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

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OCT 1, 2022 and ending 2023 A For the 2022 calendar year, or tax year beginning

<b>B</b> c	heck if pplicable	Community Action Partnership of Ramsey		D Employe	er identifica	ation number		
	_ chang ¬Name	and washington Counties		11_	088344	3		
$\vdash$	_chang	~	Room/suite			3	_	
$\vdash$	_ return  Fiṇal	150 N Syndicate Street	NUUIII/Suite	E Telephone number 651-645-6445				
	⊐return/ termin ated			G Gross recei		35,964,966	5.	
	Ameno			H(a) Is this			<u> </u>	
	Applic	<u> </u>		ī	oordinates?		40	
	pendir	same as C above					No	
ΙT	ax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	1		ist. See instructions		
J۷	Vebsit	te: www.caprw.org		H(c) Group	exemption	number		
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation:	1965 <mark>м</mark>	State of legal domicile:	ΜN	
Pa	ırt I	Summary						
a)		Briefly describe the organization's mission or most significant activities: <u>Invest</u>	st in	<u>people</u>	exper	<u>iencing</u>		
Activities & Governance		poverty to build general prosperity.						
ž	l	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of	its net asse			
Š	l .	Number of voting members of the governing body (Part VI, line 1a)					14	
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)				4	14	
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)					94	
₹	ı	Total number of volunteers (estimate if necessary)			1_ 1		) •	
Ä	l	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11					<u>)                                    </u>	
	<u> </u>	Net unrelated business taxable income nonitrolling 990-1, Fait I, line 11		Prior Ye		Current Year	<u>, •</u>	
	8	Contributions and grants (Part VIII, line 1h)		46,706		33,441,073	3.	
ne	l	Program service revenue (Part VIII, line 2g)		1,164		1,886,562		
Revenue	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		•	0.	148		
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,896.	-11,949	€.	
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47,935		35,315,834		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		17,625	<u>,403.</u>	3,006,21	<u> 5 .</u>	
	l .	Benefits paid to or for members (Part IX, column (A), line 4)			0.	<u> </u>	<u>) .</u>	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		21,129		22,542,804		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		<u>.</u>	
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0 004	407	0 050 07	_	
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,894 48,649		9,858,973 35,407,993		
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			,578.	-92,15		
ze S		Revenue less expenses. Subtract line 18 from line 12		ginning of Cur		End of Year	•	
Assets of Balance	20	Total assets (Part X, line 16)	<u> </u>	10,617		10,254,303	_	
Ass. Bal	21	Total liabilities (Part X, line 26)		5,099		4,827,983		
≓.et	1	Net assets or fund balances. Subtract line 21 from line 20		5,518		5,426,320		
Pa	rt II	Signature Block	•					
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the	best of my l	knowledge and belief, it i	s	
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowl	edge.			
Sigi		Signature of officer		Date	е			
Her	е	Sonia Gass, Executive Director						
		Type or print name and title	Tr	Data				
	1	Print/Type preparer's name Preparer's signature	1	Date	Check if	PTIN		
Paid		Joseph Wallis, CPA Joseph Wallis, C	PA 0	8/14/2				
	arer	Firm's name Abdo LLP Firm's address 5201 Eden Ave, Ste 250		Firn	n's EIN 41	L-1397 <b>4</b> 19		
บรย	Only	Firm's address 5201 Eden Ave, Ste 250 Edina, MN 55436		Dha	,,, ,, Q F ?	2.835.9090		
May	the I	RS discuss this return with the preparer shown above? See instructions		I PNO	1110 110. J J Z		No	
viav	1110 11	TO GISCUSS THIS TELLITI WITH THE DIEDRIEF SHOWIT ADDVE! SEE HISH GUIDINS				144 153 1 1		

4d Other program services (Describe on Schedule O.)

5,582,273. including grants of \$ 2,107,057.) (Revenue \$

33,053,722. Total program service expenses

Form 990 (2022)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		_		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		
.5		18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		<del></del>
19	,	40		х
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ہے ا	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

22 X  23 Dd the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Trey", complete Schedule Is, Part I and III and				Yes	No
23 Did the organization answer "Nes" to Part VII, Section A, Iira 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "#"Yes," complete Schedule U.  24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that value sissued after December 31, 2002? "#"Yes," "answer lines 25 through 724 and complete Schedule K. If "No," go to line 25a  25 Did the organization maintain an escrow account of the than a refunding secrow at any time during the year to defease any tax exempt bonds?  26 Did the organization amaritain an escrow account of the than a refunding secrow at any time during the year to defease any tax exempt bonds?  26 Did the organization as an "no health off issuer for bonds outstanding at any time during the year to defease any tax exempt bonds?  27 Did the organization as an "no health off issuer for bonds outstanding at any time during the year?  28 Section 91(03), 901(04)4, and 901(0/89) organizations. Did the organization so benefit transaction have that a depagaded in an excess benefit transaction with a disquisited person during the year?  28 Section 91(03), 901(04)4, and 901(0/89) organizations. Did the organization so benefit transaction has not been reported on any of the organizations prior Forms 990 or 990 EZ? If "Yes," complete Schedule L. Part II  29 Did the organization appet any amount on Part X, tim 5 or 22 for reconsulate from or papatibles to any current or former officer, director, bustee, key employee, creator or founder, substantial contributor?  29 Did the organization provide a part or other assistance to any current or former officer, director, bustee, key employee, creator or founder, or substantial contributor?  29 Did the organization provide and provide a spart or other assistance to any current or former officer, director, bustee, key employee, creator or founder, or substantial contributor?	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directions, fustlesse, key employees, and highest compensated employees? If "Yee," compete Schedule I. Part IV.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yee," answer lines 240 through 24d and complete Schedule II. If "Yee," answer lines 240 through 24d and complete Schedule II. If "Yee," answer lines 240 through 24d and complete Compensation invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization minetal any anoscore account other than a rehunding secrew at any time during the year to defease any tax-exempt bonds?  25d Did the organization are accored account other than a rehunding secrew at any time during the year?  24d Did the organization are as an 'on behalf of issuer for bonds outstanding at any time during the year?  24d Did the organization are any and the organization should be a secret and the standard of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have the disqualified person in a prior year, and that the transaction have any the exportant part of the organization in a prior year, and that the transaction have the exportant of the organization with a disqualified person in a prior year, and that the transaction has not been personed in Yee, and the prior three, year, and that the transaction has not been personed and the transaction with a disqualified person in a prior year, and that the transaction are any amount on Part X, line 5 or 22, for receivables from or psyables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or any part or the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor?  25d Was the organization provide any part or the assistance to any current or former o		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
Schedule / Late day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization mixes any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization mixes any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization mixes any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization mixes any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization mixes and "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization axes that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I.  b Is the organization axes that it engaged in an excess benefit transaction has not been reported on any of the organization's pilor Forms 990 or 990-E27 // "Yes," complete Schedule I, Part I.  b Is the organization preport any amount on Part X, line 5 or 22, for reace/subjects from or psystelles to any current or forms officer, director, fustee, key employee. creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II.  25 Did the organization provide again or other assistance to any current or forms officer, director, fustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I, Part II.  28 Was the organization provide again or other assistance to any current or forms officer, director, fustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part II.  28 Was the organization invested again or other assistance to any current or forms officer, disponantial organization and the substance transaction with or officer, director, f	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yea," arrawer lines 24th through 24d and complete Schedule K. If "No.", "go to line 25a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stated day of the years, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a  b Did the organization meet any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 50(16)3, 501(04), and 501(0/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a Section 50(16)3, 501(04), and 501(0/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25b Is the organization aware that tengaged in an excess benefit transaction with a disqualified person along the state of the organization are provided on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II  25b Is the organization aware that tengaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's provide a grant or other assistance to any current or forms officer, director, trustee, key employee, creator or former officer, director, fustee, key employee, creator or former officer, director, fustee, key employee thereod, a grant selection committee member, or to a 39% controlled entity (including an employee threeod) or family member of any of these persons? If "Yes," complete Schedule L, Part IV  b A family including an employee threeod, or family member of any of these persons? If "Yes," complete Schedule L, Part IV  c A 395 complete Schedule L, Part IV  b A family included the proper or family including and exceptionns;  a A current or former officer, director, truste		Schedule J	23		X
Schedule K. If "No." po to line 25a	24a				
b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  24d 25a Section 501(c)(8), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I 25a X bit to disqualified person during the year? "Yes," complete Schedule L, Part I 25a X bit shows that the transaction has not been reported on any of the organization spore spore and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 20b dit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or, or 35% controlled entity or founder, substantial contributor, or 35% controlled entity or founder, substantial contributor or, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization aperture or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization aperture or substantial contributor? If "Yes," complete Schedule L, Part II 28 X 27 X 28 Was the organization receive contributions of any individual described in line 28a? If "Yes," complete Schedule L, Part II 28a X		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d 25a Saction 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I, Part I 25a X  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990 E27 if "Yes," complete Schedule I, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 27 X  28 Was the organization party to a business transaction with one of the following parties (See the Schedule I, Part II 27 X  28 Was the organization aparty to a business transaction with one of the following parties (See the Schedule I, Part II 27 X  28 Was the organization receive thereof of family member of any of these persons? If "Yes," complete Schedule I, Part II 27 X  28 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part II 28a X  C A 35% controlled entity of one or more individuals and organization secence or substantial contributors? If "Yes," complete Schedule I, Part II 28a X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part II 28a X  29 Did the organization of receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II 31 X  30 Did the organization			24a		<u> </u>
any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d   25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?   1'Yes, 'complete Schedule L, Part I   25a   X    25b   1s the organization aware that it engaged in an excess benefit ansaction with a disqualified person during the year?   1'Yes, 'complete Schedule L, Part I   25a   X    25b   25c   X   25c		•	24b		<del> </del>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  255 Section 501(2)(3), 501(4)(4), and 501(4)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I  25 b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Former 950 or 990E27 if "Yes," complete Schedule L, Part I  25 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Former 950 or 990E27 if "Yes," complete Schedule L, Part II  26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity fording an employee thereof) of anny member of any of these persons? If "Yes," complete Schedule L, Part II    27 Z  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV    28 Laurent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV    29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II    29 Did the organization legicidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II    29 Did the organization legicidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule II    29 Did the organization or	С				
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spice Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25b IX 25b ID the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 X 28 Was the organization applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 X 28 Was the organization and part to a business transaction with one of the following parties (see the Schedule L, Part IV 27 X 28 Was the organization of circctor, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 28 X 28 X X 28 X 29 D A A 53% controlled entity of one or more individuals and/or organization described in line 28a or 280° If Yes," complete Schedule L, Part IV 28 X 28 X X 29 D A A 25 X 25 D A A 25 X					<u> </u>
b is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25b   X  27b   Did the organization person and interest the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport from \$90 or 990-EZ? If "Yes," complete Schedule L, Part I  27c   Did the organization perot any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   26c   X  27c   Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III   27c   X  28d   Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III   27c   X  28d   Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III   27c   X  28d   A Standard or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part II   28a   X  29d   Did the organization feed or more individual sand/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part II   28b   X  29d   Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   29d   X  30d   Did the organization legicate terminate, or dissolve and cease operations? If "Yes," complete Schedule M   29d   X  31d   Did the organization one of partition of an entity disregarded as separate from the organization under Regulations sections 301,77012 and 301,77012 at 1975, "Sey," complete Schedule R, Part I   34d   X  32d   Did the organizati			24d		<del>                                     </del>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // 1/9es," complete Schedule L, Part I	25a				77
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I    25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // If "Yes," complete Schedule L, Part II    26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // If "Yes," complete Schedule L, Part IV.    28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.    28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV.    28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // */ **Yes," complete Schedule L, Part IV.    28 D A family member of any individual described in line 28a" // **Yes," complete Schedule L, Part IV.    28 Did the organization receive more than \$25,000 in non-cash contributions? // **Yes," complete Schedule M.    29 D X  29 Did the organization receive more than \$25,000 in non-cash contributions? // **Yes," complete Schedule N, Part I.    30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // **If Yes," complete Schedule N, Part I.    31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-32 m/ **If Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 2    32 Did the organization own 301,7701-37 m/ **If Yes," complete Schedule R, Pa			25a		<u> </u>
Schedule L, Part I   25b   X   2   2   2   2   2   2   2   2   2	b				
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Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28a X  5 A 55% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 X  31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization oven 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Was the organization van 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, Ill, or IV, and Part V, Illine 1  34 Was the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Illine 2  35 Did the organization on conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Illine 2  36 Section 501c(X) organizations. Did the organization make any transfers to an exempt non-charitable related organiz			07		v
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a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  32 Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization  and that is treated as a partnership for federal income tax purposes? If "Yes,"	20				
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	38				
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  1b 0  1c X	Pal				
1a     Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable     1a     362       b     Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1b     0       c     Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c     X		Uneck it Schedule U contains a response or note to any line in this Part V			<u> </u>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		5. "		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c X	_				
(gambling) winnings to prize winners?		Enter the Hamber of Fermi W Zer included on the fat. Enter of three applicable			
	С		10	x	
232004 12-13-22	23200/	12-13-22			(2022)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	419			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х	
За				За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		X
b				7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	 I _ :	 T	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d	•			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		xt?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		200	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received from the contribution of cars, boats, airplanes, or other vehicles, did the organizations are contributed from the contribution of cars, boats, airplanes, or other vehicles, did the organizations are contributed from the contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, air			7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	•		8		
9	Sponsoring organizations maintaining donor advised funds.			0		
а	Did the appropriate appropriation makes any toyonke distributions and a continue 10000			9a		
b	Did the control of th			9b		
10	Section 501(c)(7) organizations. Enter:			U.S		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	ı			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					₹7
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	16		X
4-	If "Yes," complete Form 4720, Schedule O.		_			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any action to the person engage in any action 4051, 4050 at 4050 at 4050.			4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form **990** (2022)

and Washington Counties

41-0883443

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 Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure MNList the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

55104

MN

Sonia Gass - 651-645-6445

450 N Syndicate Street, St Paul

#### Form 990 (2022) 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.

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

- 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.

(A)  Name and title	(B) Average			(( Pos	C) ition	)		(D)  Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
rane and the	hours per week	box	not c , unles cer an	ss per	rson i	s both	n an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Sonia E. Gass	40.00	1								
Executive Director	<del> </del>			Х				38,923.	0.	1,477.
(2) Nicole Frethem	2.50	l								
Board Chair		Х		Х				0.	0.	0.
(3) Luvidia Williams Vice Chair	1.00	х		x				0.	0.	0.
(4) Thomas Och	1.00	Α		^				0.	0.	· ·
Treasurer	1.00	Х		х				0.	0.	0.
(5) Jillian McAdams	1.50	^		_				0.	0.	<u> </u>
Secretary	1.50	Х		х				0.	0.	0.
(6) Chris Herme	1.00	† <del></del>								
Treasurer - former		x		x				0.	0.	0.
(7) Jessika Thomas-Powell	2.00	1								
Member-at-large		Х						0.	0.	0.
(8) Toni Carter	1.00									
Member		Х						0.	0.	0.
(9) Emma Corrie	1.00									
Member		Х						0.	0.	0.
(10) Curtis Johnson	1.00									
Member		Х						0.	0.	0.
(11) George Stone	2.00	<u> </u>								
Member		Х						0.	0.	0.
(12) LaToya Whitfield	1.00	]							_	_
Member		Х						0.	0.	0.
(13) Kasey Wiedrich	1.00	1								_
Member		Х						0.	0.	0.
(14) Mai Chong Xiong	1.00	1								_
Member		Х						0.	0.	0.
(15) Chai Lee	1.00	l								_
Member	1 00	Х			_	_	_	0.	0.	0.
(16) Kiara White	1.00	ļ							_	_
Member	1 00	Х				_		0.	0.	0.
(17) Karla Bigham	1.00	٠,							<b>^</b>	_
Member - former		X		<u> </u>	<u> </u>			0.	0.	0.

Form **990** (2022)

232007 12-13-22

13590814 759492 41365

Pai	rt VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	(continued)				
	(A) Name and title	(B) Average hours per week	(do box offic	not c	Pos heck ss per	C) itior more rson i		one n an	(D)  Reportable compensation from	(E)  Reportable compensation from related	on		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MIS 1099-NEC)	SC/	fi org an	ipensa rom the janizat d relat anizatie	e ion ed
			•											
	Subtotal								38,923.		0.		1,4	
	Total from continuation sheets to Part VI								38,923.		0.		1,4	0.
_ <u>a</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but n compensation from the organization								•	000 of reportable			<u> </u>	0
_													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for some								nest compensated emp			3		Х
4	For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization				37
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch ı	oers	on					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries or the organization. Report compensation for the organization for the organization.	•									pensat	tion fro	om	
	(A)	•	-ai C	<u>, iuil</u>	<u>19 W</u>		۷۷۱ ار		(B)				C)	2
7.4.	Name and business								Description of s	ICI VICES		ompe	nsatio	

(A) Name and business address	(B) Description of services	(C) Compensation
Admiral Radon and Mechanical		
13816 Utah Ave, Savage, MN 55378	HVAC services	583,449.
Good Hustle Media, LLC, 1830 Hillsboro Ave	Marketing and	
South, Minneapolis, MN 55426	advertising	368,272.
Aterran LLC		
PO Box 874973, Kansas City, MO 64187-4973	Human resources	102,371.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 3		

Form **990** (2022)

Part VIII Statement of Revenue

		Check if Schedule O	contains	a recoonce	or note to any lin	a in this Dart VIII			
		Officer if Schedule O	Contains	a response	or note to any iin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
nts ts	1 a	Federated campaigns .		1a					
ir our	ŀ	Membership dues		1b					
٠, ج ج	(	Fundraising events		1c					
iji k	(	d Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (conti	ributions)	1e	33,398,966.				
<u>S</u> S	1	All other contributions, gifts,	grants, an	d					
e E		similar amounts not included		1 1	42,107.				
풀		Noncash contributions included in		1g \$					
Social	ì	Total. Add lines 1a-1f		-31+		33,441,073.			
<u> </u>		Totali / Ida iii ida ii i			Business Code	, , ,			
		Child Education			624100	1,833,756.	1,833,756.		
ice	2 8				624100	52,806.	52,806.		
e č	'				024100	32,000.	32,000.		
n S	(								
e Ta	9	d							
Program Service Revenue	•	•							
Δ.		All other program service							
		Total. Add lines 2a-2f				1,886,562.			
	3	Investment income (include							
		other similar amounts)				148.			148.
	4	Income from investment of							
	5	Royalties	<u> </u>						
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a	619,013.					
	ı	Less: rental expenses	6b	649,132.					
		Rental income or (loss)	6c	-30,119.					
		d Net rental income or (loss	;)		•	-30,119.			-30,119.
		Gross amount from sales of		Securities	(ii) Other				
		assets other than inventory	7a						
	,	Less: cost or other basis	1.5						
Φ	•	and sales expenses	7b						
Revenue		Gain or (loss)							
eke									
Ē.		d Net gain or (loss)			T				
ther	8 8	Gross income from fundraisi	-	·					
ð		including \$		_					
		contributions reported on							
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from							
	9 a	Gross income from gamin	-	I					
		Part IV, line 19							
	ŀ	Less: direct expenses		9b					
	(	Net income or (loss) from	gaming a	activities					
	10 a	Gross sales of inventory,	less retur	ns					
		and allowances		10a	l				
	ı	Less: cost of goods sold							
		Net income or (loss) from							
					Business Code				
Snc	11 a	Miscellaneous			900099	18,170.			18,170.
nec	ì	·				,			,
ella Ver									
Miscellaneous Revenue		d All other revenue							
Σ	``	Total. Add lines 11a-11d			<u> </u>	18,170.			
	12	Total revenue. See instruction				35,315,834.	1,886,562.	0.	-11,801.
						, , -•	, , ,		, -,

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 20,000. 20,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,986,216. 2,986,216. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 146,671. 136,630. 10,041. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 15,999,053. 14,903,756. 1,095,297. Other salaries and wages 7 Pension plan accruals and contributions (include 351,571. 377,409. 25,838. section 401(k) and 403(b) employer contributions) 4,725,288. 4,401,794. 323,494. Other employee benefits 9 294,383. 1,205,769. 88,614. 10 Payroll taxes Fees for services (nonemployees): Management 59,329. 59,329. Legal 55,173. 55,173. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 3,755,981. 512,179. 4,268,160. column (A), amount, list line 11g expenses on Sch O.) 560,977. 560,977. Advertising and promotion 12 801,402. 769,058. 32,344. Office expenses 13 147,884. 141,915. 5,969. Information technology 14 15 Royalties 1,321,733. 1,320,570. 1,163. 16 Occupancy 170,469. 151,846. 18,623. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 10,562. 8,298. 2,264. 20 Payments to affiliates 21 175,653. 175,653. 22 Depreciation, depletion, and amortization 134,272. 134,272. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,522,896. 1,434,393. 88,503. Crisis expenses 595,023. Equipment and furnishin 630,461. 35,438. С All other expenses 35,407,991. 33,053,722. 2,354,269. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

Part .	^	Balance Sneet					
		Check if Schedule O contains a response or note to	o any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,685,223.	1	930,053
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3,301,786.	3	3,059,294
	4	Accounts receivable, net	169,449.	4	356,135		
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substant	tial c	ontributor, or 35%			
		controlled entity or family member of any of these p	oerso	ons		5	
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in	sect	ion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			18,931.	8	31,720
₹	9	Prepaid expenses and deferred charges			989,447.	9	1,270,045
1	I0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D1	I0a	12,530,738.			
	b		I0b	8,166,105.	4,452,718.	10c	4,364,633
1	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
1	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets	•	14	0.40 401		
	15	Other assets. See Part IV, line 11			0.	15	242,421
	16	Total assets. Add lines 1 through 15 (must equal li			10,617,554.	16	10,254,301
	17	Accounts payable and accrued expenses			3,851,927.	17	3,926,859
	18	Grants payable	457,969.	18	99,331		
	19	Deferred revenue		437,303.	19	33,331	
	20	Tax-exempt bond liabilities				20	
١	21	Escrow or custodial account liability. Complete Part				21	
	22	Loans and other payables to any current or former					
		trustee, key employee, creator or founder, substant controlled entity or family member of any of these p				22	
ر   E	23	Secured mortgages and notes payable to unrelated			789,181.	23	559,370
	24	Unsecured notes and loans payable to unrelated th			70371011	24	3337370
	- · 25	Other liabilities (including federal income tax, payab					
-		parties, and other liabilities not included on lines 17					
		of Schodulo D		Complete Full A	0.	25	242,421
2	26	Total liabilities. Add lines 17 through 25			5,099,077.		4,827,981
		Organizations that follow FASB ASC 958, check					
es		and complete lines 27, 28, 32, and 33.		_			
g   2	27	Net assets without donor restrictions			3,602,264.	27	3,590,941
g 2	28	Net assets with donor restrictions	1,916,213.	28	1,835,379		
<u> </u>		Organizations that do not follow FASB ASC 958,					
로		and complete lines 29 through 33.					
្គ   2	29	Capital stock or trust principal, or current funds				29	
В   З	30	Paid-in or capital surplus, or land, building, or equip				30	<u> </u>
¥   з	31	Retained earnings, endowment, accumulated incom				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,518,477.	32	5,426,320
	33	Total liabilities and net assets/fund balances			10,617,554.	33	10,254,301

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

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

Form **990** (2022)

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#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Community Action Partnership of Ramsey

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

and Washington Counties 41-0883443 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

41-0883443 Page 2

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

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

Secti	on A. Public Support		<u>-</u>	<u> </u>			
Calend	ar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ifts, grants, contributions, and		, ,	` ,			
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")	22924887.	25197823.	28588426.	46706468.	33441073.	156858677
<b>2</b> T	ax revenues levied for the organ-						
iz	ation's benefit and either paid to						
0	r expended on its behalf						
<b>3</b> T	he value of services or facilities						
fu	urnished by a governmental unit to						
tł	ne organization without charge						
4 T	otal. Add lines 1 through 3	22924887.	25197823.	28588426.	46706468.	33441073.	156858677
<b>5</b> T	he portion of total contributions						
b	y each person (other than a						
g	overnmental unit or publicly						
S	upported organization) included						
0	n line 1 that exceeds 2% of the						
а	mount shown on line 11,						
С	olumn (f)						
6 P	ublic support. Subtract line 5 from line 4.						156858677
Secti	on B. Total Support						
Calend	ar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> A	mounts from line 4	22924887.	<u> 25197823.</u>	28588426.	46706468.	33441073.	<u> 156858677</u>
<b>8</b> G	Gross income from interest,						
d	ividends, payments received on						
S	ecurities loans, rents, royalties,						
а	nd income from similar sources	740,724.	753,414.	31,726.	21,121.	619,161.	2166146.
<b>9</b> N	let income from unrelated business						
а	ctivities, whether or not the						
b	usiness is regularly carried on						
<b>10</b> C	ther income. Do not include gain						
0	r loss from the sale of capital						
а	ssets (Explain in Part VI.)	97,444.	827,564.	662,647.	43,775.	18,170.	1649600.
11 T	otal support. Add lines 7 through 10						160674423
	cross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,541,745.
13 F	irst 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	rganization, check this box and stop						
	ion C. Computation of Publi						
	ublic support percentage for 2022 (					14	97.63 %
	ublic support percentage from 2021					15	97 <b>.</b> 38 %
	3 1/3% support test - 2022. If the						
S	top here. The organization qualifies	as a publicly supp	orted organization				X
	<b>3 1/3% support test - 2021.</b> If the	•		•		•	
	nd <b>stop here.</b> The organization qua						
	0% -facts-and-circumstances test	_					
	nd if the organization meets the fact			=	-	VI how the organiz	zation
	neets the facts-and-circumstances te	•	•		•		
	0% -facts-and-circumstances test	-				•	10% or
	nore, and if the organization meets the				-		
_	ranization mosts the feets and sive						
	rganization meets the facts-and-circlerized rivate foundation. If the organization				•		

Schedule A (Form 990) 2022

#### 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
	168	140
1		
2		
За		
Ja		
3b		
3c		
40		
4a		
4b		
4c		
5a		
<b>5</b> 1.		
5b 5c		
33		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	rm 990)	2022

232024 12-09-22

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion 6. Type it oupporting organizations		V	NI-
4	Ware a majority of the organization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	<b>ເຮ</b> ).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inatu latia u		
2	Activities Test. Answer lines 2a and 2b below.	iristruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b	i l	ı

٠.	edule A (Form 990) 2022 and Washington Counties	2101112	or nambey	41-0883443 Page 6
	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti		zatione	41-0003443 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			p Part VI) See instructions.
•	All other Type III non-functionally integrated supporting organizations must		•	,,,,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
•	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current 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		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509(		nizations (continue		1-0883443 Page 7
	on D - Distributions	u/(o/ cupporting crgu	nizations (continue	<del>3</del> a)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	Our chi Tear
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity	r parposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	,	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the				
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>_i</u>	Carryover from 2017 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

## Schedule B

(Form 990)

## Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Community Action Partnership of Ramsey and Washington Counties

**Employer identification number** 

41-0883443

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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

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

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

Schedule B (Form 990) (2022)

Name of organization

Community Action Partnership of Ramsey
and Washington Counties

Employer identification number

41-0883443

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,131,233.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>7,403,408</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>17,082,745</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>4,147,488.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$671,917.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

Community Action Partnership of Ramsey

and Washington Counties

Employer identification number 41-0883443

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

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** Community Action Partnership of Ramsey and Washington Counties 41-0883443 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Community Action Partnership of Ramsey and Washington Counties

**Employer identification number** 41-0883443

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	<ul> <li>Complete if th</li> </ul>	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
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 w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply	).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b				_		
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	/ / //		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		h a Oi-sail a A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			· ·	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

232051 09-01-22

	,	<u>'</u>	<i>,</i> ,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,433,972.		1,433,972.
<b>b</b> Buildings		8,801,684.	6,161,649.	2,640,035.
c Leasehold improvements				
d Equipment		2,295,082.	2,004,456.	290,626.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	4,364,633.			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 and Washingt		ship of Ramsey 41	0883443 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	·
(a) [	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n 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) Lease liability - operating	g		242,421.
(3)			
			1

(4) (5)

(7) (8)

242,421.

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

Schedule D (Form 990) 2022

(6)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Par	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	36,177,662.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	2b	212,696.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	212,696. 35,964,966.
3	Subtract line 2e from line 1			3	35,964,966.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	-649,132.		640 400
С	Add lines 4a and 4b			4c	-649,132. 35,315,834.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>)</u>		5	35,315,834.
Pai	T XII Reconciliation of Expenses per Audited Financial St		Expenses per H	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, li				26 260 010
1	Total expenses and losses per audited financial statements			1	36,269,819.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	212 606		
а	Donated services and use of facilities		212,696.		
b	Prior year adjustments				
С	Other losses		640 122		
d	Other (Describe in Part XIII.)	•	649,132.		0.61 0.00
_	Add lines 2a through 2d			2e	861,828. 35,407,991.
3	Subtract line 2e from line 1			3	33,407,331.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اما			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line 1			5	35,407,991.
	rt XIII Supplemental Information.	0.)			33 / 10 / / 33 10
	de 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.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			,	, <u>_</u> , . <u>.</u> ,
		<b>,</b>			
Par	rt XI, Line 4b - Other Adjustments:				
Rer	ntal expenses				-649,132.
_					
Par	rt XII, Line 2d - Other Adjustments:				
ъ.	.1.1				640 120
ker	ntal expenses				649,132.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.
Community Action Partnership of Ramsey

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Community and Washi	Action Pangton Cou		of Ramsey				Employer identification number $41-0883443$
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						on X Yes No
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	zations and Domestic	C Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Roseville Area School 1910 W County Road B Roseville, MN 55113	41-3003439	Other	10,000.	0.			Youth jobs & training opportunities
Ramsey County 121 7th Place E, Suite 4000 Saint Paul, MN 55101	41-6005875	Other	10,000.	0.			St Paul Children's Collabrative
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-	-	e line 1 table				

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Schedule I (Form 990) 2022

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

41-0883443

(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
Rental assistance	19376	2,986,216.	0.	FMV	Housing support
Part IV Supplemental Information. Provide the information	n required in Part I, line	e 2; Part III, column	(b); and any other ac	l Iditional information.	
Part I, Line 2:		, ,	<i>,,,</i>		
Annually program staff and/or ac	counting st	aff visit	physically	or	

Annually program staff and/or accounting staff visit physically or

virtually subgrantee locations and review a sample of transactions for

compliance purposes. Where applicable, quarterly fiscal reporting is

completed and transactions are reviewed. The Agency tracks all client

assistance in accordance with compliance standards. Selection criteria is

based on income eligibility requirements.

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Community Action Partnership of Ramsey and Washington Counties

Employer identification number 41-0883443

Form 990, Part III, Line 4d, Other Program Services: The work of the Community Engagement program is funded through the federal Community Services Block Grant and the State of Minnesota Community Action Grant. Program work is focused in three areas: supporting people who are striving to increase their income, encouraging people to build their personal assets, and facilitating civic engagement focused on creating systemic change. All three of these approaches are designed to help low-income people build vital pathways to economic stability. Other programs reflect additional organizational activities, including Community Housing, Property Management, and Neighborhood Investments. Community Housing operates multiple housing sites across Ramsey and Washington counties; each site provides affordable and quality housing solutions to eligible individuals and families. Property Management includes the leasing of a portion of the organization's building headquarters to other separate and similar mission-based organizations to help defray occupancy costs. Neighborhood Investments coordinates communication and impact measurement activities to increase public understanding of the organization's work; additionally, the program also coordinates agency planning and community assessment activities. including grants of \$ 2,107,057. Expenses \$ 5,582,273. Revenue \$ 0. Form 990, Part VI, Section A, line 7a: One-third of the Board of Directors are elected public officials currently holding office or their designated representitives. Members shall be selected by the designating officials as follows: Three members by the

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization Community Action Partnership of Ramsey and Washington Counties

Employer identification number 41-0883443

Ramsey County Board of Commissioners; one member by the Washington County

Board of Commissioners; and one member by the Mayor's office of the City of

St. Paul.

One-third of the Board of Directors are representitive of the low-income population in the geographic area served. They are selected in a democratic selection process, in accordance with the Community Services Block Grant federal guidelines. The selected representitives must reside in the area of low-income population, but are not required to be low-income.

Form 990, Part VI, Section B, line 11b:

The Form 990 is compiled by management with assistance from the audit firm.

After management reviews and approves the draft, it is presented to the finance committee for review and approval. This process takes place prior to sending the Form 990 to the IRS.

Form 990, Part VI, Section B, Line 12c:

The Agency's conflict of interest policy governs the activities of the

Board of Directors, officers, staff and volunteers. Annually, each covered

individual shall complete a disclosure from identifying any relationships,

positions or circumstances in which she or he is involved that he or she

believes could contribute to a conflict of interest.

Form 990, Part VI, Section B, Line 15a:

Independent research firms have evalulated positions, rated and identified salary parameters in the local market. The wage comparability study was conducted in January of 2022 and occurs every three years. While the Agency utilities the formal study on a three year rotation, an informal review of Schedule O (Form 990) 2022

Schedule O (Form 990) 2022		Page 2
	mmunity Action Partnership of Ramsey d Washington Counties	Employer identification number 41-0883443
the market place	is performed annually. Additionally, the	Board of
	ly reviews and approves the executive comp	
	I, Section C, Line 19:	
The Agency makes	it governing documents, conflict of inter	rest policy, and
financial statem	ents available to the public upon request.	•
Form 990, Part I	X, Line 11g, Other Fees:	
Consulting:		
Program service	expenses	212,075.
Management and g	eneral expenses	28,919.
Fundraising expe	nses	0.
Total expenses		240,994.
Contract labor:		
Program service	expenses	3,124,335.
Management and g	eneral expenses	426,046.
Fundraising expe	nses	0.
Total expenses		3,550,381.
Other:		
Program service	expenses	419,571.
Management and g	eneral expenses	57,214.
Fundraising expe	nses	0.
Total expenses		476,785.
Total Other Fees	on Form 990, Part IX, line 11g, Col A	4,268,160.
Form 990, Part X	II, Line 2c:	
232212 10-28-22		Schedule O (Form 990) 2022