CARPENTER, EVERT & ASSOCIATES, LTD. 7760 FRANCE AVE S, SUITE 940 BLOOMINGTON, MN 55435

> COMMUNITY EMERGENCY ASSISTANCE PROGRAMS, INC. 7051 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429

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CLIENT'S COPY



NOVEMBER 27, 2023

COMMUNITY EMERGENCY ASSISTANCE PROGRAMS, INC INC. 7051 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429

COMMUNITY EMERGENCY ASSISTANCE PROGRAMS, INC INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2022 FORM 990

2022 MINNESOTA ANNUAL REPORT

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

MATT PILLSBURY

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

COMMUNITY EMERGENCY ASSISTANCE PROGRAMS, INC INC. 7051 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429

PREPARED BY:

CARPENTER, EVERT & ASSOCIATES, LTD. 7760 FRANCE AVE S, SUITE 940 BLOOMINGTON, MN 55435

AMOUNT OF FEES:

BALANCE DUE OF \$25 (PLUS \$50 LATE FEE IF APPLICABLE)

MAKE PAYMENT :

CAN BE PAID BY CHECK (MADE OUT TO "STATE OF MN" AND INCLUDE THE ORGANIZATION'S FEDERAL EMPLOYMENT IDENTIFICATION NUMBER AND "2021 ANNUAL REPORT" ON THE CHECK OR MONEY ORDER

OR PAY BY CREDIT CARD AT WWW.AG.STATE.MN.US/CHARITY/CHARFEES.ASPX

SEND REPORT DIRECTLY TO THE MN ATTORNEY GENERAL'S OFFICE:

BY MAIL: *IF SUBMITTING THE FORMS VIA MAIL, PLEASE <u>DO NOT</u> USE STAPLES. MINNESOTA ATTORNEY GENERALS OFFICE CHARITIES DIVISION 445 MINNESOTA STREET, SUITE 1200 ST. PAUL, MN 55101-2130*

OR BY EMAIL:

WWW.CHARITY.REGISTRATION@AG.STATE.MN.US EMAIL & ATTACHMENTS CAN BE NO LARGER THAN 25 MB & BE IN PDF FORMAT & NAMED IN AN IDENTIFYING MANNER (E.G., MN CHARITY REPORT)

REPORT MUST BE MAILED ON OR BEFORE:

JANUARY 16, 2024

SPECIAL INSTRUCTIONS:

WHAT TO INCLUDE:

- MN CHARITY REPORT
- COPY OF THE "FORM 990 PUBLIC COPY' (AND COPY OF 990-T IF FILED)
- LIST OF BOARD OF DIRECTORS, INCLUDING NAMES, ADDRESSES, AND TOTAL COMPENSATION PAID
- COPY OF AUDIT (IF ORGANIZATION HAS TOTAL REVENUE OVER \$750,000)
- \$25 FEE (PLUS \$50 LATE FEE IF THE ORGANIZATION FAILED TO REQUEST AN EXTENSION OR SUBMIT ITS COMPLETED REPORT BY DUE DATE OR IF PRIOR YEAR REPORT WAS SUBMITTED LATE)

THE REPORT SHOULD BE **SIGNED AND DATED BY TWO** AUTHORIZED INDIVIDUALS.

TO CHECK YOUR ORGANIZATION'S STATUS OR IF YOU HAVE QUESTIONS, PLEASE VISIT THE MN ATTORNEY GENERAL'S WEBSITE AT: <u>WWW.CHARITY.REGISTRATION@AG.STATE.MN.US</u>

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2023

PREPARED FOR:

COMMUNITY EMERGENCY ASSISTANCE PROGRAMS, INC INC. 7051 BROOKLYN BOULEVARD BROOKLYN CENTER, MN 55429

PREPARED BY:

CARPENTER, EVERT & ASSOCIATES, LTD. 7760 FRANCE AVE S, SUITE 940 BLOOMINGTON, MN 55435

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

| | | | ** PUBLIC DISCLOSURE CO | | T | OMD No. 1545 0047 |
|--------------------------------|--------------------------|--------------------|--------------------------------------------------------------------------------|--------------|---------------------------------|-------------------------------|
| | Ω | 00 | Return of Organization Exempt F | rom II | ncome lax | OMB No. 1545-0047 |
| Forr | n J | 90 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue | | |) 2022 |
| Depa | rtment | made public. | Open to Public | | | |
| Interr | al Reve | enue Service | Go to www.irs.gov/Form990 for instructions and the | | | Inspection |
| _ | | | | ل ending | UN 30, 2023 | |
| | heck if pplicat | | organization UNITY EMERGENCY ASSISTANCE PROGRAM | C | D Employer identification | ation number |
| | Addr | ess Tha | UNIII EMERGENCI ASSISIANCE FROGRAM | ο, | | |
| | chan | | usiness as | | 41-099034 | 0 |
| - | chan | Ŭ | | Room/suite | E Telephone number | 0 |
| | _returr Final | 7051 | BROOKLYN BOULEVARD | ntooni/suite | | -9600 |
| | ⊥returr termi ated | n | pwn, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 4,039,171. |
| | Amer | | KLYN CENTER, MN 55429 | | H(a) Is this a group retu | |
| | Appli tion | | nd address of principal officer: CLARE BRUMBACK | | for subordinates? | |
| | pend | | AS C ABOVE | | H(b) Are all subordinates inclu | |
| 11 | ax-e> | empt status: | X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c | or 📃 527 | If "No," attach a lis | st. See instructions |
| | Vebs | | CEAP.ORG | | H(c) Group exemption | number |
| | | f organization: | X Corporation Trust Association Other | L Year | of formation: 1971 M | State of legal domicile: MN |
| Pa | rt I | | | | | |
| ø | 1 | Briefly describ | e the organization's mission or most significant activities: SEE S | SCHEDU | LE O. | |
| Governance | | | | | | |
| er nê | 2 | Check this bo | | ed of more | than 25% of its net asse | |
| Ň | 3 | | | | | 8 |
| ي م | 4 | | ependent voting members of the governing body (Part VI, line 1b) | | | 8 |
| es | 5 | | of individuals employed in calendar year 2022 (Part V, line 2a) | | | 21 |
| ižiti | 6 | | of volunteers (estimate if necessary) | | | 2000 |
| Activities | | | d business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | <u></u> | | 0. |
| | | | | | Prior Year | Current Year |
| e | 8 | | and grants (Part VIII, line 1h) | | 6,329,524. 464,190. | <u>3,633,848.</u> 361,555. |
| /en | 9 | • | ce revenue (Part VIII, line 2g) | | 1,990. | 2,750. |
| Revenue | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | 26,443. | 41,018. | |
| | 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 6,822,147. | 4,039,171. |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 5,255,900. | 2,555,399. |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 0. | <u> 2,333,399</u> . 0. |
| | 14 | • | c or for members (Part IX, column (A), line 4) | | 985,396. | 999,052. |
| ses | 15 | | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Expenses | | | ng expenses (Part IX, column (D), line 25) 271,59 | 96. | | 0. |
| Ä | | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 583,380. | 610,335. |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 6,824,676. | 4,164,786. |
| | 19 | | expenses. Subtract line 18 from line 12 | | -2,529. | -125,615. |
| es | | | | | ginning of Current Year | End of Year |
| Net Assets or Fund Balances | 20 | Total assets (F | Part X, line 16) | | 5,722,724. | 5,635,539. |
| Ass | 21 | | (Part X, line 26) | | 118,243. | 156,673. |
| Net | 22 | | fund balances. Subtract line 21 from line 20 | | 5,604,481. | 5,478,866. |
| Pa | rt II | | | | | |
| Und | er pen | alties of perjury, | declare that I have examined this return, including accompanying schedules | and stateme | ents, and to the best of my k | nowledge and belief, it is |
| true, | corre | ct, and complete. | Declaration of preparer (other than officer) is based on all information of wh | ich preparer | has any knowledge. | |
| | | | | | | |
| Sig | ı | Signature of of | | | Date | |
| Her | е | | RUMBACK, PRESIDENT | | | |
| | | Type or print n | ame and title | | | |

| | Print/Type preparer's name | Preparer's signature | Date Check | PTIN | | | | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------|--------------------------|----------|--|--|--|--|--|
| Paid | MATT PILLSBURY | MATT PILLSBURY | 11/27/23 self-employed P | 01565609 | | | | | |
| Preparer | Firm's name CARPENTER, EVERT | & ASSOCIATES, LTD. | Firm's EIN $41-1$ | 534805 | | | | | |
| Use Only | Firm's address 7760 FRANCE AVE S | , SUITE 940 | | | | | | | |
| | BLOOMINGTON, MN 5 | 5435 | Phone no. (952) | 831-0085 | | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | |
| 232001 12-13 | 32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) | | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | COMMUNITY EMERGENCY ASSISTANCE PROGRAMS, |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 1990 (2022) INC. 41-0990340 Page 2 |
| Pa | t III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: CEAP MOBILIZES RESOURCES, SHARES ABUNDANCE AND NOURISHES NEIGHBORS TO CREATE AND CELEBRATE A HEALTHIER, STRONGER AND CONNECTED COMMUNITY. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:)(Expenses 3,528,534. including grants of 2,555,399.) (Revenue 3 361,555.) FAMILY SEVICES - CEAP PROVIDED 42,139 INDIVIDUALS (14,427 HOUSEHOLDS) WITH 1,865,370 POUNDS OF FOOD THROUGH THE CEAP MARKET IN FY23. |
| | SENIOR SERVICES - CEAP PRODUCED AND DELIVERED 49,202 HOT MEALS FOR SENIORS IN FY23. ADDITIONALLY, 4,196 FROZEN MEALS WERE SENT HOME WITH SENIORS THROUGH THE CEAP MARKET IN FY23. |
| | HOUSING SERVICES - CEAP FACILITATED RENTAL AND UTILITY PAYMENTS IN THE AMOUNT OF \$246,117.29 IN FY23 THROUGH CERA FUNDING AND \$88,700.94 THROUGH CDBG FUNDING. |
| | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 3, 528, 534. |
| 232002 | Form 990 (2022) 2 12-13-22 |

10161127 310390 032103

INC.

Part IV Checklist of Required Schedules

Form 990 (2022)

| | | | 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 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | 37 |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| ~ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | <u> </u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | x |
| 0 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | х |
| 0 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | 8 | | |
| 9 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | | 9 | | х |
| 10 | If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | - 23 |
| 10 | | 10 | | х |
| 11 | or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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, | | | |
| u | Part VI | 11a | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| ~ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| 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 | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 900 | X (2022) |
| 232003 | 3 12-13-22 | ⊢orm | 330 (| 2022) |

232003 12-13-22

| 41- | 0990340 | Page 4 |
|-----|---------|--------|
| | | |

| | 990 (2022) INC. 41-099 | 0340 | Р | _{age} 4 |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|------------------|
| Par | t IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | <u> </u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | v |
| 04- | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 24a | | x |
| b | Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | - 10 | | |
| - | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | 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 III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | v |
| | "Yes," complete Schedule L, Part IV | 28a | | X X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | <u> </u> |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | 200 | | x |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | x | |
| 29 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 23 | | <u> </u> |
| 50 | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| 02 | Schedule N. Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| Des | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | 1 | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16 | <u>4</u> 0 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 4 | | |
| С | | 4- | x | |
| 00000 | | 1c | 990 | (2022) |
| 232002 | 4 12-13-22 4 | POIL | | (2022) |

| 41-0990340 Page | 5 | , |
|-----------------|---|---|
|-----------------|---|---|

| Form | 990 (2022) INC. 41-0990 | 340 | Р | age 5 |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| Lu | filed for the calendar year ending with or within the year covered by this return 2a 21 | | | |
| h | | 0 | х | |
| - | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Δ | x |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | <u> </u> |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| va | | 60 | | x |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | <u> </u> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| g L | | | | <u> </u> |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| 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] | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | | | | |
| 100 | amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 100 | | |
| | | 12a | | |
| | | - | | |
| 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? | <u>13a</u> | | |
| | Note: 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 | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | | 16 | | x |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| <i></i> | 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 activities | | | 1 |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | 000 | |
| 232005 | 5 12-13-22 | Form | 990 | (2022) |

10161127 310390 032103

INC. 41-0990340 Page 6 Form 990 (2022) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 8 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or х more members of the governing body? 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 8 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 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No х 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 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 14 Х Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a а Х 15b Other officers or key employees of the organization b 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? 16b Section C. Disclosure MN 17 List 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 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Another's website Own 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 19 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 20 CLARE BRUMBACK - (763) 566-9600 7051 BROOKLYN BOULEVARD, BROOKLYN CENTER, MN 55429 Form **990** (2022) 232006 12-13-22 6

41-0990340 Page 7

| Form 990 (2 | | INC. | | | | | 41-0 |
|-------------|----------------|--------------|------------|-----------|----------------|------------|------------|
| Part VII | Compensation | of Officers, | Directors, | Trustees, | Key Employees, | Highest Co | ompensated |
| | Employees, and | d Independe | ent Contra | ctors | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

INC.

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

| (A) Name and title | (B) Average hours per | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|---------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|--|-----------------------------|--|-------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Offlicer pr | | Highest compensated Salary. | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) CLARE BRUMBACK PRESIDENT | 40.00 | - | | x | | | | 124,098. | 0. | 3,319. |
| (2) JEFF UECKER | 2.00 | | | | | | | | | 0,0101 |
| VICE CHAIR AND TREASURER | | х | | x | | | | 0. | 0. | 0. |
| (3) JILL WINTER | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (4) KIMBERLY BOLL-FARRINGTON | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (5) LISA MCDONNEL | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) MARIA CONE | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) POLLY BERRY-DORR | 2.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (8) REGGIE EDWARDS | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) TIFFANY NGUYEN | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) OBED RUIZ MENDEZ | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | 1 | I | | | | | | l | 1 | Eorm 990 (2022) |

232007 12-13-22

Form 990 (2022)

10161127 310390 032103

| | Y EMERGE | ENC | 'Y | AS | SI | SI | 'Al | NCE PROGRAMS, | 41-0 | مەم | 3 1 0 | D | age 8 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|------------------------|--------------|--------------|---------------------------------|-------------|-----------------------------------------------------|---------------------------------------------------|---------------------------------------|-------------|--------------------------------------------------|----------------|
| Form 990 (2022) INC . Part VII Section A. Officers, Directors, Tru | stees, Kev Em | nlov | ees. | and | Hi | ahes | st C | compensated Employee | | 990. | 540 | Pi | age U |
| (A) Name and title | (A) (B) Name and title Average hours per | | | | | than is boti | one 1 an | (D) Reportable compensation from | (E) Reportable compensation from related | | am | (F) timate ount | |
| | (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) | organization (W-2/1099-MIS 1099-NEC) | anizations c 1099-MISC/ 99-NEC) | | oensa om the anizat I relate nizatie | e ion ed |
| | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 124,098. | | 0. | | 3,3 | 19. |
| c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but | | | | | | | | 0. 124,098. | 000 of reportable | 0. | 3 | 3,3 | 0. 19. |
| compensation from the organization | | 1000 | note | , a a | | , | | | | 5 | | | 1 |
| 3 Did the organization list any former office | r, director, trust | ee, k | key e | empl | loye | e, or | hic | phest compensated emp | oyee on | ſ | | Yes | No |
| line 1a? If "Yes," complete Schedule J for | | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the s and related organizations greater than \$15 | | | | | | | | | | | 4 | | х |
| 5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." co. | accrue comper | nsati | on fi | rom | any | unre | elat | ed organization or individ | lual for services | | 5 | | Х |
| Section B. Independent Contractors | <u>mpiele Schedui</u> | ejn | orsi | <u>ICI ļ</u> | oers | on | | | | | 5 | | |
| 1 Complete this table for your five highest c the organization. Report compensation for | - | - | | | | | | | - | oensat | ion fro | m | |
| (A) Name and busines | s address | N | ONI | Ξ | | | | (B) Description of s | ervices | С | (C omper | | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors \$100,000 of compensation from the organ | | ot lir | niteo | d to | thos (| | ted | above) who received mo | ore than | | | | |

Form **990** (2022)

232008 12-13-22

| | | | 2022) INC. | | | | 41-0990 | 340 Page 9 |
|-----------------------------------------------------------|------|----------|------------------------------------------------------------------------------------------|--------------------|----------------------|----------------------------------------------|---------------------------------------------|-----------------------------------------------------------------|
| Pa | rt V | /111 | Statement of Revenue | | | | | |
| | | | Check if Schedule O contains a response | or note to any lin | | (B) | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| S S | 1 | а | Federated campaigns 1a | 1,615. | | | | |
| rani | | | Membership dues 1b | - | | | | |
| , D U U U | | с | Fundraising events 1c | | | | | |
| ar <i>I</i> | | d | Related organizations 1d | | | | | |
| s, C | | е | Government grants (contributions) 1e | 748,594. | | | | |
| rion S | | f | All other contributions, gifts, grants, and | | | | | |
| ibu | | | | 883,639. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | - | | 816,323. | 2 622 040 | | | |
| <u>o</u> e | | h | Total. Add lines 1a-1f | Business Code | 3,633,848. | | | |
| | ~ | _ | PROGRAM FEES | 624200 | 361,555. | 361,555. | | |
| Program Service Revenue | 2 | a b | | 024200 | 501,555. | <u> </u> | | |
| Ser | | c | | | | | | |
| | | d | | | | | | |
| Be | | e | | | | | | |
| Pro | | f | All other program service revenue | | | | | |
| | | | Total. Add lines 2a-2f | | 361,555. | | | |
| | 3 | | Investment income (including dividends, intere | est, and | | | | |
| | | | other similar amounts) | | 2,750. | | | 2,750. |
| | 4 | | Income from investment of tax-exempt bond p | | | | | |
| | 5 | | Royalties | | | | | |
| | • | | | (ii) Personal | | | | |
| | 6 | | | | | | | |
| | | | Less: rental expenses6b0 •Rental income or (loss)6c10,700 • | | | | | |
| | | | Net rental income or (loss) | | 10,700. | 10,700. | | |
| | 7 | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | |
| | | b | Less: cost or other basis | | | | | |
| an | | | and sales expenses | | | | | |
| evenue | | С | Gain or (loss) 7c | | | | | |
| č | | | Net gain or (loss) | | | | | |
| Other | 8 | а | Gross income from fundraising events (not including \$ of | | | | | |
| | | | contributions reported on line 1c). See | | | | | |
| | | | Part IV, line 18 | 1 | | | | |
| | | | Less: direct expenses 8b | | | | | |
| | ٥ | | Net income or (loss) from fundraising events Gross income from gaming activities. See | | | | | |
| | 3 | d | Part IV, line 19 | | | | | |
| | | þ | Less: direct expenses | | | | | |
| | | | Net income or (loss) from gaming activities | 1 | | | | |
| | 10 | | Gross sales of inventory, less returns | | | | | |
| | | | and allowances 10a | a | | | | |
| | | b | Less: cost of goods sold 10k | þ | | | | |
| | | С | Net income or (loss) from sales of inventory | | | | | |
| s | | | AMURD INCOME | Business Code | 20.210 | 20.210 | | |
| eou | 11 | | OTHER INCOME | 624200 | 30,318. | 30,318. | | |
| llan ven | | b | | | | | | |
| Miscellaneous Revenue | | c c | All other revenue | | | | | |
| Ē | | | Total. Add lines 11a-11d | | 30,318. | | | |
| | 12 | <u> </u> | Total revenue. See instructions | | 4,039,171. | 402,573. | 0. | 2,750. |
| 23200 | | 13-: | | | - | - | | Form 990 (2022) |

9

Form 990 (2022) Part IX Statement of Functional Expenses

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

INC.

| | Check if Schedule O contains a respons | (A) | (B) | (C) | (D) |
|--------|------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|---------------------------------|-------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 2,555,399. | 2,555,399. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 107 417 | 01 546 | 15 200 | 20 E01 |
| _ | trustees, and key employees | 127,417. | 81,546. | 15,290. | 30,581 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section $4958(f)(1)$) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 729,438. | 466,841. | 87,532. | 175,065 |
| 7 | Other salaries and wages | 129,430. | 400,041. | 07,552. | 1/5,005 |
| 8 | Pension plan accruals and contributions (include | | | | |
| ~ | section 401(k) and 403(b) employer contributions) | 67,912. | 43,464. | 8,150. | 16,298 |
| 9 | Other employee benefits | 74,285. | 47,543. | 8,914. | 17,828 |
| 0 1 | Payroll taxes Fees for services (nonemployees): | /4,203. | =7,5=5• | 0,9140 | 17,020 |
| | | 55,387. | 55,387. | | |
| a b | Management | 55,507. | | | |
| c | | 16,500. | | 16,500. | |
| d | | 20,0001 | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | | | | | |
| g | | | | | |
| 9 | column (A), amount, list line 11g expenses on Sch O.) | 62,913. | 32,094. | 26,336. | 4,483 |
| 2 | Advertising and promotion | | | | _, |
| 13 | Office expenses | 68,807. | 56,347. | 9,345. | 3,115 |
| 4 | Information technology | | | | |
| 5 | Royalties | | | | |
| 6 | Occupancy | 178,129. | 140,240. | 18,773. | 19,116 |
| 7 | Travel | 20,518. | 14,575. | 2,557. | 3,386 |
| 8 | Payments of travel or entertainment expenses | | | | - |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | 12,462. | | 12,462. | |
| 1 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | 172,620. | 21,388. | 151,232. | |
| 3 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | STAFF AND VOLUNTEER EXP | 10,574. | 7,453. | 1,397. | 1,724 |
| b | MISCELLANEOUS | 9,358. | 3,190. | 6,168. | |
| с | BAD DEBT | 3,067. | 3,067. | | |
| d | | | | | |
| е | All other expenses | | | | |
| 5 | Total functional expenses. Add lines 1 through 24e | 4,164,786. | 3,528,534. | 364,656. | 271,596 |
| 6 | 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) | | | | |

INC.

Form 990 (2022)

| Pa | τX | Balance Sheet | | | | | <u> </u> |
|-----------------------------|----------|-----------------------------------------------------------------------------------|----------|---------------------|---------------------------------|----------|------------------------------|
| | | Check if Schedule O contains a response or note | to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 645,775. | 1 | 596,447. |
| | 2 | Savings and temporary cash investments | 843,942. | 2 | 845,313. | | |
| | 3 | Pledges and grants receivable, net | | | 89,110. | 3 | 121,566. |
| | 4 | Accounts receivable, net | | | 87,534. | 4 | 90,231. |
| | 5 | Loans and other receivables from any current or f | | | | | |
| | | trustee, key employee, creator or founder, substa | ntial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of these | perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualified | ed pers | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | in sect | ion 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | | 56,267. | 9 | 50,442. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10a | 4,870,706. | | | 0.001.540 |
| | b | Less: accumulated depreciation | 10b | 939,166. | 4,000,096. | 10c | 3,931,540. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | ······ - | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | ····· | | 13 | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | | | 5,722,724. 113,467. | 16 | <u>5,635,539</u> 154,885. |
| | 17 | Accounts payable and accrued expenses | 113,407. | 17 | 154,005. | | |
| | 18 19 | Grants payable | | | 2,594. | 18 19 | 1,788. |
| | 19 20 | Deferred revenue | | | 2,554. | 20 | 1,700. |
| | 20 21 | Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa | | | | 20 | |
| | 21 | Loans and other payables to any current or forme | | | | 21 | |
| Liabilities | ~~ | trustee, key employee, creator or founder, substa | | | | | |
| bili | | controlled entity or family member of any of these | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelate | - | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, paya | - | F | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | | | 2,182. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 118,243. | 26 | 156,673. |
| | | Organizations that follow FASB ASC 958, chec | k here | e X | | | |
| sec | | and complete lines 27, 28, 32, and 33. | | | | | |
| lano | 27 | Net assets without donor restrictions | | | 5,482,231. | 27 | 5,478,866. |
| Ba | 28 | Net assets with donor restrictions | | | 122,250. | 28 | 0. |
| pur | | Organizations that do not follow FASB ASC 95 | 8, che | ck here | | | |
| Ę | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equ | lipmen | t fund | | 30 | |
| t As | 31 | Retained earnings, endowment, accumulated inco | | ······ - | | 31 | |
| Nei | 32 | Total net assets or fund balances | | | 5,604,481. | 32 | 5,478,866. |
| | 33 | Total liabilities and net assets/fund balances | | | 5,722,724. | 33 | 5,635,539. |
| | | | | | | | Form 990 (2022) |

232011 12-13-22

| | 1 990 (2022) INC. | 41-099 | 0340 | Pa | _{ge} 12 |
|----|--------------------------------------------------------------------------------------------------------------------|----------|-------------|------------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 4,03 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | <u>4,16</u> | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -12 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | <u>5,60</u> | <u>4,4</u> | 81. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 5,47 | 8,8 | 66. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | Зb | Х | |

Form 990 (2022)

232012 12-13-22

| SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service | | Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | OMB No. 1545-0047 | | |
|------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|
| Nan | ne of t | he organizatio | | UNITY EMER | GENCY ASSIST | ANCE I | PROGRA | AMS, | | identification number |
| Do | -+1 | Deecond | INC. | Charity Statua | /all · · · | | | | | 1-0990340 |
| | rtl | | | | (All organizations must c | | | ee instructior | IS. | |
| 1 2 3 4 | | A church, cor A school deso A hospital or a | vention of ch bribed in sect a cooperative earch organiz | urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga | For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se njunction with a hospital | in sectio 1 990).) ection 170 | n 170(b)(1 (b)(1)(A)(ii | ii). |)(iii). Enter | the hospital's name, |
| 5 | | | | | llege or university owned | or operate | ed by a go | overnmental u | nit describe | ed in |
| 6 7 8 | □ X □ | A federal, stat An organization section 170(b | e, or local gov on that norma b)(1)(A)(vi). (C | Ily receives a substar omplete Part II.) | nental unit described in s ntial part of its support fr (1)(A)(vi). (Complete Part | om a gove | | | ne general p | public described in |
| 9 | | - | - | - | in section 170(b)(1)(A)(i ulture (see instructions). | | - | | - | - |
| 10 | | An organization activities related income and u | ed to its exen nrelated busir | npt functions, subjec | than 33 1/3% of its supp t to certain exceptions; a (less section 511 tax) fro | and (2) no | more than | 33 1/3% of it | s support f | rom gross investment |
| 11 12 a | | An organization more publicly lines 12a thro Type I. A su the support organization | on organized a supported or ugh 12d that upporting orga ed organization . You must o | and operated exclusi ganizations describe describes the type of anization operated, si con(s) the power to reg complete Part IV, Se | vely to test for public saf vely for the benefit of, to d in section 509(a)(1) o f supporting organizatior upervised, or controlled gularly appoint or elect a ections A and B. | perform ti r section and comp by its supp majority o | ne function 509(a)(2). plete lines ported organised f the direct | ns of, or to ca See section 12e, 12f, and anization(s), t tors or truste | 509(a)(3). (I 12g. ypically by es of the su | Check the box on giving Ipporting |
| | | control or n organization | nanagement o n(s). You mus | f the supporting organized of the support of the su | anization vested in the sa Sections A and C. | ame perso | ns that co | ntrol or mana | ge the supp | ported |
| С | | | | | g organization operated | | | | lly integrate | d with, |
| d | | Type III noi that is not f requiremen | n-functionally unctionally int t (see instructi | integrated. A suppregrated. The organizions). You must con |). You must complete F porting organization oper ration generally must sati nplete Part IV, Sections written determination from | ated in cor sfy a distr A and D, | nnection with the second se | vith its suppo quirement and V. | an attentiv | |
| | | - | - | •• | nally integrated supportir | ng organiz | ation. | | | |
| f | | er the number o | | | | | | | | |
| g | | vide the followi i) Name of suppo | | n about the supporte (ii) EIN | d organization(s). (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount o | fmonetary | (vi) Amount of other |
| | ,. | organization | | (1) 2.13 | (described on lines 1-10 | in your governi Yes | ng document? No | support (see in | - | support (see instructions) |
| | | | | | above (see instructions)) | 103 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Tota | al | | | | | | | | | |

Schedule A (Form 990) 2022

INC.

41-0990340 Page 2

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) |
|---------|---------------------------------------------------------------------------------------------------------------------------------------|
| | (Openalete and if you should the hey as line 5, 7, as 0 of Doubley if the experimetion failed to evaluate Doubly III. If the experime |

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

| Sec | ction A. Public Support | | | | | | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|----------------------------------|-----------------------------|--------------------|-----------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 3504855. | 4583342. | 6192071. | 6329524. | 3633848. | 24243640. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 3504855. | 4583342. | 6192071. | 6329524. | 3633848. | 24243640. | |
| 5 | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 24243640. | |
| | ction B. Total Support | | | | • | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| | Amounts from line 4 | 3504855. | 4583342. | 6192071. | 6329524. | 3633848. | 24243640. | |
| | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 48,606. | 35,710. | 185,705. | 17,290. | 13,450. | 300,761. | |
| 9 | Net income from unrelated business | - | | | - | - | - | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | 42,013. | 35,174. | 360. | 11,143. | 30,318. | 119,008. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 24663409. | |
| | Gross receipts from related activities, | etc. (see instructio | ons) | | • | 12 2 | ,104,741. | |
| | First 5 years. If the Form 990 is for th | | | | | | | |
| | organization, check this box and stop | bhere | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | | |
| 14 | Public support percentage for 2022 (I | ine 6, column (f), d | ivided by line 11, o | olumn (f)) | | 14 | 98.30 % | |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | 98.12 % | |
| 16a | 33 1/3% support test - 2022. If the c | organization did no | t check the box or | n line 13, and line ⁻ | 14 is 33 1/3% or m | ore, check this bo | x and | |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | X | |
| b | 33 1/3% support test - 2021. If the c | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | | |
| 17a | a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, | | | | | | | |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | ation | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported o | rganization | | | |
| b | 10% -facts-and-circumstances test | - 2021. If the org | anization did not o | heck a box on line | | | | |
| | more, and if the organization meets th | ne facts-and-circum | nstances test, cheo | ck this box and st | t op here. Explain i | n Part VI how the | | |
| | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | Private foundation. If the organization | | | | | | s | |
| | | | | | | | (Form 990) 2022 | |

232022 12-09-22

| COMMUNITY | EMERGENCY | ASSISTANCE | PROGRAMS |
|-----------|-----------|------------|----------|
| COMMUNITY | EMERGENCY | ASSISTANCE | PROGRAMS |

| Schedule A (| Form 990) 20 | 22 INC. | |
|--------------|--------------|---------------------------|--------------------------------|
| Part III | Support So | chedule for Organizations | Described in Section 509(a)(2) |

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

| | •• | | | | | | |
|-------|---------------------------------------------------------------------------|----------------------|--------------------|----------------------|---------------------|---------------|-------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 202 | 2 (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| Ŭ | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| ~ | Add lines 7a and 7b | | | | | | |
| | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 202 | 2 (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | | | | | | |
| L | Unrelated business taxable income | | | | | | |
| a | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third | fourth, or fifth tax | year as a section 5 | 01(c)(3) oraz | inization, |
| | | - | | | , | | |
| Sec | tion C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (I | | | column (f)) | | 15 | % |
| 16 | Public support percentage from 2021 | | - | | | 16 | % |
| | tion D. Computation of Invest | | | | | | /0 |
| | Investment income percentage for 20 | | | ne 13. column (fl) | | 17 | % |
| | | | | | | 18 | % |
| 18 | Investment income percentage from | | | | | <u> </u> | |
| 198 | 33 1/3% support tests - 2022. If the | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2021. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | ation |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check tl | his box and see ins | | |
| 23202 | 3 12-09-22 | | | | | Sche | edule A (Form 990) 2022 |

Schedule A (Form 990) 2022

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1

2

Yes No

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.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

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INC.

Schedule A (Form 990) 2022

| Image: The the organization accepted a gift or contribution from any of the following pursons? Yes No In A back the opcoming body, indirectly controls, either alone or together with persons described on lines 11b and 11b above? Yes No In A any member of a person described on line 11a above? Yes' to line 11a, 11b, or 11c, provide 11b Section B. Type I Supporting Organization? Into the person described on line 11a above? Yes' to line 11a, 11b, or 11c, provide Section B. Type I Supporting Organizations and the the person described on line 11a above? Yes' to line 11a, 11b, or 11c, provide 11b Section B. Type I Supporting Organizations active in the above? Yes' to line 11a, 11b, or 11c, provide Yes No To the person the power in topolar information above? In Pert N how person the above? Yes No To bot the providing such bands of the power in topolar information of the tor the supported organization of the tor the beneft of any supported organization of the tor the beneft of any supported organization of the tor the beneft of any supported organization of the tor the beneft of any supported organization of the tor the beneft of any supported organization of the tor the beneft of any supported organization of the tor the beneft of any supported organization of the tor any supported organization of the tor the beneft of any supported organization of the tor any supported organization of the tor any supported organization of the torganization appretein organization and the supported organization of the upported organizatio | Pa | t IV Supporting Organizations (continued) | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------|-----------|--------|------|
| A Approx.vino directly or indirectly controls, either alone or together with persons described on line 11b and 11b download of a support or organization? A ASM controlled with y of a person described on line 11a above? if Yes' to line 11a, 11b, or 11c, provide description of the support of the support of the support of organization? or controlled with y of a person described on line 11a above? if Yes' to line 11a, 11b, or 11c, provide description of the support of the support of the support of organization? or any support of organization bave the power to pagalar lappoint or elevel at lead a majority of the organization of the support of organization? or the support of organization of the support of organization? or the support of organization of the support of organization? or provides and the support of organization of the support of organization? or provides and what controlled the support of organization? or controlled the support of organization? or controlled the support of organization? or controlled the support organization? organization or subport of organization? organization or subport of organization? or | | | | Yes | No |
| 11 below. We governing body of a supported organization? 11a 11a 0 A daminy member of a person described on line 11 a or 010 above? If "Yes" to line 11a, 11b, or 11c, provide the provide organization of the governing body, officiers acting in their dificul capacity, or membership of one or meet support of organizations them the proves to regularize appoint or each at an anyority or the organization's governing body, members of the governing body, officiers acting in their dificul capacity, or membership of one or meet support of organization them the proves to regularize appoint or each at units of the organization's governing appoint or each at units of the organization's governing appoint or each at units of the organization's governing appoint or each at units of the organization's dimension of the organization appoint or each at units of the organization's dimension. Yes No 2 Did the organization governing body, members of the supported organization of the the supported organization of the units of the organization of the units of the supported organization of the units of the supported organization of the units of the units of the organization of the units of the organization's dimension is supported organization of the supported organization of the supported organization of the units of the units of the organization's dimension of the units of the organization's dimension of units of the un | 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| b A family member of a person described on line 11 a above? c A 39% controlled entity of a person described on line 11 a or 110 above? if Yes' to line 11a, 11b, or 11c, provide default in Part M. Section B. Type I Supporting Organizations Ves No describe the governing body, members of the governing body, officers acting in their dificial capacity, or membership of one or more supported organizations have the power for agouitry apports or apport of the organization setting the support of agouitry apport on elect at lead a mainplity of the organization of the organization governing body, members of the governing body, officers acting in their dificial capacity, or membership of one or more supported organization set of the bore of agouitry apport of agouitry | а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| a A 3% controlled entity of a person described on line 11a or 11b above? # rYes" to line 11a, 11b, or 11c, provide dealaid Part M. Section B. Type I Supporting Organizations 1 bit the operated approximation has the hip over the opplant appoint or select at latat a majority of the comparization of one or more supported opparizations of the opplant appoint or select at latat a majority of the comparization of the selected as a majority of the comparization of the selected as a majority of the comparization of the selected as a majority of the comparization of the selected as a majority of the comparization of the selected as a majority of the comparization of the selected as a majority of the comparization of the selected as a majority of the comparization of the selected as a majority of the directors or trustees of a selected as a majority of the directors or controlled the supported organization of the selected as a majority of the directors or controlled the supported organization of the selected as a majority of the directors or trustees of each of the organization is alternative of the selected as a majority of the directors or trustees of each of the organization and one selected as a majority of the directors or trustees of each of the organization's may ease and the same persons that controlled or managed to or managed the organization's may ease and the same persons that controlled or managed to organization's as well of in the same persons that controlled or managed to organization's as well of in the same persons that controlled or supported organizations and the organization's supported organization's sup | | 11c below, the governing body of a supported organization? | 11a | | |
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| Det the opcomming body, members of the governing body, offices acting in their official capacity, or membership of one or membership of one or method supervised, or controlled the organization or elect at least a majority of the organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization (s) effectively operated, supervised, or controlled the organization (s) effectively operated, supervised, or controlled the organization (s) effectively operated, supervised, or controlled the supported organization (s) effectively operated, supervised, or controlled the supported organization (s) effectively operated, supervised, or controlled the supported organization (s) effectively operated, supervised, or controlled the supported organization (s) effectively operated, supervised, or controlled the supported organization (s) effectively operated, supervised, or controlled the supported organization (s) effectively operated, supervised, or controlled the supported organization (s) effectively operated, supervised, or controlled the supported organization (s) effectively operated, supervised, or controlled the supporting organization (s) effectively operated, supervised, organization (s) effectively operated, organization (s) effectively operated organization (s) effectively operated, supervised, organization (s) effectively operated, so the executively effective | | | 11c | | |
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| more supported organizations have the power to regularly appoint or elect at teast a macinity of the organizations, directors, or trustees at all times during the tax year? If 'No,' describe in Pet' No were supported organizations, defectively operand, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or ennous of diffees, directors, or trustees and it the powers to appoint and/or ennous diffees, directors, or trustees and its ported organization is the the powers to appoint and/or ennous diffees, directors, or trustees and its ported organization is the tax year. Section C. Type II Supporting Organizations Yes No 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 supporting organization's // 'No,' describe in Pet'V how control or management of the supporting Organizations Yes No organization provide to each of as supported organizations, by the last day of the fifth month of the organization's directors, or trustees enterity field as of the directors or the organization's directors, or trustees enterevity field as on the date of notification, and (iii) copies of the organization's offees, directors, or trustees enterity field as on the date or directions tax year, war, (i) a written notice describing the type and amount of supported organization's and (in copies of the organization's director, directory, director's director's the supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's directors or trustees enterity field as of the aster ported organization's supported organization's directors or trustees enterity field as of the directors or the organizati | | | | Yes | No |
| directors, or trustees at all times during the tax year? If 'No.' describe in Part VI how the supported organization of the organization and more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization of what conditions or resoritoring. If any support to transmit tax year, and what conditions or resoritoring. If any support organization of the tax year in a part VI how providing granizations and what conditions or controlled the supported organization of the support of organization of the organization's directors or trustees of each of the organization's support of organization of the organization of the support of organization of the organization of the support of organization of the support of organization of the organization of the support of organization of the support of organization of the organization of the support of organization of the support of organization of the organization of the support of organization of the organization of the organization of the support of organization of the organization of the support of organization of the organization of the organization of th | 1 | | | | |
| effectively operated, supervised, or controlled the organization's activities. If the organization had more than one subcorted among the supported organizations and what conditions and/or remove offices, directors, or trustese were allocated among the supported organizations and what conditions of restrictions, if any, applied to such powers during the tax year. 2 Do the organization operated is supervised, or controlled the supporting organization? If "res," explain in Part VI how providing such benefic carried out the purposes or the supported organization(b) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or management of the supporting organization. 9 Were any of the supporting Organizations 2 Non or management of the supporting Organizations. 9 Ut the organization is directors or trustees or the same persons that controlled or managed the organization is directors or trustees or the director or trustees or due to the organization is directors. 9 Ut the organization is operating organizations. 9 Ut the organization is directors or trustees or the date of notification, and (ii) coopers of the organization's directors, or trustees entered (i) appointed organization's directors or trustees or the date of notification, and (ii) coopers of the organization's directors, or trustees enter (i) appointed organization's lawored organization's supported organization's meeting and anount of supported organization's lawored organization's supported organization's lawore as a significant voice in the organization supported organization's appointed organization's appointed organization's appointed organization's lawored (in the organization's lawored) or if "No." acquise in Part VI how the organization's antwine activity directify dincertary in the organization's appointed organization | | | | | |
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| 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 furing 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, and (iii) copies 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's investment policies and in directing the use of the organization's income or assets at all times during the tax yea?? If "Yes," describe in Part VI the role the organization's supported organizations is investment policies and to atistify the Integral Part VI there organization's supported organization statified the Activities Test. Complete line 2 below. Check the box next to the method that the organization used to satify the Integral Part VI there organization is the parent of each of its supported organizations. Complete line 3 below. Did substantially all of the organization's activities during the tax year for the supported organization's involvement. one or more of the organization's noviement. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's noviement. Did the organization have the power to regularizinon(s) and the organization's involvement, one or more of the organization's noviement. Did the activities described on line 2a, above, constitute activities that, but for the organization's noviement, one or more of the organization's noviement. Did the organization's noviement. Dive the organization's noviement. Did the organiz | Sec | tion D. All Type III Supporting Organizations | | | |
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Schedule A (Form 990) 2022

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| _ | dule A (Form 990) 2022 INC . t V Type III Non-Functionally Integrated 509(a)(3) Support | ina Oraan | | 41-0990340 Page 6 |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu | ving trust on I | Nov. 20, 1970 (<i>explain in</i> | Part VI). See instructions. |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| 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 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| | | | | |

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

Schedule A (Form 990) 2022

232026 12-09-22

| 41-0990340 | Page 7 |
|------------|--------|
|------------|--------|

| Sche Par | dule A (Form 990) 2022 INC . t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | | 1-0990340 Page 7 |
|-------------|-------------------------------------------------------------------------------|------------------------------|---------------------------------------|----|-------------------------------------------|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s of supported organizations | ; | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | e organization is responsive | | | |
| | (provide details in Part VI). 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) Underdistribution Pre-2022 | IS | (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 | | | | |
| а | 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 | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| с | 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: | | | | |
| а | Excess from 2018 | | | | |
| b | Excess from 2019 | | | | |
| с | Excess from 2020 | | | | |
| d | Excess from 2021 | | | | |
| е | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

232027 12-09-22

| | COMMUNITY EMERGENCY ASSISTANCE PROGRAMS, |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule A | (Form 990) 2022 INC. 41-0990340 Page 8 |
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, |
| | line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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| 232028 12-09- | Schedule A (Form 990) 2022 |

223451 11-15-22

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

41-0990340

| Name of the organizatio | on | | | |
|-------------------------|-----------|-----------|------------|-----------|
| | COMMUNITY | EMERGENCY | ASSISTANCE | PROGRAMS, |

INC.

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

| Organization type (check or | ne): |
|-----------------------------|----------------------------------------------------------------------------------|
| Filers of: | Section: |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

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

General Rule

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

Special Rules

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 for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

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

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

Schedule B (Form 990) (2022)

| | B (Form 990) (2022) | | Page 2 |
|------------|-----------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------|
| | | | Employer identification number |
| INC. | NITY EMERGENCY ASSISTANCE PROGRAMS, | | 41-0990340 |
| Part I | Contributoro (assistantiano) llas durlista series et Dat life delitio | | <u> </u> |
| | Contributors (see instructions). Use duplicate copies of Part I if addition | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ons Type of contribution |
| <u> </u> | Name, audress, and Zir + 4 | | |
| 1 | | - _ \$110,7 - | Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributio | ons Type of contribution |
| 2 | | - _ \$510,3 - | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributio | ons Type of contribution |
| 3 | | - _ \$126,9 - | Person X Payroll Image: Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| 4_ | | - _ \$\$100,0 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) Type of contribution |
| 5 | | - _ \$75,0 - | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) Type of contribution |
| | | - _ \$ | Person Image: Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

10161127 310390 032103

| Schedule I | B (Form 990) (2022) | | Page 3 |
|------------------------------|-------------------------------------------------------------------------|----------------------------------------------|--------------------------------|
| | | | Employer identification number |
| INC. | NITY EMERGENCY ASSISTANCE PROGRAMS, | | 41-0990340 |
| | · · · · - · | | · |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed | 1. |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | - | |
| | | - \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | - | |
| | | _ \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | - | |
| | | _ \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | Data received |
| | | - | |
| | | - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | - | |
| | | _ \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate (See instructions | |
| | | - | |
| | | - \$ | |
| 223453 11-15 | | _ Ψ | |

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Schedule B (Form 990) (2022)

23 2022.05000 COMMUNITY EMERGENCY ASSIS 032103_1

| Schedule | B (Form 990) (2022) | | | | Page 4 |
|-----------------|------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------|---------------------------|------------------------------------------|
| | organization | | | | Employer identification number |
| | NITY EMERGENCY ASSISTAN | CE PROGRAMS, | | | |
| INC. | | | | | 41-0990340 |
| Part III | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) | | | | hat total more than \$1,000 for the year |
| | completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$ | 1,000 or less for the | e year. (Enter this info. | once.) \$ |
| (a) No. | Use duplicate copies of Part III if additional | space is needed. | I | | |
| (a) No. from | (b) Purpose of gift | (c) Use of g | ift | (d) Des | cription of how gift is held |
| Part I | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (e) Transf | er of gift | | |
| | | (0) | er er gitt | | |
| | Transferee's name, address, a | nd ZIP + 4 | Re | elationship of tra | ansferor to transferee |
| | | | | | |
| | | | | | |
| | | | | | |
| (a) No. | | | I | | |
| (a) No. from | (b) Purpose of gift | (c) Use of g | ift | (d) Des | cription of how gift is held |
| Part I | | () | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (e) Transf | er of gift | | |
| | | | er or gift | | |
| - | Transferee's name, address, a | Be | elationship of tra | ansferor to transferee | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of g | ift | (d) Des | cription of how gift is held |
| Part I | | | | () | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (e) Transf | er of gift | | |
| | | | er or gift | | |
| | Transferee's name, address, a | nd ZIP + 4 | Be | elationship of tra | ansferor to transferee |
| | | | | • | |
| | | | | | |
| | | | | | |
| | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of g | ift | (d) Des | cription of how gift is held |
| Part I | (2). 2. poor of give | (0) 000 0. g | , | (-, 2 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | (e) Transf | er of gift | | |
| | | | or or girt | | |
| | Transferee's name, address, a | nd ZIP + 4 | R | elationship of tra | ansferor to transferee |
| | | | | | |
| | | | | | |
| | | | | | |
| | | _ | | | |
| 223454 11-1 | 5-22 | | | | Schedule B (Form 990) (2022) |

| SC | HEDULE D | | al Financial Statements | | OMB No. 1545-0047 |
|--------|-----------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------|------------------------------|
| (Forn | n 990) | | nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | | 2022 |
| | ment of the Treasury | l A | Attach to Form 990. | | Open to Public Inspection |
| | Revenue Service | | 0 for instructions and the latest information. Y ASSISTANCE PROGRAMS , | | identification number |
| Nam | | INC. | | | 1-0990340 |
| Par | t I Organiza | ations Maintaining Donor Advise | d Funds or Other Similar Funds or A | ccounts. | Complete if the |
| | organizatio | n answered "Yes" on Form 990, Part IV, lir | | | |
| | | | (a) Donor advised funds | (b) Funds an | d other accounts |
| 1 | | nd of year | | | |
| 2 | | f contributions to (during year) | | | |
| 3 4 | | f grants from (during year) | | | |
| - 5 | | t end of year | writing that the assets held in donor advised fu | nds | |
| • | - | | exclusive legal control? | | Yes No |
| 6 | | | dvisors in writing that grant funds can be used | | |
| | for charitable purp | ooses and not for the benefit of the donor o | or donor advisor, or for any other purpose confe | rring | |
| | impermissible priv | ate benefit? | | | Yes No |
| Par | | | ganization answered "Yes" on Form 990, Part I | V, line 7. | |
| 1 | | servation easements held by the organizati | (11 57 | | |
| | | n of land for public use (for example, recrea | , | | |
| | | of natural habitat | Preservation of a cer | rtified historic | structure |
| 2 | | of open space | fied conservation contribution in the form of a c | onservation e | asoment on the last |
| 2 | day of the tax year | | | | at the End of the Tax Year |
| а | 5 | | | 2a | |
| b | | | | | |
| с | Number of conser | | ucture included in (a) | | |
| d | Number of conser | vation easements included in (c) acquired | after July 25,2006, and not on a | | |
| | historic structure I | isted in the National Register | | 2d | |
| 3 | Number of conser | vation easements modified, transferred, re | leased, extinguished, or terminated by the orga | nization during | g the tax |
| _ | year | | | | |
| 4 | | where property subject to conservation ea | | | |
| 5 | | tion have a written policy regarding the pe orcement of the conservation easements i | | | Yes No |
| 6 | , | | t holds? handling of violations, and enforcing conservat | | |
| Ŭ | | | | ion easement | s daning the year |
| 7 | Amount of expens | ses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation e | asements dur | ing the year |
| | | | | | o , |
| 8 | Does each conser | vation easement reported on line 2(d) abov | e satisfy the requirements of section 170(h)(4)(I | 3)(i) | |
| | and section 170(h) |)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, descrit | be how the organization reports conservati | on easements in its revenue and expense state | ment and | |
| | | | note to the organization's financial statements t | hat describes | the |
| Par | | ounting for conservation easements. | f Art, Historical Treasures, or Other | Similar Ass | eate |
| 1 01 | | f the organization answered "Yes" on Form | | | 5613. |
| 10 | | | i8, not to report in its revenue statement and ba | alance sheet w | vorks |
| Ia | 0 | · · | blic exhibition, education, or research in further | | |
| | | · · | ncial statements that describes these items. | | |
| b | If the organization | elected, as permitted under FASB ASC 95 | i8, to report in its revenue statement and baland | ce sheet works | s of |
| | art, historical treas | sures, or other similar assets held for public | exhibition, education, or research in furtherand | ce of public se | rvice, |
| | provide the followi | ing amounts relating to these items: | | | |
| | (i) Revenue inclu | ded on Form 990, Part VIII, line 1 | | | |
| | ., | | | \$ | |
| 2 | | | asures, or other similar assets for financial gain | , provide | |
| | - | unts required to be reported under FASB A | - | | |
| a | | | | | |
| | | | - for E-res 000 | | |
| | | eduction Act Notice, see the Instruction | s tor form 990. | Sche | dule D (Form 990) 2022 |
| 232051 | 09-01-22 | | 25 | | |

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| | COMMUNITY | EMERGENCY | ASSISTANCE | PROGRAM |
|--|-----------|-----------|------------|---------|
|--|-----------|-----------|------------|---------|

| Soho | T 110 | II EMERGEN | | SSTOLM | NCE FRU | GRAME | | 1-09 | 9034 | | ~ 2 |
|--------------|-----------------------------------------------------------------------------------------|---------------------------------|------------------|--------------------------|----------------------------|--------------|------------------------|------------|----------------|--------------|------------|
| | dule D (Form 990) 2022 INC . t III Organizations Maintaining C | ollections of Ar | t, Hist | orical Tre | asures, o | r Other | | | | | e - |
| 3 | Using the organization's acquisition, accessi | | | | | | | | 100/10 | <u>uou</u>) | |
| | collection items (check all that apply): | | | | Ū. | C C | | | | | |
| а | Public exhibition | c | 1 🗌 k | Loan or excl | hange progra | am | | | | | |
| b | Scholarly research | e | e 🗌 | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ey further th | e organizatio | on's exem | pt purpose | in Part 3 | XIII. | | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, hi | storical treas | sures, or othe | er similar a | issets | | _ | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | ete if the | e organizatio | n answered | "Yes" on F | Form 990, F | Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | | | | | | | - | | |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing t | able: | | | | | | | |
| | | | | | | | | | Amoun | i | |
| | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| - | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | |
| | Did the organization include an amount on F | | | | | | | ∟ | Yes | | No |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete | if the organization ar | <u>kpianatic</u> | "Ves" on Eo | provided on rm 000 Part | IV line 10 | <u></u> | | | | |
| | | (a) Current year | | Prior year | (c) Two yea | | d) Three yea | rs hack | (e) Four | years ba | ick |
| 1a | Beginning of year balance | (u) ourient your | (, | nor you | (0) 1110 you | | uj 111100 you | io buon | (0) 1 0 0 | youro bu | |
| | | | | | | | | | | | |
| 0 | Contributions Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | |
| e | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | | e (line 10 | n column (a) |) held as: | | | | | | |
| – a | Board designated or quasi-endowment | | % | g, oolanni (a) |) 11010 001 | | | | | | |
| b | Permanent endowment | | | | | | | | | | |
| c | | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | - uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | • | ation tha | t are held an | nd administer | ed for the | | | | | |
| | organization by: | - | | | | | | | [| Yes N | ١o |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | | Зb | | |
| 4 | Describe in Part XIII the intended uses of the | | wment f | unds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | 0, Part IV | /, line 11a. S | ee Form 990 | , Part X, li | ne 10. | | | | |
| | Description of property | (a) Cost or o basis (investr | | (b) Cost basis | or other (other) | | cumulated reciation | | (d) Boo | k value | |
| 1a | Land | | | 66 | 2,000. | | | | | 2,000 | |
| | Buildings | | | | 9,198. | 6 | 00,019 |). | 3,08 | | |
| | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | 51 | 9,508. | 3 | 39,147 | 7. | 18 | 0,361 | L. |
| | Other | | | | | | | | | | |
| <u>Total</u> | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | <u>X. colun</u> | nn (B), line 1(| <u>)</u> | | | | 3,93 | 1,540 |). |

Schedule D (Form 990) 2022

| Schedule D (Form 990) 2022 INC . | | 4 | 1-0990340 Page |
|------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------|--------------------------|
| 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 e | nd-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 | n Form 990, Part IV, line | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or e | nd-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 | n Form 990. Part IV. line | 11d. See Form 990. Part X. line 15. | |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | | |
| Part X Other Liabilities. | n Faura 000 Davit IV/ line | 11. or 11f Coo Form 000 Dout V line (| |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | The or Th. See Form 990, Part X, line 2 | |
| (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| <u>(5)</u> (6) | | | |
| (7) | | | |
| (7) (8) | | | |
| (9) | | | |
| (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line | 25) | | |
| Liability for uncertain tax positions. In Part XIII, provide t | | | that reports the |
| organization's liability for uncertain tax positions under F | | | |
| | | | chedule D (Form 990) 202 |

232053 09-01-22

| | edule D (Form 990) 2022 INC • | | | 990340 | Page 4 |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|------------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem | | ue per Return. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 4,039,1 | <u>171.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | | 4,039,1 | <u>171.</u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | 4c | | 0. |
| 5 | Total revenue Add lines 2 and 4 Trian 1 C and D (1) | | 5 | 4,039,1 | 171. |
| | Total revenue. Add lines 3 and 4C. (This must equal Form 990, Part I, line 12.) | | | | - / - • |
| Pa | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i> | nents With Exper | |). | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | ments With Exper | | 1. | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Staten | nents With Exper ^{2a.} | nses per Return | 4,164,7 | |
| | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | nents With Exper ^{2a.} | nses per Return | 1. | |
| 1 | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements | nents With Exper | nses per Return | 1. | |
| 1 2 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | nents With Exper 2a. 2a | nses per Return | 1. | |
| 1 2 a | TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a. 2a 2a 2a 2a | nses per Return | 1. | |
| 1 2 a b | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a. 2a 2a 2a 2b 2c | nses per Return | 1. | |
| 1 2 a b c | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a. 2a 2a 2b 2c 2d | nses per Return | 1. | |
| 1 2 b c d | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a. 2a 2a 2b 2c 2d | 1 2e | 1. | 0. |
| 1 2 b c d e | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a. 2a 2a 2b 2c 2d | 1 2e | n. 4,164,5 | 0. |
| 1 2 b c d 8 3 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a. 2a 2a 2b 2c 2d | 1 2e | n. 4,164,5 | 0. |
| 1 2 b c d 3 4 | TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a. 2a 2b 2b 2c 2d 2d 2d | 1 2e | n. 4,164,5 | 0. |
| 1 2 a b c d e 3 4 a | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a. 2a 2a. 2a 2b. 2b 2c. 2d 2d 2d | 1 1 2e 3 | n. 4,164,5 4,164,5 | 0. 0. 786. |
| 1 2 d c 3 4 b c 5 | rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a. 2a 2a. 2a 2b 2b 2c 2d 2d 2d | 1 1 2e 3 4c | n. 4,164,5 | 0. 0. 786. |

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

PART X, LINE 2:

INCOME TAX:

CEAP HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE Schedule D (Form 990) 2022 232054 09-01-22 28 10161127 310390 032103 2022.05000 COMMUNITY EMERGENCY ASSIS 032103_1

| CONTRIBUTIONS | BY | DONORS | ARE | TAX | C DEDUCTIBLE. |
|---------------|----|--------|-----|-----|---------------|
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Schedule D (Form 990) 2022

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10161127 310390 032103

41-0990340 Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2022

INC.

| SCHEDULE I Grants and Other Assistance to Or (Form 990) Governments, and Individuals in the Complete if the organization answered "Yes" on Form 9 | | | | | ls in the Ŭni | ted States | | - | OMB No. 154 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------|--------------------------|----------------------------------------|-----------------------------------------------------------------------|---------------------------------------|-------------------|----------------------------|------|
| | | | | | | | | Open to P | Public | |
| Internal Revenue | | | | .gov/Form990 for | | ation. | | | Inspect | tion |
| Name of the | organization COMMUNITY INC. | EMERGENC | Y ASSISTANC | E PROGRAMS | 5, | | | Employer id | entification 41-099 | |
| Part I (| General Information on Grants a | nd Assistance | | | | | | | | |
| criteria | he organization maintain records to used to award the grants or assis | stance? | | | | - | | _ | Yes | X No |
| Part II (| be in Part IV the organization's pro Grants and Other Assistance to I recipient that received more than \$ | Domestic Organiz | ations and Domestic | Governments. | Complete if the org | anization answered "Y | ′es" on Form 990, Part | t IV, line 21, fo | r any | |
| 1 (a) Nar | me 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 | | rpose of gra assistance | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) 2022

41-0990340

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|-----------------------------|---------------------------------------|-----------------------------------------------------------------|---------------------------------------|
| | | | | | |
| FOOD FOR THOSE IN NEED | 42139 | 0. | 1,772,201. | FMV | FOOD |
| | | | | | RENT, UTILITIES AND OTHER |
| SHELTER AND UTILITIES | 837 | 316,279. | 0. | | LIVING COSTS |
| HYGIENE AND HOUSEHOLD PRODUCTS | 42139 | 0. | 8,365. | ESTIMATED RESALE | HYGIENE AND HOUSEHOLD PRODUCTS |
| TOYS AND GIFTS | 1222 | 0. | 9,299. | ESTIMATED RESALE | TOYS, GIFTS AND BIRTHDAY BAGS |
| SCHOOL SUPPLIES | 2000 | 0. | 6,640. | ESTIMATED RESALE | SCHOOL SUPPLIES |

Schedule I (Form 990) 2022

| Schedule I (Form 990) COMMUNITY EMERGENCY ASSISTANCE PROGRAMS, | | | | | 41-0990340 Page 2 | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------|---------------------------------------|--------------------------------------------------------------------|---------------------------------------|--|
| Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.) | | | | | | |
| (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 | |
| | | | | | | |
| CLOTHING | 2,478. | 0. | 19,618. | ESTIMATED RESALE | CLOTHING | |
| | | | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

(c) Noncash contribution

amounts reported on

Form 990, Part VIII, line 1g

OMB No. 1545-0047

| 2022 |
|----------------|
| Open to Public |
| Inspection |

| Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. |
|------------------------------------------------------------------------------------|
| Attach to Form 990. |
| Go to www.irs.gov/Form990 for instructions and the latest information. |

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY EMERGENCY ASSISTANCE PROGRAMS,

Employer identification number 41 - 0990340

(d) Method of determining

noncash contribution amounts

| | INC. | | |
|---------|-------------------|-------------------------------|-----------------------------------------------------------|
| Part I | Types of Property | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed |
| 1 Art - | Works of art | | |

| 1 | Art - Works of art | | | | | | | | | |
|-----|---------------------------------------------------|-------------|------------------------|------------------------|------------|---------------|----|-----|-----|----|
| 2 | Art - Historical treasures | | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | | |
| 4 | Books and publications | | | | | | | | | |
| 5 | Clothing and household goods | Х | | 44 | ,122. | FMV | | | | |
| 6 | Cars and other vehicles | | | | | | | | | |
| 7 | Boats and planes | | | | | | | | | |
| 8 | Intellectual property | | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | | |
| | trust interests | | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | | |
| | Historic structures | | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | | |
| 18 | Collectibles | | | | | | | | | |
| 19 | Food inventory | Х | 1,286,005 | 1,772 | ,201. | \$1.5 PER | PO | JND | | |
| 20 | Drugs and medical supplies | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | |
| 25 | Other () | | | | | | | | | |
| 26 | Other () | | | | | | | | | |
| 27 | Other () | | | | | | | | | |
| 28 | Other () | | | | | | | | | |
| 29 | Number of Forms 8283 received by the organiz | ation durii | ng the tax year for co | ontributions | | | | | | |
| | for which the organization completed Form 828 | 3, Part V, | Donee Acknowledge | ement | 29 | | | | | |
| | | | | | | | , | | Yes | No |
| 30a | During the year, did the organization receive by | contribut | ion any property repo | orted in Part I, lines | s 1 throug | h 28, that it | | | | |
| | must hold for at least 3 years from the date of t | | | - | | | | | | |
| | exempt purposes for the entire holding period? | | | | | | | 30a | | X |
| L. | If "Vec." describe the errongement in Dort II | | | | | | | | | 1 |

b If "Yes," describe the arrangement in Part II.31 Does the organization have a gift acceptance

 31
 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
 31

 32a
 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 32a

 b
 If "Yes," describe in Part II.
 32a

 33
 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

Х

Х

232141 09-09-22

| COMMUNITY | EMERGENCY | ASSISTANCE | PROGRAMS, |
|-----------|-----------|------------|-----------|
|-----------|-----------|------------|-----------|

| Schedule M | (Form 990) 2022 | INC. | | 41-0990340 | Page 2 |
|----------------|--------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------|
| Part II | Supplemental is reporting in Part | Information. | Provide the information required by Part I, lines 30b, 32b, and a number of contributions, the number of items received, or a c | d 33, and whether the organizati combination of both. Also comp | ion lete |
| | this part for any ac | ditional informati | on. | | |
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| 232142 09-09-2 | 22 | | | Schedule M (Form | 990) 2022 |

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.



Name of the organization

COMMUNITY EMERGENCY ASSISTANCE PROGRAMS,

41-0990340

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

CEAP MOBILIZES RESOURCES, SHARES ABUNDANCE AND NOURISHES NEIGHBORS TO

CREATE AND CELEBRATE A HEALTHIER, STRONGER AND CONNECTED COMMUNITY.

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

INC.

LINE 11B EXPLANATION - FORM 990 WILL BE REVIEWED BY CEAP'S EXECUTIVE

COMMITTEE AND WILL HAVE FULL BOARD APPROVAL.

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

CONFLICT OF INTEREST STATEMENTS ARE OBTAINED AND REVIEWED ANNUALLY AND ANY

POTENTIAL CONFLICT IS MADE KNOWN TO THE FULL BOARD. MEMBERS WITH A

POTENTIAL CONFLICT DO NOT PARTICIPATE IN DECISIONS INVOLVING THE POTENTIAL

CONFLICT AND ARE NOT COUNTED WHEN DETERMINING IF A QUORUM HAS BEEN REACHED.

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

COMPENSATION COMPARISONS ARE MADE WITH COMPARABLE ORGANIZATIONS; THE CEO

PERFORMANCE EVALUATION AND COMPENSATION ARE MADE AT A MEETING OF THE

EXECUTIVE COMMITTEE WITHOUT THE CEO PRESENT.

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

IN OUR PUBLIC ANNUAL REPORT; OTHER DOCUMENTS ARE FURNISHED UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

| Legal Name of Organization COMMUNITY EMERGENCY AS | SISTANCE PROGRAMS, INC | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|--|--|
| Federal EIN:41-0990340 | Fiscal Year-End: 06302023 mm/dd/yyyy | | | |
| | Did the organization's fiscal year-end change? Yes X No | | | |
| Mailing Address: CLARE BRUMBACK | Physical Address: CLARE BRUMBACK | | | |
| Contact Person 7051 BROOKLYN BOULEVARD | Contact Person 7051 BROOKLYN BOULEVARD | | | |
| Street Address BROOKLYN CENTER, MN 55429 | Street Address BROOKLYN CENTER, MN 55429 | | | |
| City, State, and ZIP Code (763) 566-9600 | City, State, and ZIP Code (763) 566-9600 | | | |
| Phone Number CLARE.BRUMBACK@CEAP.COM | Phone Number CLARE • BRUMBACK@CEAP • COM | | | |
| Email Address | Email Address | | | |
| Organization's website: <u>WWW.CEAP.ORG</u> List all of the organization's alternate and former names (attach list if module) | ore space is needed). Alternate Former Alternate Former | | | |
| 3. List all names under which the organization solicits contributions (attach CEAP | n list if more space is needed). | | | |
| | | | | |
| 4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? | X Yes No | | | |
| 5. Total amount of contributions the organization received from Minnesota | donors: \$ 2,883,639. | | | |
| 6. Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation. | | | | |
| 7. Has the organization significantly changed its purpose(s) or program(s)? Yes X No If yes, attach explanation. | | | | |
| | | | | |

10161127 310390 032103

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

| 8. | Has the organization been denied the right to solicit contributions by any court or gover \square Yes \boxed{X} No If yes, attach explanation. | nment agency? | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|--|--|
| 9. | Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed): | | | | |
| | Name of Professional Fundraiser | Compensation | | | |
| | Street Address | City, State, and ZIP Cod | e | | |
| 10. | 0. Is the organization a food shelf? X Yes No If yes, is the organization required to file an audit? X Yes, audit attached No <u>Note:</u> An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold. | | | | |
| 11. | Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? X Yes No | | | | |
| | If yes, provide the following information for the five highest paid individuals: | | | | |
| | Name and title | Compensation* | Other compensation | | |
| | CLARE BRUMBACK PRESIDENT | 124,098. | 3,319. | | |
| | | | | | |

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7)

issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd.

3(i) and Minn. Stat. \S 317A.011 for definitions.

285472 04-01-22

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

| 1. | Contributions Received | \$ | 1 |
|--------------|-------------------------------|----|----|
| 2. | Government Grants | | 2 |
| 3. | Program Service Revenue | | 3 |
| 4. | Other Revenue | | 4 |
| 5. | TOTAL INCOME | \$ | 5 |
| EXP | ENSES | | |
| 6. | Program Expenses | \$ | 6 |
| 7. | Management & General Expenses | | 7 |
| 8. | Fund-raising Expenses | | 8 |
| 9. | TOTAL EXPENSES | \$ | 9 |
| 10. | EXCESS or DEFICIT | | 10 |
| | (Line 5 minus Line 9) | | |
| ASSI | ETS | | |
| 11. | Cash | \$ | 11 |
| 12. | Land, Buildings & Equipment | \$ | |
| 13. | Other Assets | \$ | |
| 14. | TOTAL ASSETS | \$ | 14 |
| LIAB | ILITIES | | |
| 15. | Accounts Payable | \$ | 15 |
| 16. | Grants Payable | | 16 |
| 17. | Other Liabilities | | 17 |
| 18. | TOTAL LIABILITIES | \$ | 18 |
| FUN | D BALANCE/NET WORTH | \$ | |
| /1 · · · · · | 4 minute Line (10) | · | |

(Line 14 minus Line 18)

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

| | | | | | 1 |
|-----|--------------------------------------------------------|------------------------------|-------------------------------------------|--------------------------------------------------|---------------------------------------|
| | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1. | Grants and other assistance to governments | | | | |
| | and organizations in the U.S. | | | | |
| 2. | Grants and other assistance to individuals in the U.S. | | | | |
| 3. | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the U.S. | | | | |
| 4. | Benefits paid to or for members | | | | |
| 5. | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6. | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7. | Other salaries and wages | | | | |
| 8. | Pension plan contributions (include section | | | | |
| | 401(k) and section 403(b) employer contributions) | | | | |
| 9. | Other employee benefits | | | | |
| 10. | Payroll taxes | | | | |
| 11. | Fees for services (non-employees): | | | | |
| a | . Management | | | | |
| b | . Legal | | | | |
| | . Accounting | | | | |
| | . Lobbying | | | | |
| | . Professional fundraising services | | | | |
| | Investment management fees | | | | |
| | . Other | | | | |
| | Advertising and promotion | | | | |
| 13. | Office expenses | | | | |
| 14. | Information technology | | | | |
| 15. | Royalties | | | | |
| 16. | Occupancy | | | | |
| 17. | Travel | | | | |
| 18. | | | | | |
| | for any federal, state, or local public officials | | | | |
| 19. | Conferences, conventions, and meetings | | | | |
| 20. | Interest | | | | |
| 21. | Payments to affiliates | | | | |
| 22. | Depreciation, depletion, and amortization | | | | |
| 23. | Insurance | | | | |
| 24. | Other expenses. Itemize expenses not covered | | | | |
| | above. Expenses labeled miscellaneous may | | | | |
| | not exceed 5% of total expenses (Line 25). | | | | |
| a | | | | | |
| b | | | | | |
| C. | | | | | |
| d | | | | | |
| 25. | Total functional expenses. Add lines 1 through 24d | | | | |
| 26. | Joint costs. Check here ▶ | | | | |

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

| Section C: Board of Directors Signatures and Acknowledgment | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|--|--|--|--|
| The form must be executed pursuant to a resolution of the board of direct | ors, trustees, or managing group and | | | | | |
| must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3. | | | | | | |
| | | | | | | |
| We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the | | | | | | |
| (Title) and | (Title) respectively, and | | | | | |
| that we execute this document on behalf of the organization pursuant to the resolution of the | | | | | | |
| (Board | d of Directors, Trustees, or Managing Group) adopted on the | | | | | |
| day of, 20, approving the contents of the document, and do hereby certify that the | | | | | | |
| (Board | d of Directors, Trustees, or Managing Group) has assumed, and will continue | | | | | |
| to assume, responsibility for determining matters of policy, and have supe | rvised, and will continue to supervise, the operations and finances of the | | | | | |
| organization. We further state that the information supplied is true, correct and complete to the best of our knowledge. | | | | | | |
| | | | | | | |
| CLARE BRUMBACK | | | | | | |
| Name (Print) | Name (Print) | | | | | |
| Signature | Signature | | | | | |
| PRESIDENT | | | | | | |
| Title | Title | | | | | |
| | | | | | | |
| Date | Date | | | | | |

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