.			EQUITY BUILDER FORGIVENESS
AMERICAN INDIAN FAMILY CENTER 579 WELLS ST SAINT PAUL, MN 55130-4134	41-1841352	501(C)(3)	92,500.	0.			FAMILY ENGAGEMENT PROGRAM
SOMALI YOUTH AND FAMILY DEVELOPMENT CENTER - 2400 PARK AVE - MINNEAPOLIS, MN 55404-3713	26-4646941	501(C)(3)	8,535.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
MEWINZHA ONDAADIZIIKE WIIGAMING 802 PAUL BUNYAN DR S STE 13 BEMIDJI, MN 56601-3204	46-2523191	501(C)(3)	7,169.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
SPRINGBOARD FOR THE ARTS 308 PRINCE ST STE 270 SAINT PAUL, MN 55101-1437	41-1690483	501(C)(3)	15,651.	0.			SEEDING CULTURAL TREASURES & NONPROFIT INFRASTRUCTURE GRANT PROGRAMS
HMONG MUSEUM OF MINNESOTA 941 LAFOND AVENUE SAINT PAUL, MN 55104	47-1620897	501(C)(3)	14,631.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
COALITION OF ASIAN AMERICAN LEADERS - 941 LAFOND AVE STE 205 - SAINT PAUL, MN 55104-2110	81-0874603	501(C)(3)	92,500.	0.			FAMILY ENGAGEMENT PROGRAM
NEW AMERICANS ALLIANCE FOR DEVELOPMENT - 1821 UNIVERSITY AVE W STE 328 - SAINT PAUL, MN 55104-2881	57-1139418	501(C)(3)	73,293.	0.			FISCAL SPONSORSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE WIN INSTITUTE, INC. 3424 PORTLAND AVE MINNEAPOLIS, MN 55407	41-1820991	501(C)(3)	92,500.	0.			FAMILY ENGAGEMENT PROGRAM
FROGTOWN GREEN 843 VAN BUREN AVE SAINT PAUL, MN 55104-1665	71-0969337		13,095.	0.			FISCAL SPONSORSHIP
SKYLINE MATH & SCIENCE ACADEMY #4532 - 2600 26TH AVE S - MINNEAPOLIS, MN 55406-4526	81-1842731	501(C)(3)	25,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
TU DANCE #3992 PO BOX 40405 SAINT PAUL, MN 55104-8405	20-2534129	501(C)(3)	10,000.	0.			EQUITY BUILDER FORGIVENESS
TEATRO DEL PUEBLO 209 PAGE ST W SAINT PAUL, MN 55107-3457	41-1739320	501(C)(3)	19,973.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
HMONG EARLY CHILDHOOD COALITION 724 BIELENBERG DR # 6 WOODBURY, MN 55125-2620	83-1217023	501(C)(3)	126,769.	0.			FISCAL SPONSORSHIP
WALKER WEST MUSIC ACADEMY #4491 760 SELBY AVE SAINT PAUL, MN 55104-6618	41-1678368	501(C)(3)	25,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
NORTHFIELD SPLASHPAD 2651 OAK LAWN DR NORTHFIELD, MN 55057-3443	84-4401107		15,411.	0.			FISCAL SPONSORSHIP
COMMUNITY INTEGRATION CENTER 201 5TH ST SW WILLMAR, MN 56201-3211	82-2096014	501(C)(3)	23,133.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THEATER MU, INC. 755 PRIOR AVE N STE 107 SAINT PAUL, MN 55104-1069	41-1727881	501(C)(3)	47,475.	0.			FISCAL SPONSORSHIP - TWIN CITIES THEATERS OF COLOR COALITION
SOMALI AMERICAN PARENT ASSOCIATION 1821 UNIVERSITY AVE ST PAUL, MN 55104	26-3120451	501(C)(3)	92,500.	0.			FAMILY ENGAGEMENT PROGRAM
COMMUNITY PARTNERSHIP COLLABORATIVE 2.0 - 3210 OLIVER AVE N - MINNEAPOLIS, MN 55412-2316	82-0652224	501(C)(3)	12,109.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
LOVELY'S SEWING & ARTS COLLECTIVE 121 WASHINGTON AVE N MINNEAPOLIS, MN 55401-2503	47-5656989	501(C)(3)	15,387.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM
TUBMAN #4534 4432 CHICAGO AVE MINNEAPOLIS, MN 55407-3519	41-1240048	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
MODEL CITIES OF ST. PAUL #4499 839 UNIVERSITY AVE W SAINT PAUL, MN 55104-2671	41-1687873	501(C)(3)	37,500.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
MINNESOTA AUTISTIC ALLIANCE 1056 WINSLOW AVE SAINT PAUL, MN 55118-1344	86-1998598	501(C)(3)	25,189.	0.			FISCAL SPONSORSHIP
IMMIGRANT LAW CENTER OF MINNESOTA #4537 - 450 N SYNDICATE ST, SUITE 200 - SAINT PAUL, MN 55104	41-0909036	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
FAMILY TREE, INC. #4495 1919 NICOLLET AVE MINNEAPOLIS, MN 55403-3747	23-7133742	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PAUL NEIGHBORHOOD NETWORK #3987 - 550 VANDALIA ST STE 170 - SAINT PAUL, MN 55114-2019	41-1500773	501(C)(3)	10,000.	0.			EQUITY BUILDER FORGIVENESS
POLLEN MIDWEST #4551 PO BOX 18027 MINNEAPOLIS, MN 55418	46-3868459	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
THE CREW URBAN YOUTH EQUESTRIANS 1325 MACARTHUR AVE WEST ST PAUL, MN 55118-2534	85-4143091	501(C)(3)	32,362.	0.			FISCAL SPONSORSHIP
FOOD FOR THE PEOPLE 3441 ALDRICH AVE S APT 2 MINNEAPOLIS, MN 55408-4143	87-4645309		13,483.	0.			FISCAL SPONSORSHIP
AYADA LEADS 615 1ST AVE NE SUITE 500 MINNEAPOLIS, MN 55413	47-4294816	501(C)(3)	162,500.	0.			FAMILY ENGAGEMENT GRANT

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GRANTS ARE MADE TO CLIENT PARTICIPANTS IN OUR SOCIAL ENTERPRISE COHORT,
EQUITY BUILDER LOAN PROGRAM, FISCAL SPONSORSHIP PROGRAM, AND NONPROFIT
INFRASTRUCTURE GRANT PROGRAM (NIGP). IN ALL FOUR OF THESE PROGRAMS, CLIENTS
MUST APPLY AND ARE VETTED FOR FIT AND PROBABLE SUCCESS. FOR CLIENTS THAT
ARE GRANTEEES IN THE SOCIAL ENTERPRISE COHORT AND EQUITY BUILDER LOAN
PROGRAM, THE GRANTEE MUST BE ACTIVELY PARTICIPATING IN THE PROGRAM,
ATTENDING REQUIRED MEETINGS AND TRAININGS, AND MEETING MINIMUM PROGRAMMATIC
AND FINANCIAL THRESHOLDS. OUR PROGRAM STAFF ARE IN CONSTANT CONTACT WITH

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
PROPEL NONPROFITS

Employer identification number
41-1916337

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATE BARR PRESIDENT AND CEO	(i)	176,771.	0.	0.	8,839.	14,574.	200,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

PROPEL NONPROFITS

Employer identification number

41-1916337

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:

PARTNERING WITH OTHER CAPITAL PROVIDERS, WE ALSO LEVERAGED ADDITIONAL

FUNDS OF \$ 41.2 MILLION INTO THE COMMUNITY. PROPEL DEVELOPED A

RECOVERY CAPITAL LOAN IN RESPONSE TO THE DISRUPTION IN OUR MARKET DUE

TO COVID. THIS PRODUCT PROVIDES FINANCING AND CAPACITY BUILDING SUPPORT

TO NONPROFITS THAT SERVE AND STRENGTHEN LOW INCOME PEOPLE, FAMILIES,

AND MARGINALIZED MINORITY COMMUNITIES, AND REVITALIZES NEIGHBORHOODS

THAT HAVE LACKED INVESTMENT AND ACCESS TO CAPITAL. THESE LOANS PROVIDE

CRITICAL FLEXIBLE AND PATIENT WORKING CAPITAL LOANS FOR THOSE

RECOVERING FROM THE IMPACTS OF COVID.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

STATE LEGISLATURE THROUGH THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND

ECONOMIC DEVELOPMENT (DEED), LAUNCHED THE THIRD ROUND OF THE NONPROFIT

INFRASTRUCTURE GRANT PROGRAM AIMED AT SUPPORTING THE MISSIONS OF 40

SMALL, CULTURALLY LED ORGANIZATIONS BY STRENGTHENING THEIR

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization PROPEL NONPROFITS	Employer identification number 41-1916337
---	--

INFRASTRUCTURES. ALSO IN FY22, PROPEL DEVELOPED A NEW INITIATIVE, SEEDING CULTURAL TREASURES, DESIGNED TO NOURISH AND CULTIVATE THE LANDSCAPE OF EMERGING ARTS AND CULTURE ORGANIZATIONS RUN BY AND FOR BLACK, INDIGENOUS, AND OTHER PEOPLE OF COLOR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FUNDS HAVE BEEN GRANTED TO THE FISCALLY SPONSORED CLIENT, THE CLIENT HAS THE OPTION TO HOLD AND MANAGE THESE FUNDS ON ITS OWN OR ENTER INTO AN ARRANGEMENT WITH PROPEL NONPROFITS IN WHICH PROPEL ADMINISTERS THE FUNDS ON BEHALF OF THE CLIENT. ALONG WITH THE FISCAL MANAGEMENT OPTION, PROPEL PROVIDES EXTENSIVE TECHNICAL ASSISTANCE ON TOPICS SUCH AS FINANCIAL LEADERSHIP, BOARD GOVERNANCE, NONPROFIT BUSINESS MODELS, AND STRATEGIC PLANNING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

STRATEGIC SERVICES AND ACCOUNTING AND FINANCE CONSULTING: PROPEL NONPROFITS PROVIDES A WIDE RANGE OF INTEGRATED PROGRAMS AND SERVICES FOR NONPROFIT ORGANIZATIONS. PROPEL NONPROFITS IS A MUTUAL PARTNER THAT ASSISTS NONPROFITS IN ALIGNING THEIR VISION, GETTING THE NONPROFITS BOARDS AND LEADERSHIP TEAMS ON THE SAME PAGE, PROVIDING TOOLS FOR BETTER ORGANIZATIONAL COMMUNICATION, AND HELPING TO EQUIP NONPROFITS WITH THE TOOLS TO BE MORE EFFECTIVE IN REACHING THEIR MISSION. THE TOOLS THAT PROPEL NONPROFITS OFFERS THROUGH ITS STRATEGIC SERVICES PROGRAM ARE STRATEGIC PLANNING, ORGANIZATIONAL DEVELOPMENT, BOARD DEVELOPMENT, AND LEADERSHIP TRANSITION CONSULTING. PROPEL NONPROFITS ACCOUNTING & FINANCE PROGRAM OFFERS ACCOUNTING AND FINANCIAL MANAGEMENT SERVICES ALONG WITH CUSTOMIZED TECHNICAL ASSISTANCE WHICH HELPS ORGANIZATIONS UNDERSTAND THEIR FINANCIAL SITUATION, IDENTIFY

Name of the organization PROPEL NONPROFITS	Employer identification number 41-1916337
---	--

PRIORITIES, AND DEVELOP A PLAN OF ACTION FOR THE NEAR AND LONG-TERM

FUTURE.

EXPENSES \$ 776,721. INCLUDING GRANTS OF \$ 0. REVENUE \$ 318,920.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED

FINANCIAL STATEMENTS. THE 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THE

PRESIDENT/CEO. THE 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS BEFORE IT

IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE PROPEL NONPROFITS CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY

ALL EMPLOYEES AND BOARD MEMBERS. EACH STAFF MEMBER IS REQUIRED TO DISCLOSE

ANY DUALITIES OF INTEREST IN WRITING. NEW EMPLOYEES AND BOARD MEMBERS

REVIEW THE POLICY AND DISCLOSE ANY DUALITIES OF INTEREST UPON FIRST JOINING

THE STAFF OR BOARD. IN THE COURSE OF BUSINESS, IF AND WHEN A RELEVANT

DUALITY OF INTEREST ARISES, THE EMPLOYEE OR BOARD MEMBER DISCLOSES IT

VERBALLY AND IS RECUSED FROM ANY DECISION MAKING ROLE RELATED TO THE DUAL

INTEREST.

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

THE EXECUTIVE COMMITTEE OF PROPEL NONPROFITS BOARD OF DIRECTORS IS

RESPONSIBLE FOR REVIEWING ANNUALLY THE PERFORMANCE AND SALARY OF THE

PRESIDENT & CEO. BASED ON THE REVIEW, THE COMMITTEE DETERMINES COMPENSATION

FOR THE PRESIDENT & CEO. IN ITS SALARY DETERMINATION, THE COMMITTEE ENGAGES

AN HR COMPENSATION CONSULTANT, CONSIDERS SALARIES OF CEO'S IN PEER

ORGANIZATIONS WITH COMPARABLE EXPERIENCE, CONSULTS SURVEY DATA OF NONPROFIT

EXECUTIVES, AND REVIEWS THE HISTORY OF THE PRESIDENT & CEO'S COMPENSATION.

Name of the organization PROPEL NONPROFITS	Employer identification number 41-1916337
---	--

LAST REVIEW WAS IN 2021.

FORM 990, PART VI, SECTION C, LINE 19:

PROPEL NONPROFITS MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE TO ANYONE UPON REQUEST. PROPEL NONPROFITS' GOVERNING

DOCUMENTS INCLUDE ITS ARTICLES OF INCORPORATION, BYLAWS, AND IRS FORM 1023.

PROPEL NONPROFITS FINANCIAL STATEMENTS, ANNUAL REPORTS, AND QUARTERLY

INVESTOR REPORTS ARE AVAILABLE TO THE PUBLIC VIA ITS WEBSITE. PROPEL

NONPROFITS FINANCIAL STATEMENTS INCLUDE ITS AUDITED FINANCIAL STATEMENTS,

SINGLE AUDIT (WHEN REQUIRED), AND IRS FORM 990 INCLUDING SCHEDULES AND

ATTACHMENTS.