\*\* PUBLIC DISCLOSURE COPY \*\*

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

B Cheese Property Company Control of the Company Control of the Company Control of Company Control of Control	PROPER   NONPROPITS	A F	or the	2022 calendar year, or tax year beginning AP	R 1, 2022 and	ending M	AR 31, 2023									
PROVED NORTHON TIPE   PROVED NORTH COLOR T	Secretary   PROFEE NOWEROFTS   Property	<b>B</b> c	heck if oplicable	C Name of organization			D Employer iden	tification number								
Define Number and street (or P.O. box if mail is not delivered to street address)   Room/autic   E Telephone number   1 62 MATH OTERET   City or town, state or province, country, and ZIP or foreign postal code   G Gees recepts   9,328,353,   Telephone number   1 62 MATH OTERET   City or town, state or province, country, and ZIP or foreign postal code   G Gees recepts   9,328,353,   Telephone number   1 62 MATH OTERET   Ves   X 1 No   No   1 Tex-exempt status   X 3 Strike	Define Dusiness as															
Number and steed (or P.D. box of mail is not delivered to street address)   Roomsuite   E Telephone number   Fire   Fir	Number and street (of P.D. Dos if mail is not delivered to street address)   Room/Sulte   Elegenome number   612 - 249 - 700	F	Name	Doing business as 41-1916337												
SE MAIN STREET   So   612 - 243 - 6700   S12 - 243 - 6700   Gress members   S   9, 328, 353.	1 SE MAIN STREET   500   612 243 - 670		Initial													
Signature   City or town, state or province, country, and ZIP or foreign postal code   G   Grower-ceiests   9,328,353,	City or town, state or province, country, and ZIP or foreign postal code  ### ATTEMARACIAS ## \$ \$ \$4.80VE  ### ATTEMARACIAS ## \$ \$ \$6.00VE  ### ATTEMARACIAS ## ATTEMARACIAS ## ASSOciation ### ATTEMARACIAS ## ASSOciation ### ATTEMARACIAS ## ASSOciation ### ATTEMARACIAS ###		Final	,												
MINNEAPOLIS, NN 55141	MINNEAPOLIS   NN 59414		termin-	City or town, state or province, country, and 2	IP or foreign postal code		G Gross receipts \$	9,328,353.								
Tax-exempt status   X   501(c)(3)   501(c)   (insert no.)   4947(a)(1) or   527     Tax-exempt status   X   501(c)(3)   501(c)   (insert no.)   4947(a)(1) or   527     Tax-exempt status   X   501(c)(3)   501(c)   (insert no.)   4947(a)(1) or   527     Website:   Www. PROPELENDRYPEYTS. ORS	Text			- 4			H(a) Is this a grou	p return								
Make As C ABOVE   More of Internations   More of Above   Mor	Name		_ tion	F Name and address of principal officer: AATE	BARR											
New Note	The part   Summary		pendin				H(b) Are all subordinate	es included? Yes No								
Part   Summary   Summary   State of legal domicity   No.	Part   Summary	<u> 1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1) c	or 527	If "No," attacl	h a list. See instructions								
Part   Summary	Part   Summary			··			H(c) Group exemp	otion number								
Briefly describe the organization's mission or most significant activities:   TO FUEL THE IMPACT AND	Briefly describe the organization's mission or most significant activities: TO FUEL THE IMPACT AND				sociation Other	<b>L</b> Year	of formation: 1998	M State of legal domicile: MN								
REFECTIVENEES OF NONPROPITES WITH GUIDANCE, EXPERTISE, AND CAPITAL.	EPFECTIVENESS OF NORPROPITES WITH GUIDANCE, EXPERTISE, AND CAPITAL.	Pa														
B Net unrelated business taxable income from 990-T, Part I, line 11   Prior Year   Current Year	Net unrelated business taxable income from Form 990-T, Part I, line 11   Prior Year   Current Year	ø					PACT AND									
B Net unrelated business taxable income from 990-T, Part I, line 11   Prior Year   Current Year	Net unrelated business taxable income from Form 990-T, Part I, line 11   Prior Year   Current Year	anc	]													
B Net unrelated business taxable income from 990-T, Part I, line 11   Prior Year   Current Year	Net unrelated business taxable income from Form 990-T, Part I, line 11   Prior Year   Current Year	erna			·		1									
B Net unrelated business taxable income from 990-T, Part I, line 11   Prior Year   Current Year	Net unrelated business taxable income from Form 990-T, Part I, line 11   Prior Year   Current Year	ŏ						•								
B Net unrelated business taxable income from 990-T, Part I, line 11   Prior Year   Current Year	Net unrelated business taxable income from Form 990-T, Part I, line 11   Prior Year   Current Year	∞ ⊗														
B Net unrelated business taxable income from 990-T, Part I, line 11   Prior Year   Current Year	Net unrelated business taxable income from Form 990-T, Part I, line 11   Prior Year   Current Year	ies														
B Net unrelated business taxable income from 990-T, Part I, line 11   Prior Year   Current Year	Net unrelated business taxable income from Form 990-T, Part I, line 11   Prior Year   Current Year	ïvit														
Prior Year   Current Year   12,415,603. 6,939,034.   6,939,034.   12,415,603. 6,939,034.   12,415,603. 6,939,034.   10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)   20,570. 147,712.   11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   0. 0. 0.   0.   0.   0.   0.   0.	Prior Year   Current Year   12,415,603.   6,939,034.   12,415,603.   6,939,034.   10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)   20,570.   147,712.   11   Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   0	Ac														
8	8   Contributions and grants (Part VIII, line 1h)   12,415,603.   6,939,034.     9   Program service revenue (Part VIII, column (A), lines 2)   2,042,057.   2,241,607.     10   Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   0.   0.   0.     12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)   14,478,230.   9,328,353.     13   Grants and similar amounts paid (Part IX, column (A), lines 13)   4,414,679.   6,346,329.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   3,037,309.   3,235,748.     16   Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.     17   Other expenses (Part IX, column (A), line 11e)   0.   0.     18   Total expenseses. Add lines 13-17 (must equal Part IX, column (A), line 25)   276,295.     19   Revenue less expenses. Subtract line 18 from line 12   5,470,719.   -3,002,681.     19   Revenue less expenses. Subtract line 18 from line 12   5,470,719.   -3,002,681.     19   Revenue less expenses. Subtract line 18 from line 12   5,470,719.   -3,002,681.     19   Revenue less expenses. Subtract line 18 from line 12   5,470,719.   -3,002,681.     19   Revenue less expenses. Subtract line 18 from line 12   5,470,719.   -3,002,681.     19   Revenue less expenses. Subtract line 26   28,333,335.   26,071,781.     20   Notal assets (Part X, line 26)   28,333,335.   26,071,781.     21   Total liabilities (Part X, line 26)   28,333,335.   26,071,781.     22   Net assets or fund balances. Subtract line 21 from line 20   21,226,285.   18,227,035.     Part III   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 60/HRP Part Repart	_	D I	Net unrelated business taxable income from Form S	190-1, Part I, line 11											
9	9			Contributions and grants (Dort VIII line 1h)												
11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  10 Total fundraising expenses (Part IX, column (D), line 11e)  10 Total fundraising expenses (Part IX, column (D), line 11e)  10 Total expenses (Part IX, column (A), lines 1-1-1, 11f-24e)  11 Total expenses (Part IX, column (A), lines 1-1-1, 11f-24e)  12 Total sasets (Part IX, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-1)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  3 , 037, 309.  3 , 235, 748.  16 Professional fundraising expenses (Part IX, column (D), line 25)  276, 295.  17 Other expenses (Part IX, column (A), line 11e)  1	12   Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ne														
11 Other revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  10 Total fundraising expenses (Part IX, column (D), line 11e)  10 Total fundraising expenses (Part IX, column (D), line 11e)  10 Total expenses (Part IX, column (A), lines 1-1-1, 11f-24e)  11 Total expenses (Part IX, column (A), lines 1-1-1, 11f-24e)  12 Total sasets (Part IX, column (A), lines 1-3)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-1)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  3 , 037, 309.  3 , 235, 748.  16 Professional fundraising expenses (Part IX, column (D), line 25)  276, 295.  17 Other expenses (Part IX, column (A), line 11e)  1	12   Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ven														
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   14,478,230,   9,328,353,   13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   4,414,679,   6,346,329,   0,000,   0,00	Re					•	<del></del>								
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   4 , 414 , 679   6 , 346 , 329     14   Benefits paid to or for members (Part IX, column (A), line 4)   0   0   0     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   3 , 037 , 309   3 , 235 , 748     16   Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0     17   Other expenses (Part IX, column (A), line 25)   276 , 295     18   Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   1 , 555 , 523   2 , 748 , 957     18   Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   9 , 007 , 511   12 , 331 , 034     19   Revenue less expenses. Subtract line 18 from line 12   5 , 470 , 719   -3 , 002 , 681     20   Total assets (Part X, line 16)   49 , 559 , 620   44 , 298 , 816     21   Total liabilities (Part X, line 26)   28 , 333 , 335   26 , 071 , 781     22   Net assets or fund balances. Subtract line 21 from line 20   21 , 226 , 285   18 , 227 , 035     21   Total liabilities (Part X, line 26)   22 , 246 , 285   18 , 227 , 035     22   Net assets or fund balances. Subtract line 21 from line 20   21 , 226 , 285   18 , 227 , 035     23   Part II   Signature Block	13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)						14.478.23	- 1								
14 Benefits paid to or for members (Part IX, column (A), line 4)   0.   0.   0.   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   3,037,309.   3,235,748.   16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.   0.   0.   0.   0.   0.   0	14 Benefits paid to or for members (Part IX, column (A), line 4)															
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   3,037,309.   3,235,748.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.     15 Total fundraising expenses (Part IX, column (A), line 11e)   0.   0.     17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   1,555,523.   2,748,957.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   9,007,511.   12,331,034.     19 Revenue less expenses. Subtract line 18 from line 12   5,470,719.   -3,002,681.     20 Total assets (Part X, line 16)   49,559,620.   44,298,816.     21 Total liabilities (Part X, line 26)   28,333,335.   26,071,781.     22 Net assets or fund balances. Subtract line 21 from line 20   21,226,285.     28 Janature Block   28,333,335.   26,071,781.     21 Total liabilities (Part X, line 26)   28,333,335.   26,071,781.     22 Net assets or fund balances. Subtract line 21 from line 20   21,226,285.     23 Janature Block   28,333,335.   26,071,781.     3 Janature Block   28,333,335.   26,071,781.     4 Janature Block   28,333,335.   26,071,781.     3 Janature Block   28,333,335.   26,071,781.     4 Janature Block   28,333,335.   26,071,781.     5 Janature Block   28,333,335.   26,071,781.     5 Janature Block   28,333,335.   26,071,781.     6 Janature Block   28,333,335.   26,071,781.     7 Janature Block   28,333,335.   26,071,781.     6 Janature Block   28,333,335.   26,071,781.     7 Janature Block   28,333,335.   26,071,781.     7 Janature Block   28,333,335.   26,071,781.     7 Janature Block   28,333,335.   26,071,781.     8 Janature Block   28,333,335.   26,071,781.     9 Janature Block   28,333,335.   28,333,335.   28,333,335.   28,333,335.   28,333,335.   28,333,335.   28,333,335.   28,333,335.   28,	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   3,037,309,   3,235,748.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.     17 Other expenses (Part IX, column (B), line 25)   276,295.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   9,007,511,   12,331,034.     19 Revenue less expenses. Subtract line 18 from line 12   5,470,719,   -3,002,681.     20 Total assets (Part X, line 16)   49,559,620,   44,298,816.     21 Total liabilities (Part X, line 26)   28,333,335,   26,071,781.     22 Net assets or fund balances. Subtract line 21 from line 20   21,226,285,   18,227,035.     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 confidence of the confi															
16a Professional fundraising fees (Part IX, column (A), line 11e)	16a Professional fundraising fees (Part IX, column (A), line 11e)	(0					3,037,30	9. 3,235,748.								
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Indicate 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 compliance Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Fait  Print/Type or print name and title  Print/Type preparer's name  Preparer  Firm's name  CLIFTONLARSONALLEN LLP  Pinm's EIN  P1 12, 231, 034.  9, 007, 511. 12, 331, 034.  9, 007, 511. 12, 331, 034.  9, 007, 511. 12, 331, 034.  9, 007, 511. 12, 331, 034.  9, 007, 511. 12, 331, 034.  9, 007, 511. 12, 331, 034.  12, 331, 034.  14, 298, 816.  28, 333, 335. 26, 071, 781.  28, 333, 335. 26, 071, 781.  21, 226, 285. 18, 227, 035.  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 compliance of officers of my knowledge.  9/19/2023  Sign  Firm's name Date  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 January 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 complicate the period of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  KATE BARR, PRESIDENT  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  Date  Check PTIN  Firm's line 20 S 6 TH STREET, SUITE 300	se														
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Indicate 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 compliance Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Fait  Print/Type or print name and title  Print/Type preparer's name  Preparer  Firm's name  CLIFTONLARSONALLEN LLP  Pinm's EIN  P1 12, 231, 034.  9, 007, 511. 12, 331, 034.  9, 007, 511. 12, 331, 034.  9, 007, 511. 12, 331, 034.  9, 007, 511. 12, 331, 034.  9, 007, 511. 12, 331, 034.  9, 007, 511. 12, 331, 034.  12, 331, 034.  14, 298, 816.  28, 333, 335. 26, 071, 781.  28, 333, 335. 26, 071, 781.  21, 226, 285. 18, 227, 035.  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 compliance of officers of my knowledge.  9/19/2023  Sign  Firm's name Date  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 January 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 complicate the period of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  KATE BARR, PRESIDENT  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Print/Type preparer's name  Preparer's signature  Date  Check PTIN  Firm's line 20 S 6 TH STREET, SUITE 300	ber														
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12  Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  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 confidence of the correct of the c	18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   9,007,511.   12,331,034.     19   Revenue less expenses. Subtract line 18 from line 12   5,470,719.   -3,002,681.     20   Total assets (Part X, line 16)   49,559,620.   44,298,816.     21   Total liabilities (Part X, line 26)   28,333,335.   26,071,781.     22   Net assets or fund balances. Subtract line 21 from line 20   21,226,285.   18,227,035.     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 completes the correct of perjury of the correct of	ŭ	17 (	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		1,555,52	3. 2,748,957.								
Beginning of Current Year   End of Year	Beginning of Current Year   End of Year															
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 configure declared belief. The correct of	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. Date    Correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.   Sign   Signature of officer   Date		19 I	Revenue less expenses. Subtract line 18 from line 1	2		5,470,71	93,002,681.								
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 configure declared belief. The correct of	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. Date    Correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.   Sign   Signature of officer   Date	ces			Ве	ginning of Current Ye	ar End of Year									
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 configure declared belief. The property of the 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 configure declared belief. The property of the 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 configure of penalties of pen	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. Date    Correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.   Sign   Signature of officer   Date	sets	20	Fotal assets (Part X, line 16)												
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 configure declared belief. The property of the 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 configure declared belief. The property of the 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 configure of penalties of pen	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. Date    Correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.   Sign   Signature of officer   Date	t As	21	, , , , , , , , , , , , , , , , , , , ,												
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 Correct	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 correct, a		22		ine 20		21,226,28	5. 18,227,035.								
true, correct, and Correct and	true, correct, and Confidence Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Sign   Signature   Officer   Date															
Sign Here KATE BARR, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature Date  Print/Type preparer's name Preparer's signature Date Check PTIN  Firm's name CLIFTONLARSONALLEN LLP  Pirm's sim 41-0746749	Sign   Signature of officer   Date							my knowledge and belief, it is								
Here KATE BARR, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature Date DEIRDRE HODGSON PO1484710  Preparer Firm's name CLIFTONLARSONALLEN LLP  Print/Type preparer's name Preparer's signature Date Check Print Signature Print Signature Print Signature Print Signature Preparer Print Signature Print Signature Print Signature Print Signature Preparer Print Signature Print Signat	Here KATE BARR, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature Date of the complete o	true,	correct		) is based on all information of wh	icn preparer	nas any knowledge.   9/19/2	:023								
Here KATE BARR, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature Date DEIRDRE HODGSON PO1484710  Preparer Firm's name CLIFTONLARSONALLEN LLP  Print/Type preparer's name Preparer's signature Date Check Print Signature Print Signature Print Signature Print Signature Preparer Print Signature Print Signature Print Signature Print Signature Preparer Print Signature Print Signat	Here KATE BARR, PRESIDENT Type or print name and title  Print/Type preparer's name Preparer's signature Date of the complete o			Signature of Officer			I Date									
Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Date  Check  PTIN  PTIN  PO 9/18/23  PO 1484710  Preparer  Firm's name  CLIFTONLARSONALLEN LLP  Firm's EIN 41-0746749	Type or print name and title  Print/Type preparer's name Print/Type preparer's name Paid DEIRDRE HODGSON DEIRDRE HODGSON DEIRDRE HODGSON DEIRDRE HODGSON Preparer Firm's name CLIFTONLARSONALLEN LLP CLIFTONLARSONALLEN LLP Self-employed Firm's EIN 41-0746749  Use Only Firm's address 220 S 6TH STREET, SUITE 300						Duto									
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MINNEAPOLIS, MN 55402 Phone no.612-376-4500		030	Jy	,	-		Phone no 6	12-376-4500								
	May the IRS discuss this return with the preparer shown above? See instructions  X Yes No	May	the IR	· · · · · · · · · · · · · · · · · · ·	e? See instructions		I i none no. 9									

	1990 (2022) PROPEL NONPROFITS	41-1916337	Page <b>∠</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
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?	L	Yes X No
	If "Yes," describe these new services on Schedule O.	_	T., [7]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	」Yes L <u>×</u> 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 me	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expens	ses, and
_	revenue, if any, for each program service reported.		124,550.)
4a	(Code:) (Expenses \$5,567,397. including grants of \$3,736,400. ) (Revenue to TRAINING, CAPACITY BUILDING, AND KNOWLEDGE SHARING: PROPEL NONPROFITS	\$	124,550.
	PROVIDES ONGOING TRAINING, AND TECHNICAL ASSISTANCE ON TOPICS RANGING		
	FROM FINANCIAL MANAGEMENT, ACCOUNTING, GOVERNANCE, NONPROFIT BUSINESS		
	MODELS, AND SOCIAL ENTERPRISE. IN FY23 PROPEL'S PROGRAM DELIVERY		
	CONTINUED TO BE MOSTLY VIRTUAL AS A RESULT OF COVID-19. PROPEL		
	PRESENTED A TOTAL OF 101 TRAININGS TO 3,999 PARTICIPANTS IN FY23 AND		
	HELD 14 LEADERS CIRCLES, 2 FINANCIAL LEADERSHIP COHORTS AND A SOCIAL		
	ENTERPRISE ACCELERATOR COHORT WITH A COMBINED TOTAL OF 120		
	PARTICIPANTS. PROPEL, WITH FUNDS APPROPRIATED BY THE MINNESOTA STATE		
	LEGISLATURE THROUGH THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC		
	DEVELOPMENT (DEED), ADMINISTERED THE THIRD ROUND OF THE NONPROFIT		
	INFRASTRUCTURE GRANT PROGRAM AIMED AT SUPPORTING THE MISSIONS OF 40		
4b	(Code:) (Expenses \$ 2,200,968. including grants of \$ 1,916,179. ) (Revenue:	<b>-</b>	116,722.)
TD	FISCAL SPONSORSHIP: PROPEL NONPROFITS ACTS AS A FISCAL SPONSOR TO	P	
	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		
4c	(Code:) (Expenses \$2,149,308. including grants of \$693,750. ) (Revenue of the content of th	<del></del> \$	1,631,389.)
	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 69 NEW LOANS IN FY2023		
	TOTALING \$13,893,010. OUR LENDING IMPACTED ORGANIZATIONS WORKING IN		
	HEALTH CARE, HUMAN SERVICES, ARTS AND HUMANITIES, CHARTER SCHOOLS,		
	COMMUNITY DEVELOPMENT, AFFORDABLE HOUSING, AND OTHERS AS WELL. BY		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 923,271. including grants of \$ ) (Revenue \$	368,946.)	
4e	Total program service expenses 10,840,944.		

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#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
1 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		_ ^
15		4.5		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<del>                                     </del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<del>                                     </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<del>                                     </del>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
	democracy government on tractive, conditing the training traction from the state of	41		

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PROPEL NONPROFITS Page 4 Form 990 (2022) 41-1916337

Pa	rt IV   Checklist of Required Schedules (continued)		,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	, ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<del></del>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		<del></del>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	. 1/		•	
	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 1a 65			
b				
C				
·	(gambling) winnings to prize winners?	1c		
	<u> </u>			

232004 12-13-22

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Y<u>es</u> No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

Form **990** (2022)

If "Yes," complete Form 6069.

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.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			17
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N
40-	Did the averagination have least shorters by anchor or officers?	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ha		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
·	on Schedule O how this was done	12c	Х	
13		13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1-		
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	•		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ELLIE O'BRIEN - (612)249-6665	_		
	1 SE MAIN ST STE 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, box 6 of 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 no	or any related o	organization compensate	ed any current	t officer, director, or truste

(A)  Name and title	(B) Average hours per	(do box		Pos heck	ition	than o	one n an	(D)  Reportable compensation	(E)  Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KATE BARR	40.00	_						104 346		06.045
PRESIDENT AND CEO	40.00			Х				194,346.	0.	26,045.
(2) GLYN NORTHINGTON	40.00	1				,,		110 106		21 206
SENIOR PROGRAM DIRECTOR (3) MARIO HERNANDEZ	40.00					Х		110,196.	0.	21,296.
DIRECTOR OF STRATEGIC SERVICES	40.00	1				x		102,668.	0.	14,672.
(4) ELLIE O'BRIEN	40.00					<u> </u>		102,000.	· · ·	14,072.
VICE PRESIDENT & CFO	40.00	1		x				73,661.	0.	18,360.
(5) KEVEN AMBRUS (LEFT 3/2022)	40.00							70,002.		
VICE PRESIDENT OF FINANCE AND CFO		1		х				46,077.	0.	10,905.
(6) SARAH CLYNE	3.00									= 1 / 1 1 1 1
CHAIR		х		х				0.	0.	0.
(7) SEAN KERSHAW	4.00									
PAST CHAIR		х		х				0.	0.	0.
(8) DAVID MITCHELL	3.00									
TREASURER		х		х				0.	0.	0.
(9) PAUL BABCOCK	3.00									
SECRETARY		х		х				0.	0.	0.
(10) JEAN ADAMS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) THOMAS ADAMS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) GEMA ALVARADO-GUERRERO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) HEIDI CHRISTIANSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) COURTNEY COLBY	2.00	1								
BOARD MEMBER	1	Х						0.	0.	0.
(15) BRAD KRUSE	2.00	1								
BOARD MEMBER		Х						0.	0.	0.
(16) TAMARA LOWNEY	2.00	<u> </u>								_
BOARD MEMBER		Х			_	_	-	0.	0.	0.
(17) SCOTT MARQUARDT	2.00	ł <u>.</u>								_
BOARD MEMBER	1	X						0.	0.	0. Form <b>990</b> (2022)

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(A)	(B)			(0	C) _			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) SONY MALHOTRA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(19) PATTY PANNKUK	2.00									
BOARD MEMBER		Х						0.	0.	0
(20) GARY TAVERNA (LEFT 2/2022)	2.00									
BOARD MEMBER		Х						0.	0.	0
(21) BO THAO-URABE (LEFT 5/2022)	2.00									
BOARD MEMBER		Х						0.	0.	0
(22) DIANE TRAN	2.00									
BOARD MEMBER		Х						0.	0.	0
(23) MARCUS OWENS	2.00									
BOARD MEMBER (LEFT 02/2022)		Х						0.	0.	0
(24) ELIZABETH TOPOLUK	2.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								526,948.	0.	91,278
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								526,948.	0.	91,278

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

		Yes	No
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
line 1a? If "Yes," complete Schedule J for such individual	3		Х
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? If "Yes," complete Schedule J for such individual	4	Х	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
rendered to the organization? If "Vee " complete School de Lifer events person	5		Х

# rendered to the organization? *If "Yes," complete Schedule J for such person*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.

trie org	anization. Report compensation for the calendar	r trie organization s tax year.		
	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Total n	umber of independent contractors (including but	not limited to those listed	l above) who received more than	

Form **990** (2022)

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated Revenuè excluded Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 1,845,825. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 5,093,209 1f g Noncash contributions included in lines 1a-1f 6,939,034. h Total. Add lines 1a-1f **Business Code** 2 a LOAN INTEREST REVENUE 522200 1,486,310. 1,486,310. Program Service Revenue 541900 571,556. CLIENT FEE AND CONTRAC 571,556 WORKSHOP AND TRAINING 522200 113,662. 113,662. LOAN FEE REVENUE 522200 68,677. 68,677. 900099 f All other program service revenue ..... 1,402 1,402 2,241,607 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 147,712 147,712 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 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 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 147,712. 12 9,328,353. 2,241,607. Total revenue. See instructions

232009 12-13-22

#### 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 (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 6,346,329 6,346,329 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 348,317 208,991. 3,482. trustees, and key employees ..... 135,844 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,198,073. 1,571,066. 476,558. 150,449. 7 Pension plan accruals and contributions (include 23,827 section 401(k) and 403(b) employer contributions) 109,902 78,552. 7,523. 376,574 266,995 84,904 24,675. Other employee benefits 9 202,882. 142,191. 48,240 12,451. 10 Payroll taxes Fees for services (nonemployees): 74,473 57,230, 15,257 1,986. Management 18,374. 14,120. 3,764 490. Legal 60,064, 46,157. 12,305 1,602. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 1,084,437 833,345 222,170 28,922. column (A), amount, list line 11g expenses on Sch O.) 20,148 16,498. 2,006. 1,644. Advertising and promotion 12 55,606. 16,634 4,691. 76,931 Office expenses 13 196,026, 148,627. 36,872 10,527. Information technology 14 Royalties 15 243,996 176,358. 52,757 14,881. 16 Occupancy 10,608 8,747. 47 1,814. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20,828. 28,757. 5,180. 2,749. Conferences, conventions, and meetings ..... 19 549,041 549.041. 20 Payments to affiliates 21 167,483 90,435 70,526 6,522. 22 Depreciation, depletion, and amortization 30,936. 22,360 6,689 1,887. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) LENDING EXPENSES 175,000. 175,000. UNCOLLECTIBLE ACCOUNTS 10,000 10,000 OTHER FILING FEE EXPENS 283 2,068. 215 С OTHER OPERATING EXPENSE 400. 400. All other expenses е 12,331,034, 1,213,795 276,295. Total functional expenses. Add lines 1 through 24e 10,840,944 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet PROPEL NONPROFITS 41-1916337 Page **11** 

Par	rt X	Balance Sheet						
		Check if Schedule O contains a response or	note to a	ny line i	n this Part X			
						(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				8,093,973.	1	1,667,883
	2	Savings and temporary cash investments		10,851,617.	2	10,799,999		
	3	Pledges and grants receivable, net		799,217.	3	603,875		
	4	Accounts receivable, net				868,136.	4	322,049
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, su	ıbstantial	contrib	utor, or 35%			
		controlled entity or family member of any of t	these per	sons			5	
	6	Loans and other receivables from other disqu	ualified p	ersons (	as defined			
		under section 4958(f)(1)), and persons describ	bed in se	ection 49	958(c)(3)(B) L		6	
တ္	7	Notes and loans receivable, net				27,424,647.	7	29,256,025
Assets	8	Inventories for sale or use					8	
As	9	Duran did assessment all defense di alcune				144,636.	9	107,130
	10a	Land, buildings, and equipment: cost or othe	er					
		basis. Complete Part VI of Schedule D	10a	1	2,423,422.			
	b	Less: accumulated depreciation		1	881,567.	553,835.	10c	1,541,855
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, Iir				823,559.	12	0
	13	Investments - program-related. See Part IV, lii			13			
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must e				49,559,620.	16	44,298,816
	17	Accounts payable and accrued expenses		1,035,023.	17	706,091		
	18	Grants payable			18			
	19	Deferred revenue		1,312,552.	19	1,153,292		
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple				581,906.	21	606,289
s	22	Loans and other payables to any current or fo	ormer off	icer, dir	ector,			
iţie		trustee, key employee, creator or founder, su	ıbstantial	contrib	utor, or 35%			
Liabilities		controlled entity or family member of any of t	these per	sons			22	
	23	Secured mortgages and notes payable to uni	related th				23	
	24	Unsecured notes and loans payable to unrela	ated third	l parties	; [	25,403,854.	24	22,333,445
	25	Other liabilities (including federal income tax,	, payable	s to rela	ted third			
		parties, and other liabilities not included on li	nes 17-2	4). Com	plete Part X			
		of Schedule D				0.	25	1,272,664
	26					28,333,335.	26	26,071,781
		Organizations that follow FASB ASC 958, o	check he	re	X			
Ses		and complete lines 27, 28, 32, and 33.						
anc	27	Net assets without donor restrictions				13,260,860.	27	13,184,466
Bal	28	Net assets with donor restrictions				7,965,425.	28	5,042,569
nd n		Organizations that do not follow FASB ASG						
T.		and complete lines 29 through 33.						
ž (	29	Capital stock or trust principal, or current fun	nds				29	
set	30	Paid-in or capital surplus, or land, building, or					30	
As	31	Retained earnings, endowment, accumulated					31	
Net Assets or Fund Balances	32	Total net assets or fund balances				21,226,285.	32	18,227,035
-	33	Total liabilities and net assets/fund balances				49,559,620.	33	44,298,816

Form	1990 (2022) PROPEL NONPROFITS	41-191633	<i>i</i> 7	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9 ,	,328,	353.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,	,331,	034.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,	,002,	681.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,	,226,	285.
5	Net unrealized gains (losses) on investments	5		3,	431.
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	18	,227,	035.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

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

2022

Open to Public Inspection

Nam	ne d	of the organization						Employer	identification number
			NONPROFITS						41-1916337
Pa	rt	I Reason for Public C	harity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
Γhe	org	ganization is not a private founda	tion because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of chu	rches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in <b>section</b>	on 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative h							
4		A medical research organiza	tion operated in cor	njunction with a hospital	described	l in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	_	city, and state:							
5		An organization operated for		llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Co	omplete Part II.)						
6	L	A federal, state, or local gove	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	_ •	•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general į	oublic described in
		section 170(b)(1)(A)(vi). (Co	•						
8		A community trust described			•				
9		An agricultural research orga				_		-	-
		or university or a non-land-gr	ant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	eor
40		university:	(4)	H 00 4 /00/ - 6 H					d annual and a few and
10		An organization that normall							
		activities related to its exemp	·	•					•
		income and unrelated busine See section 509(a)(2). (Com		(less section 511 tax) no	III busines	sses acqui	red by the org	jai iizatioi i a	inter June 30, 1973.
11	Г	An organization organized a	. ,	vely to test for public saf	aty See	section 50	10/21/41		
12	F	An organization organized at     An organization organized at	•	•	•			rry out the	nurnoses of one or
12		more publicly supported org	•	•	-			•	
		lines 12a through 12d that d							SHOOK THE BOX OH
а	[	Type I. A supporting organ	* *			-		-	aivina
_		the supported organization	· ·	•		_			
		organization. You must co			,, -				9
b	[	Type II. A supporting orga	-		ion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or management of	· ·				-	•	-
		organization(s). You must	complete Part IV,	Sections A and C.	-				
С	[	Type III functionally integ	<b>jrated.</b> A supporting	g organization operated i	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	(s) (see instructions)	). You must complete F	Part IV, Se	ections A,	D, and E.		
d	[	Type III non-functionally	integrated. A supp	orting organization opera	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally inte	grated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	/eness
		requirement (see instruction	ons). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the organ	nization received a v	written determination from	n the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	• •	nally integrated supportir	ng organiz	ation.			
		Enter the number of supported or	•						
g	P	Provide the following information (i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	f manatan,	(vi) Amount of other
		organization	(II) EIN	(described on lines 1-10		anization listed ing document?	support (see ir	,	support (see instructions)
				above (see instructions))	Yes	No			l capper (coe mendenens)
						-			

Schedule A (Form 990) 2022 PROPEL NONPROFITS 41-1916337 Page 2

#### 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.)

Sed	ction A. Public Support	7.	· ·	,			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4,) = 0.10	(2) 23:3	(0) = 0 = 0	(4,) = 0 = 1	(0) = 0 = 1	(1)
-	membership fees received. (Do not						
	include any "unusual grants.")	5,598,397.	5,703,358.	6,246,500.	12,415,603.	6,939,034.	36,902,892.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,598,397.	5,703,358.	6,246,500.	12,415,603.	6,939,034.	36,902,892.
	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)						9,584,850.
6	Public support. Subtract line 5 from line 4.						27,318,042.
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	5,598,397.	5,703,358.	6,246,500.	12,415,603.	6,939,034.	36,902,892.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	25,344.	80,433.	15,487.	20,570.	147,712.	289,546.
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						37,192,438.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	11,461,946.
	First 5 years. If the Form 990 is for the			ourth, or fifth tax v	ear as a section 50		· · ·
	organization, check this box and stor		,,,,	•			
Sec	tion C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	73.45 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14	* * * * * * * * * * * * * * * * * * * *		15	72.65 %
	33 1/3% support test - 2022. If the o					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			=	•	3	
b	10% -facts-and-circumstances test	-		*		7a, and line 15 is 1	0% or
_	more, and if the organization meets the	•				•	
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• •		
	The organization	on on ook a k		, , ,	,		/Farm 000\ 0000

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 PROPEL NONPROFITS 41-1916337 Page **3** 

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

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

Sec	tion A. Public Support	siow, piease comp	Diete Part II.)				
	idar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2313	(0) 2020	(4) 2021	(6) 2322	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		T	T	T		T
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	1					
	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is						
	regularly carried on Other income. Do not include gain		+	+	<del> </del>	+	
	or loss from the sale of capital				1		
	assets (Explain in Part VI.)		1		<del> </del>	+	
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's fi	irst second thind	fourth or fifth town	l woor oo o costica	[ F01(a)(2) araasirati	l on
	First 5 years. If the Form 990 is for the	•			•	. , . ,	. —
	check this box and stop heretion C. Computation of Publi					•••••	
	Public support percentage for 2022 (li			column (fl)		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					1 1	7.
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line 1	
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organizatio						

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Schedule A (Form 990) 2022

PROPEL NONPROFITS

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#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	Sa		
	OI.		
	3b		
	_		
	3c		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	50		
	6		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

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Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	,		
	71 11 5 5		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or	163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	the 1		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion 6. Type if Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard,	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	tv (see instructior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.	J (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	· · ·			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh.		
2	these activities but for the organization's involvement.  Perent of Supported Organizations. Answer lines 2a and 3h below.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		
		1 700		

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( explain l	in Part VI). See insti	uctions.
	All other Type III non-functionally integrated supporting organizations mu		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	ganization (see	

instructions).

PROPEL NONPROFITS 41-1916337 Schedule A (Form 990) 2022 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2018

Schedule A (Form 990) 2022

b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

Schedule A	(Form 990) 2022	PROPEL	NONPROFITS	41-1916337	Page 8
Part VI	Supplemental I Part IV, Section A, li line 1; Part IV, Section	nes 1, 2, 3b, 3c, on D, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 17a or 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 I 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V t V, Section E, lines 2, 5, and 6. Also complete this part for any addition	and 2; Part IV, Section , Section B, line 1e; Pa	ı C,
-					

#### Schedule B

(Form 990)

**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

2022

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** PROPEL NONPROFITS 41-1916337 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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

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

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

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

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2022)

ame of organ	orm 990) (2022) nization		Emple	Page byer identification number
ROPEL NONP	PROFITS		4	1-1916337
Part I C	Contributors (see instructions). Use duplicate copies of Part I	f additional space is needed	l.	
(a) No.	(b) Name, address, and ZIP + 4	(c Total cont		(d) Type of contribution
1 -		\$	1,235,419.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c Total cont		(d) Type of contribution
2		\$	750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c Total cont		(d) Type of contribution
3		\$	698,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c Total cont		(d) Type of contribution
4		\$	640,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c		(d) Type of contribution

Person Payroll 550,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 6 Person Payroll 403,935. Noncash (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 23 11280918 131839 A486920 2022.04020 PROPEL NONPROFITS

	B (Form 990) (2022) rganization		Emplo	Page pyer identification number
	•		'	•
ROPEL N	IONPROFITS		4	1-1916337
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 contribut	ions	(d) Type of contribution
7		\$\$	0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
8		\$ \$	0,825.	Person X Payroll
(a)	(b)	(c)	-	(d)
<b>No.</b> 9	Name, address, and ZIP + 4	Total contribut	0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
10		\$19	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
11			5,000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash

223452 11-15-22

Schedule B (Form 990) (2022)

(Complete Part II for noncash contributions.) Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

PROPEL NONPROFITS

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Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022)

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

Inspection

Name of the organization

PROPEL NONPROFITS

**Employer identification number** 41-1916337

organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and other acco  1 Total number at end of year 2 2 Aggregate value of contributions to (during year) 3 3 Aggregate value of grants from (during year) 4 4 Aggregate value at end of year 5 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land are Protection of natural habitat  Preservation of open space	☐ No
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land are protection of natural habitat  Preservation of a certified historic structure	☐ No
2 Aggregate value of contributions to (during year) 3 Aggregate value at end of year 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Preservation of a certified historic structure	□ No
Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Preservation of a certified historic structure	□ No
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Protection of natural habitat  Preservation of a certified historic structure	□ No
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Protection of natural habitat  Preservation of a certified historic structure	□ No
are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Protection of natural habitat  Preservation of a certified historic structure	□ No
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Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Protection of natural habitat  Preservation of a historically important land are protection of natural habitat	:a
Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land are Protection of natural habitat  Preservation of a certified historic structure	a
Protection of natural habitat Preservation of a certified historic structure	ea
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the state of	
day of the tax year.	ne lax year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax	
year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	L No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the	/ear
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
y and an or or periods in our out of the desired from the	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements.	
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.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	
provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 \$	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X \$	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule D (Form	

	dule D (Form 990) 2022 PROPEL NONP		L Llint	orical Tra		Othor (	Similar	41-191		F	Page 2
_	t III Organizations Maintaining Co								(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make sigr	nificant u	ise of its			
	collection items (check all that apply):				<b>.</b>						
а	Public exhibition	d			hange prograi						
b	Scholarly research	е		Otner							
C	Preservation for future generations	Handler and a section						o in Deat	VIII		
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit or								7		٦
Dor	to be sold to raise funds rather than to be ma					·			Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	•	•									
1a	Is the organization an agent, trustee, custodia								7	v	٦
	on Form 990, Part X?							L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:					A		
							-		Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo					•	?	ЦХ	Yes	L	_ No
	If "Yes," explain the arrangement in Part XIII.									Х	
Par	t V Endowment Funds. Complete if										
		(a) Current year	(b) F	Prior year	(c) Two years	s back (c	i) Three y	ears back	(e) Four	years	s back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1	a. column (a)	) held as:	•					
а	Board designated or quasi-endowment	•	%	<i>y</i> , ( )	,						
b	Permanent endowment	%	_^								
c											
•	The percentages on lines 2a, 2b, and 2c shou	· =									
3a	Are there endowment funds not in the posses		tion tha	it are held an	nd administere	ed for the					
ou	organization by:	solon of the organiza	itioii tiid	it are riold ar	ia aariii iiotoro	7G 101 1110			ſ	Yes	No
	· ·								3a(i)		+
	•										+-
<b>L</b>	(ii) Related organizations	tions listed as requir		ahadula D2					3a(ii)		+-
_									3b		Ь
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipment		wment f	unas.							
ı aı	Complete if the organization answered		Part IV	/ line 11a S	ee Form aan	Part Y lin	ne 10				
	<u> </u>				T T			.	(-I) DI	1.	
	Description of property	(a) Cost or o basis (investn		(b) Cost	or other		cumulate eciation	a	(d) Bool	k vait	Je
	Land	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	iici iij	Dasis	(011101)	uepr	COIALIUIT				
	Land										
	Buildings				620 250		226	500		201	740
	Leasehold improvements				628,358.		326,0				,749.
	Equipment				537,393.		347,9				,404.
	Other				,257,671.		206,9	969.			,702.
Total	Add lines 1a through 1e (Column (d) must or	avial Farms OOO Dart	V aalum	nn (D) line 1	2-1			1	1	541	.855.

line 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value
(c) Method of valuation: Cost or end-of-year market value
Franklin Over Francisco Park V. Franklin
line 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value
line 11d. See Form 990, Part X, line 15.
(b) Book value
(S) Book value
line 11e or 11f. See Form 990, Part X, line 25.
(b) Book value
1,272,664

232053 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 PROPEL NONPROFITS		41-19	16337 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			0 221 704
1			1	9,331,784.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مو ا	3,431.	
a	Net unrealized gains (losses) on investments		3,431.	
b	Donated services and use of facilities			
c C	Recoveries of prior year grants  Other (Describe in Part VIII.)			
d	Other (Describe in Part XIII.)		20	3,431.
e o	Add lines 2a through 2d			9,328,353.
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3,320,333.
4 a		4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			9,328,353.
	t XII   Reconciliation of Expenses per Audited Financial State	ments With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	· ·		
1	Total expenses and losses per audited financial statements		1	12,331,034.
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			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			12,331,034.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	12,331,034.
Pa	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; Pa	art 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 a	additional information.		
рарт	IV, LINE 2B:			
IAKI	TV, BINE 2B.			
THE	COMBINED ORGANIZATION ACTS AS A FISCAL SPONSOR TO EMERGING	PROJECTS		
BASE	D IN MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA, AND WISCONSIN T	HAT FOR		
VARI	OUS REASONS HAVE NOT ESTABLISHED THEMSELVES AS SEPARATE 501	.(C)(3)		
NONE	ROFIT ORGANIZATIONS. THESE ENTITIES MAY BE IN THE PROCESS O	OF APPLYING		
HOD	E01/G)/2) GENERIG OR MAY DE GUODE EDDY IN NAMIDE OR MAY DE C	WDI OD ING		
FOR	501(C)(3) STATUS OR MAY BE SHORT-TERM IN NATURE OR MAY BE E	EXPLORING		
WHET	HER BECOMING A SEPARATE NONPROFIT IS THE MOST APPROPRIATE L	ONG-TERM		
*******	THE BECOME OF SHERRIFF ROMENCE IT IS THE MOST MERCHANIES	ONG THIM		
STRA	TEGY TO ACCOMPLISH THEIR MISSION. PROPEL NONPROFITS ACCEPTS	CHARITABLE		
GRAN	TS AND CONTRIBUTIONS ON BEHALF OF THESE PROJECTS. THESE FUN	IDS ARE		
TREA	TED AS CONTRIBUTIONS WITH DONOR RESTRICTIONS WHEN RECEIVED	BY PROPEL		
NONT	ROFITS. THESE FUNDS ARE RELEASED FROM RESTRICTION AS PROPEL	. NONPROFTTC		
MONE	MOILLO, INDUE FORDS AND RESERVED FROM RESTRICTION AS PROPEL	, MONITOLITA		
IN T	URN GRANTS THEM TO THE FISCALLY SPONSORED RECIPIENTS. PROPE	L		
232054	9-01-22		Schedu	le D (Form 990) 2022

Schedule D (Form 990) 2022 PROPEL NONPROFITS	41-1916337	Page 5
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 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 IS ALSO EXEMPT FROM STATE INCOME TAXES.		
PROPEL 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

Open to Public Inspection

Name of the organization							Employer identification number
PROPEL NONPRO							41-1916337
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records to criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's process.</li> </ol>	stance?						
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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
180 DEGREES							
236 CLIFTON AVENUE SOUTH MINNEAPOLIS, MN 55403-3466	23-7153536	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
30,000 FEET 2355 MN-36							
ROSEVILLE, MN 55113	47-3224688	501(C)(3)	12,500.	0.			FAMILY ENGAGEMENT PROGRAM
360 IMPACT 218 7TH ST E							
SAINT PAUL, MN 55101-2366	86-2543829		45,000.	0.			FISCAL SPONSORSHIP
ADVANCING EQUITY COALITION 2929 CHICAGO AVE SUITE 100 MINNEAPOLIS, MN 55407-1469	86-2864955	501(C)(3)	12,500.	0.			FAMILY ENGAGEMENT PROGRAM
AFRICAN AMERICAN REGISTRY PO BOX 19441 MINNEAPOLIS, MN 55419	01-0787894	501(C)(3)	22,000.	0.			SEEDING CULTURAL TREASURERS
ALONGSIDE NETWORK 4817 ELLIOT AVE MINNEAPOLIS, MN 55417-1137	87-1703441	501(C)(3)	6,601.	0.			FISCAL SPONSORSHIP
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	e line 1 table				92.
3 Enter total number of other organizations							
111A For Denominant Deduction Act Notice	a a a Ala a Imadum ati	f F 000					Cala alula I (Farma 000) 0000

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

Schedule I (Form 990) 2022

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(D) LIIV	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
AMERICAN INDIAN FAMILY CENTER							
579 WELLS ST							
SAINT PAUL, MN 55130-4134	41-1841352	501(C)(3)	12,500.	0.			FAMILY ENGAGEMENT PROGRAM
ANANYA DANCE THEATER							
P. O. BOX 2427							NONPROFIT INFRASTRUCTURE
MINNEAPOLIS, MN 55116	20-4261878	501(C)(3)	36,531.	0.			GRANT PROGRAM
ARCATA PRESS							
275 E. FOURTH STREET SUITE 701							SEEDING CULTURAL
SAINT PAUL, MN 55101-1895	65-1264407	501(C)(3)	70,000.	0.			TREASURERS
AYADA LEADS							
701 3RD ST N STE 105	45, 400,401,6	501 ( 7 ) ( 2 )	10 255	•			
MINNEAPOLIS, MN 55401-1155	47-4294816	501(C)(3)	19,375.	0.			FAMILY ENGAGEMENT PROGRAM
BOIS FORTE RESERVATION TRIBAL							
COUNCIL - 5344 LAKE SHORE DRIVE -							SEEDING CULTURAL
NETT LAKE, MN 55772	41-0954784		70,000.	0.			TREASURERS
BRIDGEMAKERS							
C/O IMPACTHUB, SUITE 200, 825							
WASHINGTON AVE. SE - MINNEAPOLIS,							
MN 55414	85-4214217		632,701.	0.			FISCAL SPONSORSHIP
BROWNBODY							
434 VADNAIS LAKE DRIVE							NONPROFIT INFRASTRUCTURE
VADNAIS HEIGHTS, MN 55127	46-2759548	501(C)(3)	28,341.	0.			GRANT PROGRAM
CENTER FOR LEADERSHIP AND			,				
NEIGHBORHOOD ENGAGEMENT - 4150							
DUPONT AVE N - MINNEAPOLIS, MN							NONPROFIT INFRASTRUCTURE
55412-1615	85-1027484	501(C)(3)	34,113.	0.			GRANT PROGRAM
GENTERE FOR GOMMINITAL PROOFINGES							
CENTRE FOR COMMUNITY RESOURCES							NONDROBET INDESCRIPTIONS
2104 PARK AVE STE 4	06 3445561	E01/G)/3\	25.06	_			NONPROFIT INFRASTRUCTURE
MINNEAPOLIS, MN 55404-6607	86-3445561	DOT(C)(3)	25,964.	0.			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>(b)</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	
CHINESE COMMUNITY CENTER 140 W 98TH ST BLOOMINGTON, MN 55420-4865	86-2765957	501(C)(3)	63,000.	0.			SEEDING CULTURAL TREASURERS	
COALITION OF ASIAN AMERICAN LEADERS - 941 LAFOND AVE STE 205 - SAINT PAUL, MN 55104-2110	81-0874603	501(C)(3)	15,000.	0.			FAMILY ENGAGEMENT PROGRAM	
COMMUNITY INTEGRATION CENTER 201 5TH ST SW WILLMAR, MN 56201-3211	82-2096014	501(C)(3)	22,687.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
COMMUNITY PARTNERSHIP COLLABORATIVE 2.0 - 3210 OLIVER AVE N - MINNEAPOLIS, MN 55412-2316	82-0652224	501(C)(3)	28,602.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
COMMUSICATION 868 SHERBURNE AVE ST. PAUL, MN 55104	46-4299159	501(C)(3)	49,000.	0.			SEEDING CULTURAL TREASURERS	
CULTURAL DIVERSITY RESOURCES 112 UNIVERSITY DR N STE 306 FARGO, ND 58102-4661	41-1896836	501(C)(3)	20,261.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
CURA FOUNDATION 13350 TIMBER CREST DR MAPLE GROVE, MN 55311-3332	85-4263441	501(C)(3)	17,700.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
DAKHOTA IAPI OKHODAKICHIYE PO BOX 548 OSSEO, MN 55369-0548	46-3946313	501(C)(3)	94,614.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
EAST METRO CIVIC ALLIANCE 1505 BURNS AVE SAINT PAUL, MN 55106-6603	05-0631017	501(C)(3)	34,008.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	

Schedule I (Form 990)

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EAST SIDE FREEDOM LIBRARY							
1105 GREENBRIAR STREET							SEEDING CULTURAL
SAINT PAUL, MN 55106	46-3794535	501(C)(3)	20,000.	0.			TREASURERS
EL COLEGIO CHARTER SCHOOL							
4137 BLOOMINGTON AVENUE							RECOVERY CAPITAL LOAN
MINNEAPOLIS, MN 55407	41-1953998	501(C)(3)	75,000.	0.			   FORGIVENESS
·			,				
EXPOSED BRICK THEATRE							
586 EUSTIS STREET							SEEDING CULTURAL
ST. PAUL, MN 55104-4922	20-1944288	501(C)(3)	20,000.	0.			TREASURERS
FAMILY VALUES FOR LIFE							
1280 ARCADE ST							
SAINT PAUL, MN 55106-2067	41-2006889	501(C)(3)	12,500.	0.			FAMILY ENGAGEMENT PROGRA
FIELD OF DREAMS EMPOWERMENT CENTER							
16141 HOMINY CT							NONPROFIT INFRASTRUCTURE
LAKEVILLE, MN 55044-4448	47-5018702	501(C)(3)	36,300.	0.			GRANT PROGRAM
TIPET PROPERCY STATE							
FIRST PEOPLES FUND							
706 WEST BROADWAY	00 0503600	501 ( 3 ) ( 3 )	500 000				SEEDING CULTURAL
RAPID CITY, SD 57701	82-0583682	501(C)(3)	500,000.	0.			TREASURERS
FOOD FOR THE PEOPLE							
3441 ALDRICH AVE S APT 2							
MINNEAPOLIS, MN 55408-4143	87-4645309		13,185.	0.			FISCAL SPONSORSHIP
MINNEAPOLIS, MN 33400-4143	07-4045509		13,103.	0.			FISCAL SPONSORSHIP
FOSTER ADVOCATES							
2233 UNIVERSITY AVE W STE 235							RECOVERY CAPITAL LOAN
SAINT PAUL, MN 55114-1629	82-5411160	501(C)(3)	35,000.	0.			FORGIVENESS
	22 2111100		33,000.	••			
FROGTOWN GREEN							
843 VAN BUREN AVE							
SAINT PAUL, MN 55104-1665	71-0969337		22,080.	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.)								
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GLOBAL SHAPERS MINNEAPOLIS HUB								
3100 LONGFELLOW AVE								
MINNEAPOLIS, MN 55407-3809	29-6076152		11,375.	0.			FISCAL SPONSORSHIP	
GREATER METROPOLITAN HOUSING								
CORPORATION - 15 SOUTH 5TH STREET							RECOVERY CAPITAL LOAN	
- MINNEAPOLIS, MN 55402-1058	41-0968007	501(C)(3)	12,500.	0.			FORGIVENESS	
GREATER MINNEAPOLIS COUNCIL OF								
CHURCHES - 1100 EAST LAKE STREET -							RECOVERY CAPITAL LOAN	
MINNEAPOLIS, MN 55407-1619	41-0693933	501(C)(3)	75,000.	0.			FORGIVENESS	
GREEN CARD VOICES								
2611 1ST AVE S							SEEDING CULTURAL	
MINNEAPOLIS, MN 55419	46-3753490	501(C)(3)	70,000.	0.			TREASURERS	
HMONG EARLY CHILDHOOD COALITION								
724 BIELENBERG DR # 6								
WOODBURY, MN 55125-2620	83-1217023	501(C)(3)	97,220.	0.			FISCAL SPONSORSHIP	
HURSTON INSTITUTE FOR LEARNING AND	03 1217023	301(0)(3)	37,220.	0.			I IDEME BI ONDORDITI	
DEVELOPMENT - 635 9TH STREET SE,								
SUITE 100 - MINNEAPOLIS, MN							NONPROFIT INFRASTRUCTURE	
55414-7587	84-2115578	501(C)(3)	43,416.	0.			GRANT PROGRAM	
IN PROGRESS								
213 FRONT AVE							NONPROFIT INFRASTRUCTURE	
SAINT PAUL, MN 55117-5324	41-1603279	501(C)(3)	40,043.	0.			GRANT PROGRAM	
INDIAN MUSIC SOCIETY OF MINNESOTA							approximation of the second se	
PO BOX 581846	41 1305506	F01/G\/2\		_			SEEDING CULTURAL	
MINNEAPOLIS, MN 55458-1846	41-1385526	DU1(C)(3)	70,000.	0.			TREASURERS	
TNDTGENOUG BOOMS							SEEDING CULTURAL	
INDIGENOUS ROOTS 788 7TH ST E							TREASURES & NONPROFIT INFRASTRUCTURE GRANT	
	47-4492457	501(C)(3)	99,286.	0.			PROGRAMS	
SAINT PAUL, MN 55106-5015	41-4432431	201(0)(3)	33,200.	<u> </u>			I LOGIAND	

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
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IRAQI AND AMERICAN RECONCILIATION PROJECT - 2021 E. HENNEPIN AVE., SUITE 200 - MINNEAPOLIS, MN 55413	26-0545027	501(C)(3)	14,000.	0.			SEEDING CULTURAL TREASURERS	
JOBS FOUNDATION 825 BOONE AVENUE NORTH, SUITE 100 GOLDEN VALLEY, MN 55427-4593	27-2295466	501(C)(3)	75,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS	
JUGAAD LEADERSHIP PROGRAM 22 WILSON AVE NE, STE 209 SAINT CLOUD, MN 56304-0440	84-4144267	501(C)(3)	10,213.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
KATHA DANCE THEATRE 5444 ORCHARD LANE NORTH CRYSTAL, MN 55439	36-3557119	501(C)(3)	67,367.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
LATINOLEAD INC. 797 7TH ST E STE 151 SAINT PAUL, MN 55106-5070	83-2767239	501(C)(3)	45,000.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
LEECH LAKE FINANCIAL SERVICES 113 SPRUCE AVENUE NORTHEAST CASS LAKE, MN 56633	46-2579700	501(C)(3)	8,935.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
LORING COLLECTIVE 1516 W LAKE ST STE 105 MINNEAPOLIS, MN 55408-6600	84-4233302		5,245.	0.			FISCAL SPONSORSHIP	
LOVELY'S SEWING & ARTS COLLECTIVE 121 WASHINGTON AVE N MINNEAPOLIS, MN 55401-2503	47-5656989	501(C)(3)	13,049.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
MANIDOO OGITIGAAN 102 1ST ST W STE 110 BEMIDJI, MN 56601-4695	82-4771865	501(C)(3)	35,392.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	

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MARKET ENTRY FUND								
1136 GRAND AVE STE 300								
SAINT PAUL, MN 55105-2628	83-4587871	501(C)(3)	260,480.	0.			FISCAL SPONSORSHIP	
MEMORIALIZE THE MOVEMENT								
1 SE MAIN ST STE 600								
MINNEAPOLIS, MN 55414-1036	86-3217004		84,143.	0.			FISCAL SPONSORSHIP	
METROPOLITAN CONSORTIUM OF			12,223					
COMMUNITY DEVELOPERS - 3137								
CHICAGO AVE S - MINNEAPOLIS, MN							NONPROFIT INFRASTRUCTURE	
55407	41-1658654	501(C)(3)	25,109.	0.			GRANT PROGRAM	
MEWINZHA ONDAADIZIIKE WIIGAMING								
802 PAUL BUNYAN DR S STE 13							NONPROFIT INFRASTRUCTURE	
BEMIDJI, MN 56601-3204	46-2523191	501(C)(3)	29,169.	0.			GRANT PROGRAM	
MIGIZI COMMUNICATIONS								
2610 E. 32ND STREET							RECOVERY CAPITAL LOAN	
MINNEAPOLIS, MN 55407	41-1379114	501(C)(3)	75,000.	0.			FORGIVENESS	
MINNESOTA AFRICAN AMERICAN								
HERITAGE MUSEUM AND GALLERY - 1256								
PENN AVE N MINNEAPOLIS, MN	00 5100106	504 (5) (2)					SEEDING CULTURAL	
55411-2617	82-5182136	501(C)(3)	70,000.	0.			TREASURERS	
MINNESOTA AUTISTIC ALLIANCE								
1056 WINSLOW AVE								
SAINT PAUL, MN 55118-1344	86-1998598	501(C)(3)	42,307.	0.			FISCAL SPONSORSHIP	
MINNESOTA EDUCATION EQUITY	00 1990390	301(0)(3)	42,307.	· ·			I IBENIE BI ONBONDIII	
PARTNERSHIP - 2233 UNIVERSITY AVE								
W STE 220 - SAINT PAUL, MN								
55114-1698	41-1699505	501(C)(3)	19,375.	0.			FAMILY ENGAGEMENT PROGRA	
			, , ,					
MINNESOTA PARENT UNION								
2288 UNIVERSITY AVE W								
SAINT PAUL, MN 55114-9938	84-4704645	501(C)(3)	19,375.	0.			FAMILY ENGAGEMENT PROGRA	

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MINNESOTA SHUBERT CENTER DBA THE COWLES CENTER - 528 HENNEPIN AVE - MINNEAPOLIS, MN 55403	27-1173436	501(C)(3)	70,000.	0.			SEEDING CULTURAL TREASURERS	
MORNING GLORY MONTESSORI 1718 EDGEWATER BLVD MINNEAPOLIS, MN 55417-2649	86-3072479	501(C)(3)	41,718.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
NCXT LLC 5800 BRYANT AVE S MINNEAPOLIS, MN 55419-2102	83-1290008		75,000.	0.			FISCAL SPONSORSHIP	
NEW NATIVE THEATRE PO 40118 SAINT PAUL, MN 55104	27-3901099	501(C)(3)	106,000.	0.			FISCAL SPONSORSHIP - TWIN CITIES THEATERS OF COLOR COALITION	
NORTHEAST SCULPTURE GALLERY FACTORY - 1720 NE MADISON ST. #14 - MINNEAPOLIS, MN 55413	83-2858954	501(C)(3)	15,000.	0.			SEEDING CULTURAL TREASURES PROGRAM	
NORTHFIELD SPLASHPAD 2651 OAK LAWN DR NORTHFIELD, MN 55057-3443	84-4401107		5,475.	0.			FISCAL SPONSORSHIP	
ONEMINNESOTA.ORG 2112 RUSSELL AVE NORTH MINNEAPOLIS, MN 55411-2440	81-2392014		73,414.	0.			FISCAL SPONSORSHIP	
ORGANIZATION OF LIBERIANS IN MINNESOTA - 7001 78TH AVE N., SUITE 200 - BROOKLYN PARK, MN 55445-2745	41-1764368	501(C)(3)	40,029.	0.			NONPROFIT INFRASTRUCTURE GRANT PROGRAM	
PANGEA WORLD THEATRE 711 WEST LAKE STREET, SUITE 101 MINNEAPOLIS, MN 55408	41-1854164	501(C)(3)	36,000.	0.			FISCAL SPONSORSHIP - TWIN CITIES THEATERS OF COLOR COALITION	

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
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PARK PLACE								
3632 PARK AVE							NONPROFIT INFRASTRUCTURE	
MINNEAPOLIS, MN 55407-2560	86-2672195	501(C)(3)	18,980.	0.			GRANT PROGRAM	
PENUMBRA THEATRE COMPANY							FISCAL SPONSORSHIP - TWIN	
270 KENT ST							CITIES THEATERS OF COLOR	
SAINT PAUL, MN 55102-1744	41-1563764	501(C)(3)	56,000.	0.			COALITION	
PHUMULANI MINNESOTA AFRICAN WOMEN			' '	-				
AGAINST VIOLENCE - 121 WASHINGTON								
AVENUE NORTH, 4TH FLOOR -							NONPROFIT INFRASTRUCTURE	
MINNEAPOLIS, MN 55401-2503	81-3885346	501(C)(3)	45,838.	0.			GRANT PROGRAM	
PHYLLIS WHEATLEY COMMUNITY CENTER								
1301 - 10TH AVE NORTH, SUITE 1							RECOVERY CAPITAL LOAN	
MINNEAPOLIS, MN 55411-4406	41-0706132	501(C)(3)	75,000.	0.			FORGIVENESS	
PROPEL NONPROFITS							NONPROFIT INFRASTRUCTURE	
1 SE MAIN ST STE 600	41 1016227	E01/G\/3\	05 025	0.			GRANT PROGRAM (FS FOR	
MINNEAPOLIS, MN 55414	41-1916337	501(C)(3)	85,825.	0.			BRIDGEMAKERS AND MEF)	
PUBLIC FUNCTIONARY								
1803 FILLMORE STREET NE							SEEDING CULTURAL	
MINNEAPOLIS, MN 55418	46-0966610	501(C)(3)	70,000.	0.			TREASURERS	
			,					
RACING MAGPIE - WATERERS								
801 EAST SAINT ANDREW ST.							SEEDING CULTURAL	
RAPID CITY, SD 57701	83-4658072	501(C)(3)	300,000.	0.			TREASURERS	
							SEEDING CULTURAL	
REVIVING THE ISLAMIC SISTERHOOD							TREASURES & NONPROFIT	
FOR EMPOWERMENT - 1007 W BROADWAY							INFRASTRUCTURE GRANT	
AVE - MINNEAPOLIS, MN 55411-2503	81-1236990	501(C)(3)	19,472.	0.			PROGRAMS	
Dogu grwig Divar								
ROSY SIMAS DANSE							GEEDING GUI MUDAI	
1500 JACKSON STREET NE, STUDIO 331	01 2201254	E01/C\/3\	60.000	0.			SEEDING CULTURAL	
MINNEAPOLIS, MN 55413	81-2281254	DOT(C)(2)	60,000.	<u> </u>		1	TREASURERS	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
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SHARING OUR ROOTS								
4509 315TH STREET W.							RECOVERY CAPITAL LOAN	
NORTHFIELD, MN 55057	20-1788275	501(C)(3)	25,000.	0.			FORGIVENESS	
SISTERS NEED A PLACE								
PO BOX 11358							NONPROFIT INFRASTRUCTURE	
MINNEAPOLIS, MN 55411-0358	57-1188655	501(C)(3)	22,002.	0.			GRANT PROGRAM	
SOLUTIONS NOT SUSPENSIONS								
COALITION - 1611 PARK AVE -								
MINNEAPOLIS, MN 55404-3793	83-2238254		52,292.	0.			FISCAL SPONSORSHIP	
SOMALI AMERICAN FARMERS								
ASSOCIATION - 84 WABASHA ST S APT	05 0540600	F01/G1/21	01 270				LIGHT GROWEN GUID	
238 - SAINT PAUL, MN 55107-1850	85-0540699	501(C)(3)	21,372.	0.			FISCAL SPONSORSHIP	
SOMALI AMERICAN PARENT ASSOCIATION								
1821 UNIVERSITY AVE								
ST PAUL, MN 55104	26-3120451	501(C)(3)	12,500.	0.			FAMILY ENGAGEMENT PROGRAM	
SOMALI ARTIFACT AND CULTURAL								
MUSEUM - 1516 E LAKE ST STE 11 -							NONPROFIT INFRASTRUCTURE	
MINNEAPOLIS, MN 55407-2356	46-2821976	501(C)(3)	23,871.	0.			GRANT PROGRAM	
SOMALI SUCCESS SCHOOL								
2812 E 26TH ST								
MINNEAPOLIS, MN 55406-1303	20-3021208	501(C)(3)	12,500.	0.			FAMILY ENGAGEMENT PROGRAM	
•			, ,					
SOMALI YOUTH AND FAMILY								
DEVELOPMENT CENTER - 2400 PARK AVE							NONPROFIT INFRASTRUCTURE	
- MINNEAPOLIS, MN 55404-3713	26-4646941	501(C)(3)	39,985.	0.			GRANT PROGRAM	
SOO VISUAL ARTS CENTER								
2909 BRYANT AVE S #101							RECOVERY CAPITAL LOAN	
MINNEAPOLIS, MN 55408	41-1944443	501(C)(3)	6,250.	0.			FORGIVENESS	

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SOOMAAL HOUSE OF ART 2200 MINNEHAHA AVE SUITE 200							SEEDING CULTURAL
MINNEAPOLIS, MN 55404	86-3541799	501(C)(3)	70,000.	0.			TREASURERS
SPARK EDUCATION PO BOX 4232							
SAINT PAUL, MN 55104-0232	88-4330468		136,836.	0.			FISCAL SPONSORSHIP
SPRINGBOARD FOR THE ARTS 308 PRINCE ST STE 270							SEEDING CULTURAL TREASURES & NONPROFIT INFRASTRUCTURE GRANT
SAINT PAUL, MN 55101-1437	41-1690483	501(C)(3)	434,423.	0.			PROGRAMS
ST. CROIX THERAPY, INC. 742 STERBENZ DRIVE HUDSON, WI 54016-8327	39-1584408	501 (C) (3)	50,000.	0.			RECOVERY CAPITAL LOAN FORGIVENESS
STELLER KINDNESS PROJECT 945 BROADWAY ST NE							
MINNEAPOLIS, MN 55413-1471	84-2681106		9,755.	0.			FISCAL SPONSORSHIP
STORYARK 640 MAIN ST N APT 34 STILLWATER, MN 55082-3931	81-3780329	501(C)(3)	40,468.	0.			NONPROFIT INFRASTRUCTUF GRANT PROGRAM
SWEET POTATO COMFORT PIE 8014 HIGHWAY 55 # 464	04 4657505	E01/G)/3)	20.202				NONPROFIT INFRASTRUCTUR
GOLDEN VALLEY, MN 55427-4712	84-4657505	501(C)(3)	28,283.	0.			GRANT PROGRAM
TAIKOARTS MIDWEST 3949 13TH AVE S							NONPROFIT INFRASTRUCTUR
MINNEAPOLIS, MN 55407-2735	81-2475404	501(C)(3)	40,000.	0.			GRANT PROGRAM
TEATRO DEL PUEBLO 209 PAGE ST W							FISCAL SPONSORSHIP - TW CITIES THEATERS OF COLO
SAINT PAUL, MN 55107-3457	41-1739320	501(C)(3)	36,000.	0.			COALITION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
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THE TRANSPARENT ALLIANCE								
6873 ODELL AVE S								
HASTINGS, MN 55033-9189	87-3819041		33,620.	0.			FISCAL SPONSORSHIP	
THEATER MU, INC.							FISCAL SPONSORSHIP - TWIN	
755 PRIOR AVE N STE 107							CITIES THEATERS OF COLOR	
SAINT PAUL, MN 55104-1069	41-1727881	501(C)(3)	36,000.	0.			COALITION	
TRANSMISSION MINISTRY COLLECTIVE								
310 4TH AVE S SUITE 5010 PMB 94587	36-4978331	E01/G\/2\	32,800.	0.			FISCAL SPONSORSHIP	
MINNEAPOLIS, MN 55415	36-49/6331	501(C)(3)	32,800.	٠.			FISCAL SPONSORSHIP	
TURNING POINT								
1500 GOLDEN VALLEY RD							RECOVERY CAPITAL LOAN	
MINNEAPOLIS, MN 55411-3139	51-0164092	501(C)(3)	75,000.	0.			FORGIVENESS	
·			,					
TUSAALO								
2817 ANTHONY LN S STE 105							NONPROFIT INFRASTRUCTURE	
MINNEAPOLIS, MN 55418-2489	84-4923561	501(C)(3)	39,116.	0.			GRANT PROGRAM	
MUTN CIMIEC IDANIAN CUI MUDE								
TWIN CITIES IRANIAN CULTURE  COLLECTIVE - 991 9TH AVE NW - NEW							SEEDING CULTURAL	
BRIGHTON, MN 55112-2665	84-5060847	501(C)(3)	45,500.	0.			TREASURERS	
ENIONION, IN SSIII 2005	01 3000017	301(0)(3)	13,300.	· ·				
TWIN CITIES MEDIA ALLIANCE								
2525 E. FRANKLIN AVE, SUITE #250							NONPROFIT INFRASTRUCTURE	
MINNEAPOLIS, MN 55419	42-1670009	501(C)(3)	35,943.	0.			GRANT PROGRAM	
URBAN HOMEWORKS								
2015 EMERSON AVENUE NORTH							RECOVERY CAPITAL LOAN	
MINNEAPOLIS, MN 55411-2507	41-1821520	501(C)(3)	75,000.	0.			FORGIVENESS	
WOLDER BOD DAGLAL TURBLED								
VOICES FOR RACIAL JUSTICE 2525 E FRANKLIN AVE STE 301								
MINNEAPOLIS, MN 55406-1198	41-1750116	501(C)(3)	19,375.	0.			FAMILY ENGAGEMENT PROGRAM	
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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>b)</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)	12,500.	0.			FAMILY ENGAGEMENT PROGRAM	
YOUTH LEADERSHIP INITIATIVE 5500 38TH AVE S								
MINNEAPOLIS, MN 55417-2107	86-1711656	501(C)(3)	35,212.	0.			FISCAL SPONSORSHIP	

Schedule I (Form 990) 2022 PROPEL NONPROFITS 41-1916337 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (f) Description of noncash assistance (c) Amount of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash 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 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 GRANTEES 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 THE CLIENT PARTICIPANTS AND MONITOR

Schedule I (Form 990) PROPEL NONPROFITS	41-1916337	Page 2
Part IV Supplemental Information		
THEIR PROGRESS. EACH APPLICANT TO THE FISCAL SPONSORSHIP PROGRAM APPLIES		
AND IS VETTED BY A COMMITTEE OF BOARD, STAFF, AND COMMUNITY MEMBERS. ONCE		
ACCEPTED AS A FISCALLY SPONSORED CLIENT, MOST OF THESE CLIENTS HAVE ENGAGED		
PROPEL NONPROFITS TO PROVIDE ONGOING PROGRAM AND ACCOUNTING SUPPORT.		
GRANTEES OF THE NIGP APPLIED TO AND WERE ACCEPTED BY A COMMITTEE OF		
GRANTEES OF THE NIGE AFFILIED TO AND WERE ACCEPTED BY A COMMITTEE OF		
COMMUNITY REPRESENTATIVES. FOR BOTH THE FISCAL SPONSORSHIP PROGRAM AND THE		
NIGP, GRANTEES ARE CONSTANTLY MONITORED AND SUPPORTED. PROGRAM ACTIVITIES		
INCLUDE A WIDE VARIETY OF OFFERINGS, INCLUDING THE FOLLOWING: SUPPORT FOR		
·		
ORGANIZATIONAL REQUIREMENTS DURING ONBOARDING; ACCESS TO NO COST OR		
DISCOUNTED TRAINING; GUIDANCE ON FINANCIAL MANAGEMENT, GOVERNANCE, AND		
STRATEGY; NO COST OR DISCOUNTED CONSULTING SERVICES; INVITATIONS TO		
PARTICIPATE IN PEER LEARNING; AND ADDITIONAL TECHNICAL ASSISTANCE PROVIDED		
BY PROPEL NONPROFITS STAFF.		

Schedule I (Form 990)

PROPEL NONPROFITS

## SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number 41-1916337

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

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 PROPEL NONPROFITS

41-1916337

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KATE BARR	(i)	194,346.	0.	0.	9,946.	16,099.	220,391.	0.	
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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	(ii)								
	(i) (ii)								

Schedule J (Form 990) 2022 PROPEL NONPROFITS	41-1916337	Page 3
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	I. Also complete this part for any additional informa	ation.

## **SCHEDULE 0** (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

PROPEL NONPROFITS	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:	
SMALL, CULTURALLY LED ORGANIZATIONS BY STRENGTHENING THEIR	
INFRASTRUCTURES. ALSO IN FY23, PROPEL CONTINUED WORK ON 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 4B, 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.	

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022  Name of the organization  PROPEL NONPROFITS	Employer identification number
	11 1310007
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
PARTNERING WITH OTHER CAPITAL PROVIDERS, WE ALSO LEVERAGED ADDITIONAL	
FUNDS OF \$ 75.9 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 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	
NONPROFIT'S 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	
PRIORITIES, AND DEVELOP A PLAN OF ACTION FOR THE NEAR AND LONG-TERM	
FUTURE.	
EXPENSES \$ 923,271. INCLUDING GRANTS OF \$ 0. REVENUE \$ 368,946.	

232212 10-28-22

Name of the organization  PROPEL NONPROFITS	Employer identification number
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.	
LAST REVIEW WAS IN 2022.	

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

Schedule O (Form 990) 2022	Page 2
Name of the organization PROPEL NONPROFITS	Employer identification number 41-1916337
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.	
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232212 10-28-22 Schedule O (Form 990) 2022