

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **APR 1, 2023** and ending **MAR 31, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>PROPEL NONPROFITS</b>		<b>D</b> Employer identification number <b>41-1916337</b>
	Doing business as		<b>E</b> Telephone number <b>612-249-6700</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1 SE MAIN STREET</b>		<b>G</b> Gross receipts \$ <b>8,635,201.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>MINNEAPOLIS, MN 55414</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>F</b> Name and address of principal officer: <b>HENRY JIMENEZ</b> <b>SAME AS C ABOVE</b>		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: <b>WWW.PROPELNONPROFITS.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1998</b>
			<b>M</b> State of legal domicile: <b>MN</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO FUEL THE IMPACT AND EFFECTIVENESS OF NONPROFITS WITH GUIDANCE, EXPERTISE, AND CAPITAL.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	39
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	28
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	6,939,034.	5,360,624.
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,241,607.	2,759,548.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	147,712.	515,028.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	1.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,328,353.	8,635,201.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,346,329.	3,957,470.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,235,748.	3,650,706.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	275,990.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,748,957.	2,580,540.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,331,034.	10,188,716.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-3,002,681.	-1,553,515.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 44,298,816.	<b>End of Year</b> 49,931,879.
	<b>21</b> Total liabilities (Part X, line 26)	26,071,781.	33,258,359.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	18,227,035.	16,673,520.

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer <b>HENRY JIMENEZ, PRESIDENT</b>		Date
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DEIRDRE HODGSON</b>	Preparer's signature <b>DEIRDRE HODGSON</b>	Date <b>11/21/24</b>
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN <b>41-0746749</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01484710</b>
	Firm's address <b>220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402</b>	Phone no. <b>612-376-4500</b>	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 3,162,035. including grants of \$ 2,021,974. ) (Revenue \$ 0. ) CAPACITY BUILDING INITIATIVES: PROPEL NONPROFITS INTERMEDIARY CAPACITY BUILDING INITIATIVES AIM TO PROVIDE FUNDING AND RELEVANT INFRASTRUCTURE TO SUPPORT MINNESOTA NONPROFITS. IN FY24, THERE WERE FOUR ACTIVE INITIATIVES: SEEDING CULTURAL TREASURES, NONPROFIT INFRASTRUCTURE GRANT PROGRAM (NIGP), CBI TARGET, AND ROOTED TO LAST. IN FY24, PROPEL AWARDED \$3.2 MILLION TO 56 CULTURALLY LED NONPROFIT ORGANIZATIONS FOR INFRASTRUCTURE FUNDING THROUGH NIGP. THE 2023 - 2025 ROUND OF NIGP FUNDING IS MADE POSSIBLE THROUGH A \$4 MILLION APPROPRIATION COMING THROUGH THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT (DEED) ALSO IN FY24, PROPEL CONTINUED WORK ON THE SEEDING CULTURAL TREASURES

4b (Code: ) (Expenses \$ 1,912,784. including grants of \$ 282,500. ) (Revenue \$ 1,832,630. ) LENDING: AS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI) CERTIFIED BY THE U.S. TREASURY, PROPEL NONPROFITS MAKES LOANS TO NONPROFIT ORGANIZATIONS TO EXPAND PROGRAMS AND SERVICES, BRIDGE CASH FLOW GAPS, CONSOLIDATE DEBT, AND MAKE CAPITAL IMPROVEMENTS. WE BELIEVE THAT ACCESS TO CAPITAL IS ESSENTIAL TO THE GROWTH AND STABILITY OF THE NONPROFIT SECTOR. PROPEL NONPROFITS MAKES LOANS TO NONPROFITS OF ALL SIZES AND STAGES OF DEVELOPMENT, MANY OF WHICH HAVE BEEN HISTORICALLY UNDER-SERVED BY TRADITIONAL MARKETS. LOANS ARE AS LARGE AS \$1 MILLION AND AS SMALL AS \$5,000. OVERALL, WE MADE 71 NEW LOANS IN FY2024 TOTALING \$15,835,184. OUR LENDING IMPACTED NONPROFIT ORGANIZATIONS WORKING IN HEALTH CARE, HUMAN SERVICES, ARTS AND HUMANITIES, CHARTER

4c (Code: ) (Expenses \$ 1,633,631. including grants of \$ 1,313,593. ) (Revenue \$ 112,193. ) FISCAL SPONSORSHIP: PROPEL NONPROFITS FISCAL SPONSORSHIP PROGRAM SUPPORTS EMERGING NONPROFIT ORGANIZATIONS AND PROJECTS THAT ADVANCE CHARITABLE CAUSES AND UPLIFT THEIR COMMUNITIES. WE PROVIDE RESOURCES, CONSULTING, TECHNICAL ASSISTANCE, AND THE ABILITY TO ACCEPT DONATIONS TO OUR FISCALLY SPONSORED PARTNERS, ESPECIALLY THOSE FROM HISTORICALLY EXCLUDED GROUPS. -53 FISCALLY SPONSORED PROJECTS IN FY24 -\$1,499,695 RAISED BY/FOR CLIENTS IN FY24 -72% BIPOC-LED -11% GREATER MINNESOTA

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,936,752. including grants of \$ 339,403. ) (Revenue \$ 162,776. )

4e Total program service expenses 8,645,202.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and noncash contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ELLIE O'BRIEN - (612) 249-6665
1 SE MAIN STREET 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATE BARR PRESIDENT AND CEO	40.00			X			199,825.	0.	27,956.	
(2) ELLIE O'BRIEN VICE PRESIDENT & CFO	40.00			X			123,554.	0.	30,338.	
(3) GARRETT BACKES CHIEF ADVANCEMENT OFFICER	40.00			X			108,280.	0.	27,084.	
(4) MARIO HERNANDEZ DIRECTOR OF STRATEGIC SERVICES	40.00					X	107,255.	0.	13,815.	
(5) JONATHAN BROWN CHIEF PROGRAM OFFICER	40.00			X			99,049.	0.	20,650.	
(6) HENRY JIMENEZ PRESIDENT	40.00			X			0.	0.	0.	
(7) SARAH CLYNE CHAIR	3.00	X		X			0.	0.	0.	
(8) SCOTT MARQUARDT VICE CHAIR	3.00	X		X			0.	0.	0.	
(9) SEAN KERSHAW PAST CHAIR	3.00	X		X			0.	0.	0.	
(10) DAVID MITCHELL TREASURER	3.00	X		X			0.	0.	0.	
(11) PAUL BABCOCK SECRETARY	3.00	X		X			0.	0.	0.	
(12) JEAN ADAMS DIRECTOR	2.00	X					0.	0.	0.	
(13) THOMAS ADAMS DIRECTOR	2.00	X					0.	0.	0.	
(14) GEMA ALVARADO-GUERRERO DIRECTOR	2.00	X					0.	0.	0.	
(15) HEIDI CHRISTIANSON DIRECTOR	2.00	X					0.	0.	0.	
(16) COURTNEY COLBY DIRECTOR	2.00	X					0.	0.	0.	
(17) BRAD KRUSE DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TAMARA LOWNEY DIRECTOR	2.00	X						0.	0.	0.
(19) SONY MALHOTRA DIRECTOR	2.00	X						0.	0.	0.
(20) PATTY PANNUK DIRECTOR	2.00	X						0.	0.	0.
(21) SOOK JIN ONG DIRECTOR	2.00	X						0.	0.	0.
(22) SANJEEV SHAH DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								637,963.	0.	119,843.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								637,963.	0.	119,843.

**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 4

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	2,239,660.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,120,964.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		5,360,624.			
Program Service Revenue	<b>2 a</b>	LOAN INTEREST REVENUE	Business Code				
			522200	1,716,491.	1,716,491.		
	<b>b</b>	CLIENT FEE AND CONTRAC	541900	826,567.	826,567.		
	<b>c</b>	WORKSHOP AND TRAINING	522200	133,051.	133,051.		
	<b>d</b>	LOAN FEE REVENUE	522200	83,439.	83,439.		
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		2,759,548.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		515,028.		515,028.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>				
	<b>d</b>	Net gain or (loss) .....					
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....		900099	1.	1.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			1.		
<b>12</b>	<b>Total revenue.</b> See instructions .....		8,635,201.	2,759,548.	0.	515,029.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,957,470.	3,957,470.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	721,342.	243,461.	330,280.	147,601.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,228,832.	1,796,075.	407,222.	25,535.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	111,442.	89,804.	20,361.	1,277.
<b>9</b> Other employee benefits .....	356,858.	277,728.	74,983.	4,147.
<b>10</b> Payroll taxes .....	232,232.	163,523.	56,579.	12,130.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	13,964.		13,964.	
<b>c</b> Accounting .....	30,001.		30,001.	
<b>d</b> Lobbying .....	23,333.		23,333.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	898,274.	745,327.	101,614.	51,333.
<b>12</b> Advertising and promotion .....	21,958.	20,393.	156.	1,409.
<b>13</b> Office expenses .....	96,724.	42,005.	52,864.	1,855.
<b>14</b> Information technology .....	262,374.	200,699.	50,212.	11,463.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	320,927.	237,276.	68,215.	15,436.
<b>17</b> Travel .....	27,494.	21,248.	5,882.	364.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	55,678.	20,637.	31,601.	3,440.
<b>20</b> Interest .....	619,864.	619,864.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROVISION FOR LLR	202,992.	202,992.		
<b>b</b> OTHER FILING AND FEE EX	6,957.	6,700.	257.	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,188,716.	8,645,202.	1,267,524.	275,990.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,667,883.	<b>1</b>	2,538,508.
	<b>2</b> Savings and temporary cash investments .....	10,799,999.	<b>2</b>	10,856,954.
	<b>3</b> Pledges and grants receivable, net .....	603,875.	<b>3</b>	1,158,956.
	<b>4</b> Accounts receivable, net .....	322,049.	<b>4</b>	571,609.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	29,256,025.	<b>7</b>	33,434,884.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	107,130.	<b>9</b>	139,435.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,191,973.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 798,528.	496,154.	<b>10c</b> 393,445.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,045,701.	<b>15</b>	838,088.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	44,298,816.	<b>16</b>	49,931,879.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	651,875.	<b>17</b>	840,326.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	11,417.	<b>19</b>	4,999,207.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	606,289.	<b>21</b>	343,235.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	22,333,445.	<b>24</b>	25,369,798.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,468,755.	<b>25</b>	1,705,793.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,071,781.	<b>26</b>	33,258,359.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	13,184,466.	<b>27</b>	14,121,716.
	<b>28</b> Net assets with donor restrictions .....	5,042,569.	<b>28</b>	2,551,804.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	18,227,035.	<b>32</b>	16,673,520.
<b>33</b> Total liabilities and net assets/fund balances .....	44,298,816.	<b>33</b>	49,931,879.	

Form **990** (2023)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,635,201.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,188,716.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,553,515.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	18,227,035.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	16,673,520.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

<b>Name of the organization</b>	<b>Employer identification number</b>
PROPEL NONPROFITS	41-1916337

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,703,358.	6,246,500.	12,415,603.	6,939,034.	5,360,624.	36,665,119.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5,703,358.	6,246,500.	12,415,603.	6,939,034.	5,360,624.	36,665,119.
<b>5</b> 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) .....						9,753,834.
<b>6 Public support.</b> Subtract line 5 from line 4.						26,911,285.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	5,703,358.	6,246,500.	12,415,603.	6,939,034.	5,360,624.	36,665,119.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	80,433.	15,487.	20,570.	147,712.	515,028.	779,230.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					1.	1.
<b>11 Total support.</b> Add lines 7 through 10						37,444,350.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,697,913.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	71.87 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	73.45 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

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

Schedule A (Form 990) 2023

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2023 AMOUNT: \$ 1.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

PROPEL NONPROFITS

Employer identification number

41-1916337

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization  PROPEL NONPROFITS	Employer identification number  41-1916337
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 983,611.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 554,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 640,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 460,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 171,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  PROPEL NONPROFITS	Employer identification number  41-1916337
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 142,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 131,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  PROPEL NONPROFITS	Employer identification number  41-1916337
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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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization  PROPEL NONPROFITS	Employer identification number  41-1916337
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>PROPEL NONPROFITS</b>	Employer identification number <b>41-1916337</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		23,333.
<b>j</b> Total. Add lines 1c through 1i .....			23,333.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

HIRED A CONSULTANT TO ASSIST WITH AN APPROPRIATION REQUEST IN THE LAST

LEGISLATIVE SESSION. THE APPROPRIATION REQUEST WAS A REQUEST FOR A

GRANT TO USE FOR A MICROLOAN CAPITAL PROGRAM TO PROVIDE ASSISTANCE TO

ORGANIZATIONS THAT PRIMARILY SERVE HISTORICALLY UNDERSERVED

COMMUNITIES.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

<b>Name of the organization</b> PROPEL NONPROFITS	<b>Employer identification number</b> 41-1916337
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**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 area  
 Protection of natural habitat     Preservation of a certified historic structure  
 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 last day of the tax year.

	Held at the End of the Tax 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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  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 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 990) 2023

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		628,358.	390,524.	237,834.
d Equipment		447,977.	402,500.	45,477.
e Other		115,638.	5,504.	110,134.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				393,445.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LOAN FORGIVENESS	654,375.
(3) ROU LEASE LIABILITY	1,051,418.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,705,793.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	8,635,201.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	8,635,201.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	8,635,201.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	10,188,716.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	10,188,716.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	10,188,716.

**Part XIII Supplemental Information**

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

PART IV, LINE 2B:

THE COMBINED ORGANIZATION ACTS AS A FISCAL SPONSOR TO EMERGING PROJECTS

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

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

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

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

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

STRATEGY TO ACCOMPLISH THEIR MISSION. PROPEL NONPROFITS ACCEPTS CHARITABLE

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

TREATED AS CONTRIBUTIONS WITH DONOR RESTRICTIONS WHEN RECEIVED BY PROPEL

NONPROFITS. THESE FUNDS ARE RELEASED FROM RESTRICTION AS PROPEL NONPROFITS

IN TURN GRANTS THEM TO THE FISCALLY SPONSORED RECIPIENTS. PROPEL



**Part XIII** Supplemental Information (continued)

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

PART X, LINE 2:

PROPEL 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
826 MSP 1915 E 22ND ST. MINNEAPOLIS, MN 55404	27-1372442	501C3	16,465.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
AANJICHIGENG 315 NORTH LAKE AVE DULUTH, MN 55806	93-3856932		105,125.	0.	N/A	N/A	FISCAL SPONSORSHIP, SEEDING CULTURAL TREASURES, EMERGING NONPROFITS
AFRICAN AMERICAN REGISTRY PO BOX 19441 MINNEAPOLIS, MN 55419	01-0787894	501C3	22,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
ALLIANCE OF CHICANOS, HISPANICS, AND LATIN AMERICANS - 315 ELTON HILLS DR. NW SUITE 202 - ROCHESTER, MN 55901	43-2058621	501C3	8,948.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
ALLIANCE OF EARLY CHILDHOOD PROFESSIONALS - 1308 EAST FRANKLIN AVE., SUITE 126 - MINNEAPOLIS, MN 55404	41-1794564	501C3	40,392.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
ANANYA DANCE THEATER 2941 37TH AV S MINNEAPOLIS, MN 55406	20-4261878	501C3	9,040.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **79.**

**3** Enter total number of other organizations listed in the line 1 table ..... **14.**

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BASIC NEEDS 3333 NORTH 4TH STREET MINNEAPOLIS, MN 55412	41-1995156	501C3	17,739.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
BEAR PAWS CULTURAL ART 40987 WILDLIFE ROAD HINCKLEY, MN 55037	93-1755170	501C3	50,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
BELIEVE IN WHAT'S POSSIBLE 3001 BROADWAY STREET NE, SUITE 330 MINNEAPOLIS, MN 55413	93-4183023		11,825.	0.	N/A	N/A	FISCAL SPONSORSHIP
BLACK BUTTERFLY WOMEN'S SERVICES 5716 36TH AVE NORTH CRYSTAL, MN 55422	87-2231784	501C3	7,350.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
BLCK PRESS CENTER FOR BROADCAST JOURNALISM - 370 WABASHA ST. N. - SAINT PAUL, MN 55104	92-0429167	501C3	50,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
BRIDGEMAKERS 825 WASHINGTON AVE SE #200 MINNEAPOLIS, MN 55414	85-4214217	501C3	521,308.	0.	N/A	N/A	FISCAL SPONSORSHIP
CENTRE FOR COMMUNITY RESOURCES 2104 PARK AVE., STE 4 MINNEAPOLIS, MN 55404-6607	86-3445561	501C3	19,036.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
COMMUNITY PARTNERSHIP COLLABORATIVE 2.0 - 3210 OLIVER AVE NORTH - MINNEAPOLIS, MN 55412	82-0652224	501C3	21,709.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
CORNER HOUSE 2502 10TH AVE. S. MINNEAPOLIS, MN 55404	41-1640731	501C3	75,000.	0.	N/A	N/A	RECOVERY CAPITAL LOAN PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURA FOUNDATION 13350 TIMBER CREST DR. MAPLE GROVE, MN 55311-3332	85-4263441	501C3	12,842.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
DAKHOTA IAPI OKHODAKICHIYE PO BOX 548 OSSEO, MN 55369	46-3946313	501C3	16,737.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
DEPARTMENT OF PUBLIC TRANSFORMATION - 726 PRENTICE ST., PO BOX 163 - GRANITE FALLS, MN 56241	83-0770235	501C3	70,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
DIVINE KONNECTIONS 2122 WOODLAND AVE DULUTH, MN 55803	85-0808588	501C3	21,979.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
DULUTH ART INSTITUTE 506 WEST MICHIGAN STREET DULUTH, MN 55802	41-0945449	501C3	70,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
EAST AFRICAN INTEGRATION CENTER 1909 NICOLLET AVE MINNEAPOLIS, MN 55403	84-3662286	501C3	10,518.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
EAST METRO CIVIC ALLIANCE 1505 BURNS AVE. SAINT PAUL, MN 55106	05-0631017	501C3	10,992.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
EAST SIDE FREEDOM LIBRARY 1105 GREENBRIER ST. SAINT PAUL, MN 55106-2501	46-3794535	501C3	19,374.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
EAST SIDE NEIGHBORHOOD DEVELOPMENT COMPANY - 925 PAYNE AVE SUITE 201 - SAINT PAUL, MN 55130	41-1367503	501C3	5,448.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXPOSED BRICK THEATRE 586 EUSTIS STREET ST. PAUL, MN 55104	20-1944288	501C3	40,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
FIELD OF DREAMS EMPOWERMENT CENTER 16141 HOMINY CT LAKEVILLE, MN 55044	47-5018702	501C3	12,100.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
FOOD FOR THE PEOPLE 3441 ALDRICH AVE. S., APT 2 MINNEAPOLIS, MN 55408-4143	87-4645309		9,794.	0.	N/A	N/A	FISCAL SPONSORSHIP
FOSTER ADVOCATES 1425 MINNEHAHA AVE E., #600-761 SAINT PAUL, MN 55106	82-5411160	501C3	10,000.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
FROGTOWN GREEN 843 VANBUREN AVE ST. PAUL, MN 55104	71-0969337		42,000.	0.	N/A	N/A	FISCAL SPONSORSHIP
GLOBAL SHAPERS MINNEAPOLIS 3100 LONGFELLOW AVE MINNEAPOLIS, MN 55407-3809	29-6076152		11,000.	0.	N/A	N/A	FISCAL SPONSORSHIP
GOOD TROUBLE 825 WASHINGTON AVE SE #200 MINNEAPOLIS, MN 55414	93-3026804		63,600.	0.	N/A	N/A	FISCAL SPONSORSHIP
GREATER MINNESOTA WORKER CENTER 44 28TH AVE N., STE A SAINT CLOUD, MN 56303	46-3874287	501C3	10,692.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
GREEN CARD VOICES 2611 1ST AVE S MINNEAPOLIS, MN 55408	46-3753490	501C3	11,000.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HMONG EARLY CHILDHOOD COALITION 724 BIELENBERG DRIVE SUITE 6 WOODBURY, MN 55125	83-1217023	501C3	38,043.	0.	N/A	N/A	FISCAL SPONSORSHIP
IN BLACK INK 938 SELBY AVE SAINT PAUL, MN 55428	82-4012406	501C3	70,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
IN PROGRESS 213 FRONT AVE SAINT PAUL, MN 55117	41-1603279	501C3	5,978.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
INDIGENOUS ROOTS 788 EAST 7TH STREET SAINT PAUL, MN 55106	47-4492457	501C3	75,000.	0.	N/A	N/A	RECOVERY CAPITAL LOAN PROGRAM
INTERNAL HOUSING ASSISTANT 600 8TH AVE N # 3 SAINT CLOUD, MN 56303	86-1628253	501C3	10,400.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
IRAQI AND AMERICAN RECONCILIATION PROJECT - 2021 E. HENNEPIN AVE., SUITE 200 - MINNEAPOLIS, MN 55413	26-0545027	501C3	14,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
IT'S OUR NEIGHBORHOOD, INC. 511 UNIVERSITY AVENUE WEST SAINT PAUL, MN 55103	82-4672235	501C3	23,687.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
JAPAN AMERICA SOCIETY OF MINNESOTA 2700 LOUISIANA AVE S., #26639 MINNEAPOLIS, MN 55426	23-7259977	501C3	7,101.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
JOURNIE INC. 12 ELTON HILLS DR NW ROCHESTER, MN 55901	92-3778395		14,600.	0.	N/A	N/A	FISCAL SPONSORSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUGAAD LEADERSHIP PROGRAM 22 WILSON AVE NE, STE 209 SAINT CLOUD, MN 56302	84-4144267	501C3	10,203.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
KAREN FOOTBALL ASSOCIATION 1772 EAST SHORE DR. MAPLEWOOD, MN 55109	83-3829546	501C3	13,795.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
KATHA DANCE THEATRE 5444 ORCHARD LANE NORTH CRYSTAL, MN 55429	36-3557119	501C3	27,940.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM, SEEDING CULTURAL TREASURES
LEECH LAKE FINANCIAL SERVICES 113 SPRUCE AVE NE CASS LAKE, MN 56633	46-2579700	501C3	29,002.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
LISTEN UP! YOUTH RADIO 550 VANDALIA STREET., SUITE 170 SAINT PAUL, MN 55114	86-1623276	501C3	65,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
LIVED EXPERIENCE ADVOCACY NETWORK 2881 IRVING AVE S. #305 MINNEAPOLIS, MN 55408	93-2669653		10,915.	0.	N/A	N/A	FISCAL SPONSORSHIP
LORING COLLECTIVE 1516 W LAKE ST STE 105 MINNEAPOLIS, MN 55408-6600	84-4233302	501C3	5,959.	0.	N/A	N/A	FISCAL SPONSORSHIP
LOVELY'S SEWING & ARTS COLLECTIVE 121 WASHINGTON AVENUE NORTH MINNEAPOLIS, MN 55401-2503	47-5656989	501C3	11,564.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
MAN UP CLUB, THE 60 S. SIXTH ST., SUITE 2800 MINNEAPOLIS, MN 55411	30-0992742	501C3	14,546.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANIDOO OGITIGAAN 102 FIRST STREET W., #110 BEMIDJI, MN 56601	82-4771865	501C3	83,128.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM, SEEDING CULTURAL TREASURES
MARKET ENTRY FUND 1136 GRAND AVE., STE 300 ST. PAUL, MN 55105	83-4587871	501C3	48,826.	0.	N/A	N/A	FISCAL SPONSORSHIP
MEMORIALIZE THE MOVEMENT 3140 SNELLING AVE MINNEAPOLIS, MN 55406	86-3217004		79,805.	0.	N/A	N/A	FISCAL SPONSORSHIP
METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS - 3137 CHICAGO AVE - MINNEAPOLIS, MN 55407	41-1658654	501C3	19,891.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
MEWINZHA ONDAADIZIIKE WIIGAMING 802 PAUL BUNYAN DRIVE SUITE 13 BEMIDJI, MN 56601	46-2523191	501C3	12,181.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
MIDWEST INDIGENOUS IMMERSION NETWORK - 10660 N RIVERSIDE RD - HAYWARD, WI 54843	87-3561796	501C3	70,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
MINNESOTA COMPUTERS FOR SCHOOLS 504 MALCOLM AVE SE., STE 100 MINNEAPOLIS, MN 55414-3354	20-1776702	50C13	32,500.	0.	N/A	N/A	RECOVERY CAPITAL LOAN PROGRAM
MINNESOTA DEAF MUSLIM COMMUNITY (MDMC) - 1821 UNIVERSITY AVE W., STE 352 - ST. PAUL, MN 55104	46-4178304	501C3	5,035.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
MINNESOTA OVERDOSE AWARENESS 7766 NE HWY 65 SPRING LAKE PARK, MN 55432	32-0693104	501C3	18,304.	0.	N/A	N/A	FISCAL SPONSORSHIP

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA SEEDS OF JUSTICE 2150 CASTLEWOOD DRIVE WORTHINGTON, MN 56187	92-3322961	501C3	50,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
MINNESOTANS FOR THE AMERICAN COMMUNITY SURVEY - 4517 TOWER ST - EDINA, MN 55424	88-1693769		147,972.	0.	N/A	N/A	FISCAL SPONSORSHIP
MN8 550 RICE ST SAINT PAUL, MN 55103	86-3702657	501C3	23,047.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
NEOMURALISMOS DE MEXICO 1848 7TH ST W SAINT PAUL, MN 55116	88-3067866	501C3	50,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
NEW ARAB AMERICAN THEATER WORKS 1011 WASHINGTON AVE S. #308 MINNEAPOLIS, MN 55415	81-2799048	501C3	12,591.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
NEW ROOTS MIDWEST 1132 28TH AVENUE SOUTH MOORHEAD, MN 56560	92-2762511	501C3	23,975.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
NONPROFIT FINANCIAL COMMONS 1 SE MAIN ST., STE 600 MINNEAPOLIS, MN 55414	88-3768867	501C3	339,403.	0.	N/A	N/A	FINANCIAL COMMONS
ONECOMMUNITY ALLIANCE 3333 W. DIVISION ST., SUITE 112 SAINT CLOUD, MN 56301	84-4225111	501C3	8,078.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
ONEMINNESOTA.ORG 2112 RUSSELL AVE NORTH MINNEAPOLIS, MN 55411	81-2392014		10,175.	0.	N/A	N/A	FISCAL SPONSORSHIP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORGANIZATION OF LIBERIANS IN MINNESOTA - 7001 78TH AVE N., SUITE 200 - BROOKLYN PARK, MN 55445	41-1764368	501C3	11,261.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
OUR STREETS MINNEAPOLIS 701 N 3RD STREET #001A MINNEAPOLIS, MN 55401	27-1539442	501C3	37,777.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
PHUMULANI MINNESOTA AFRICAN WOMEN AGAINST VIOLENCE - 121 WASHINGTON AVENUE NORTH, 4TH FLOOR - MINNEAPOLIS, MN 55401	81-3885346	501C3	10,646.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
RACING MAGPIE - WATERERS 801 EAST SAINT ANDREW ST. RAPID CITY, SD 57701	83-4658072	50C13	215,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
REVIVING THE ISLAMIC SISTERHOOD FOR EMPOWERMENT - 1007 WEST BROADWAY AVENUE - MINNEAPOLIS, MN 55411	81-1236990	501C3	9,326.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
ROAD TO CHANGE, THE 2110 NICOLLET AVE S. MINNEAPOLIS, MN 55404	87-3933205	501C3	70,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
ROCHESTER AREA FOUNDATION 12 ELTON HILLS DRIVE NW ROCHESTER, MN 55901	41-6017740	501C3	50,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
ROOTS FOR THE HOME TEAM 570 WABASHA ST. FLOOR 12 SAINT PAUL, MN 55102	46-2184817	501C3	21,168.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
SACRED BUNDLE, INC. 66624 162ND ST. NW CASS LAKE, MN 56633	81-2358243		70,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PAUL NEIGHBORHOOD NETWORK 550 VANDALIA STREET, SUITE 170 ST. PAUL, MN 55105	41-1500773	501C3	37,500.	0.	N/A	N/A	RECOVERY CAPITAL LOAN PROGRAM
SERPENTINA ARTS 3733 16TH AVE S. MINNEAPOLIS, MN 55407-2803	92-0725875	501C3	30,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
SOMALI AMERICAN FARMERS ASSOCIATION - 2276 E LAKE JESSIE RD SE - ALEXANDRIA, MN 56308	85-0540699	501C3	26,000.	0.	N/A	N/A	FISCAL SPONSORSHIP
SOMALI MUSEUM OF MINNESOTA 1516 E LAKE ST., STE 11 MINNEAPOLIS, MN 55407-2356	46-2821976	501C3	11,129.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
SPARK EDUCATION PO BOX 4232 ST. PAUL, MN 55104-0232	88-4330468		161,670.	0.	N/A	N/A	FISCAL SPONSORSHIP
SPRINGBOARD FOR THE ARTS 262 UNIVERSITY AVENUE WEST ST. PAUL, MN 55103	41-1690483	501C3	30,860.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM, SEEDING CULTURAL TREASURES
SUKOON HEALING OF THE MINDS 117 121ST AVE NE BLAINE, MN 55434	83-4079243	501C3	15,025.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
SWEET POTATO COMFORT PIE 7200 DULUTH STREET GOLDEN VALLEY, MN 55427	84-4657505	501C3	8,750.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
TAIKOARTS MIDWEST 3949 13TH AVE S MINNEAPOLIS, MN 55407	81-2475404	501C3	14,000.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JK MOVEMENT 631 UNIVERSITY AVENUE ST. PAUL, MN 55104	45-5052650	501C3	25,000.	0.	N/A	N/A	RECOVERY CAPITAL LOAN PROGRAM
TWIN CITIES MEDIA ALLIANCE 2525 E. FRANKLIN AVE, SUITE #250 MINNEAPOLIS, MN 55406	42-1670009	501C3	9,057.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM
TWIN CITIES MUSSAR 4255 QUENTIN AVE MINNEAPOLIS, MN 55416-3234	92-3975886		27,522.	0.	N/A	N/A	FISCAL SPONSORSHIP
URBAN LEAGUE TWIN CITIES 2100 PLYMOUTH AVE. N. MINNEAPOLIS, MN 55411	41-0706915	501C3	37,500.	0.	N/A	N/A	RECOVERY CAPITAL LOAN PROGRAM
VICTORIA THEATER ARTS CENTER 1430 CONCORDIA BOX 40373 SAINT PAUL, MN 55104	81-4501500	501C3	50,000.	0.	N/A	N/A	SEEDING CULTURAL TREASURES
WE RESOLVE 2800 RUSTIC PLACE, SUITE 221 LITTLE CANADA, MN 55117	86-2267451	501C3	11,311.	0.	N/A	N/A	NONPROFIT INFRASTRUCTURE GRANT PROGRAM

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

PROPEL NONPROFITS MAKES GRANTS TO LENDING, FISCAL SPONSORSHIP, TRAINING,  
AND CAPACITY BUILDING INITIATIVE CLIENTS. CLIENTS MUST APPLY AND ARE VETTED  
PRIOR TO ACCEPTANCE INTO THESE PROGRAMS. ALL GRANTEEES MUST ACTIVELY  
PARTICIPATE IN THE PROGRAM, ATTEND REQUIRED MEETINGS AND TRAININGS, AND  
MEET MINIMUM PROGRAMMATIC AND FINANCIAL THRESHOLDS. STAFF ARE IN REGULAR  
CONTACT WITH GRANTEEES BY PROVIDING ONGOING SUPPORT AND MONITORING GRANTEE  
PROGRESS AND, AS NECESSARY, FINANCIAL COMPLIANCE WITH RELEVANT GRANT  
PROGRAM. PROGRAM ACTIVITIES INCLUDE A WIDE VARIETY OF OFFERINGS, SUCH AS:

**Part IV Supplemental Information**

SUPPORT FOR ORGANIZATIONAL REQUIREMENTS DURING ONBOARDING; ACCESS TO FREE

OR DISCOUNTED TRAINING; GUIDANCE ON FINANCIAL MANAGEMENT, GOVERNANCE, AND

STRATEGY; FREE OR DISCOUNTED CONSULTING SERVICES; INVITATIONS TO

PARTICIPATE IN PEER LEARNING; AND TECHNICAL ASSISTANCE PROVIDED BY PROPEL

NONPROFITS STAFF.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

PROPEL NONPROFITS

Employer identification number

41-1916337

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATE BARR PRESIDENT AND CEO	(i)	199,825.	0.	0.	10,232.	17,724.	227,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLIE O'BRIEN VICE PRESIDENT & CFO	(i)	123,554.	0.	0.	6,622.	23,716.	153,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

PROPEL NONPROFITS

Employer identification number

41-1916337

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUILD FINANCIAL HEALTH, CLEAR STRATEGY, AND STRONG GOVERNANCE

PRACTICES. WE PROVIDE EXPERT KNOWLEDGE, GUIDANCE, AND INSIGHT FOR

NONPROFITS ABOUT GOVERNANCE, PLANNING, FINANCIAL STRATEGY, AND

SUSTAINABILITY. WE CONSULT AND GUIDE ON STRATEGY, ORGANIZATIONAL

STRUCTURE AND FINANCIAL PLANS, STRATEGIC ALLIANCES, AND GOVERNANCE. WE

OFFER NONPROFIT ACCOUNTING SERVICES AND FINANCIAL SYSTEMS REVIEW. WE

PROVIDE FISCAL SPONSORSHIP AND SUPPORT FOR EMERGING ORGANIZATIONS AND

COLLABORATIONS.

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

INITIATIVE 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:

SCHOOLS, COMMUNITY DEVELOPMENT, AFFORDABLE HOUSING, AND MORE. BY

PARTNERING WITH OTHER CAPITAL PROVIDERS, WE ALSO LEVERAGED ADDITIONAL

FUNDS OF \$17.1 MILLION INTO THE COMMUNITY.

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

TRAINING, GUIDANCE, AND KNOWLEDGE SHARING:

PROPEL NONPROFITS PROVIDES ONGOING TRAINING, AND TECHNICAL ASSISTANCE

ON TOPICS RANGING FROM FINANCIAL MANAGEMENT, ACCOUNTING, GOVERNANCE,

NONPROFIT BUSINESS MODELS, AND SOCIAL ENTERPRISE.

IN FY24 PROPEL PRESENTED A TOTAL OF 107 TRAININGS TO 4,029

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

-40 GOVERNANCE TRAININGS

-54 FINANCES TRAININGS

-4 COMBINED TRAININGS

-9 CUSTOM TRAININGS

IN FY24 THERE WERE 71 LEADERS CIRCLES PARTICIPANTS; 70 BOARD CONNECTOR

LISTINGS AND 94 BOARD MEMBER CONNECTIONS MADE.

EXPENSES \$ 912,822. INCLUDING GRANTS OF \$ 339,403. REVENUE \$ 162,776.

STRATEGIC SERVICES AND ACCOUNTING/FINANCE SERVICES

EXPENSES \$ 1,023,930. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE OFFICERS AND ANY

ADDITIONAL DIRECTORS DESIGNATED BY THE BOARD OF DIRECTORS. THE EXECUTIVE

COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE

MANAGEMENT OF THE BUSINESS OF THIS CORPORATION IN THE INTERVAL BETWEEN

MEETINGS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL AT ALL

TIMES BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF DIRECTORS.

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

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

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 15:

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.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

PROPEL NONPROFITS MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE TO ANYONE UPON REQUEST. PROPEL NONPROFITS' GOVERNING

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

PROPEL NONPROFITS FINANCIAL STATEMENTS, ANNUAL REPORTS, AND QUARTERLY

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

NONPROFITS FINANCIAL STATEMENTS INCLUDE ITS AUDITED FINANCIAL STATEMENTS,

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

ATTACHMENTS.