

Return of Organization Exempt From Income Tax

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

2017

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 04/01, 2017, and ending 03/31, 20 18

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization PROPEL NONPROFITS
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1 SE Main ST STE 600
 City or town, state or province, country, and ZIP or foreign postal code
Minneapolis, MN, 55414

D Employer identification number
41-1916337

E Telephone number
612-249-6700

F Name and address of principal officer: Kate Barr
1 SE Main Street, STE 600, Minneapolis, MN 55414

G Gross receipts \$ 6,123,073

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.propelnonprofits.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1998 **M** State of legal domicile: MN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Our mission is to fuel the impact and effectiveness of nonprofits with guidance, expertise and capital. Propel Nonprofits provides loans to nonprofits for facilities and working capital. See Schedule O for more information.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	37
	6	Total number of volunteers (estimate if necessary)	6	28
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>7,303,225</u>	Current Year <u>3,719,704</u>
	9	Program service revenue (Part VIII, line 2g)	<u>1,544,974</u>	<u>2,382,337</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>45,805</u>	<u>21,032</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>0</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>8,894,004</u>	<u>6,123,073</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>1,546,248</u>	<u>2,411,978</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>1,431,916</u>	<u>2,308,532</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>6,800</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>86,875</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,216,583</u>	<u>2,242,382</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>4,201,547</u>	<u>6,962,892</u>
	19	Revenue less expenses. Subtract line 18 from line 12	<u>4,692,457</u>	<u>-839,819</u>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>28,055,965</u>	End of Year <u>32,125,168</u>
	21	Total liabilities (Part X, line 26)	<u>14,186,256</u>	<u>19,095,278</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>13,869,709</u>	<u>13,029,890</u>

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
Kate Barr, President
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ _____ Firm's EIN ▶ _____
 Firm's address ▶ _____ Phone no. _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
The mission of Propel Nonprofits is to fuel the impact and effectiveness of nonprofits with guidance, expertise, and capital.

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

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

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

4a (Code:) (Expenses \$ 1,954,288 including grants of \$ 43,333) (Revenue \$ 1,359,813)
Lending: As a Community Development Financial Institution (CDFI) certified by the US Treasury, Propel Nonprofits makes loans to nonprofit organizations to expand programs and services, bridge cash flow gaps, consolidate debt, and make capital improvements. We believe that access to capital is essential to the growth and stability of the nonprofit sector. Propel Nonprofits makes loans to nonprofits of all sizes and stages of development, many of which have been historically under-served by traditional credit markets. Loans are as large as \$1 million and as small as \$10,000. Overall, we made 101 new loans in FY2018 totaling \$18,828,210. Our lending impacted organizations working in health care, human services, arts and humanities, charter schools, community development, and affordable housing. By partnering with other capital providers, we also leveraged additional funds of \$48 million into the community. Within the lending program, Propel Nonprofits has created the innovative Equity Builder Loan Program. This program includes intense technical assistance, a cohort learning process, loan forgiveness, and a structured savings program that brings equity to the balance sheets of Minnesota-based arts and culture nonprofits. Ultimately, the goal is to allow the leaders of these organizations to be more strategic and visionary in their work. At the end of FY2018, there were 16 loans active in the Equity Builder program totaling nearly \$1.5 million.

4b (Code:) (Expenses \$ 2,473,614 including grants of \$ 2,225,945) (Revenue \$ 222,462)
Fiscal Sponsorship: Propel Nonprofits acts as a fiscal sponsor to emerging projects based in Minnesota, North Dakota, South Dakota, and Wisconsin that for various reasons have not yet established themselves as separate 501(c)(3) nonprofit organizations. These entities may be in the process of applying for 501(c)(3) status or may be short-term in nature or may be exploring whether becoming a separate nonprofit is the most appropriate long-term strategy to accomplish their mission. Propel Nonprofits accepts charitable grants and contributions on behalf of these projects. These funds are treated as contributions with donor restrictions when received by Propel Nonprofits. These funds are released from restriction as Propel Nonprofits in turn grants them to the fiscally sponsored recipients. Propel Nonprofits ultimately retains the discretion to redirect the funds to another entity if needed in order to accomplish the purpose of the contribution as originally restricted by its donor. Once the funds have been granted to the fiscally sponsored client, the client has the option to hold and manage those funds on its own or enter an arrangement with Propel Nonprofits in which Propel administers the funds on behalf of the client. Along with the fiscal management option, Propel Nonprofits provides extensive technical assistance on topics such as financial leadership, board governance, nonprofit business models, and strategy planning.

4c (Code:) (Expenses \$ 737,823 including grants of \$ 40,000) (Revenue \$ 145,736)
Training, Guidance, and Knowledge Sharing: Propel Nonprofits provides on-going training, consulting, and technical assistance to groups of nonprofits based either on geographic location (such as Itasca County, MN) or sector (such as arts and culture). Propel Nonprofits' one-to-one expertise and group training programs range in topic from social enterprise, board governance, financial management, accounting, and nonprofit business models. During FY2018, Propel Nonprofits provided training and consulting to cohorts of nonprofits in Little Falls, Saint Paul, and Duluth that were exploring social enterprise as an alternative revenue generating option. In addition, Propel Nonprofits continued its learning sessions, consulting, technical assistance, and executive director cohort in Grand Rapids; conducted trainings and provided technical assistance for nonprofits in surrounding states; and continued its partnership with the Arts Midwest ArtsLab program.

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 1
(Expenses \$ 1,055,413 including grants of \$ 102,700) (Revenue \$ 675,356)

4e Total program service expenses **▶** 6,221,138

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1a</td><td style="text-align: right;">47</td></tr></table>	1a	47		
1a	47				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1b</td><td style="text-align: right;">0</td></tr></table>	1b	0		
1b	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2a</td><td style="text-align: right;">37</td></tr></table>	2a	37		
2a	37				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓		
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?		✓		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	Organizations that may receive deductible contributions under section 170(c).				
a	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?	✓			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓		
d	If "Yes," indicate the number of Forms 8282 filed during the year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>7d</td><td></td></tr></table>	7d			
7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
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?				
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>10a</td><td></td></tr></table>	10a			
10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>10b</td><td></td></tr></table>	10b			
10b					
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>11a</td><td></td></tr></table>	11a			
11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>11b</td><td></td></tr></table>	11b			
11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>12b</td><td></td></tr></table>	12b			
12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? 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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>13b</td><td></td></tr></table>	13b			
13b					
c	Enter the amount of reserves on hand <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>13c</td><td></td></tr></table>	13c			
13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		✓		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20 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 in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Curtis Klotz, (612)249-6664

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jean Adams Board Member	2.00 40	<input checked="" type="checkbox"/>					0	253,307	45,284	
Paul Babcock Board Member	2 0	<input checked="" type="checkbox"/>					0	0	0	
Ralph Bernstein Board Member	2 0	<input checked="" type="checkbox"/>					0	0	0	
Heidi Christianson Board Member	2 0	<input checked="" type="checkbox"/>					0	0	0	
Courtney Colby Board Member	2 0	<input checked="" type="checkbox"/>					0	0	0	
Brad Kruse Board Member	2.00 0	<input checked="" type="checkbox"/>					0	0	0	
Scott Marquardt Board Member	2.00 0	<input checked="" type="checkbox"/>					0	0	0	
Sony Malhotra Board Member	2 0	<input checked="" type="checkbox"/>					0	0	0	
David Mitchell Board Member	2 0	<input checked="" type="checkbox"/>					0	0	0	
Marcus Owens Board Member	2 0	<input checked="" type="checkbox"/>					0	0	0	
Patty Pannkuk Board Member	2 0	<input checked="" type="checkbox"/>					0	0	0	
Ron Price Board Member	2 0	<input checked="" type="checkbox"/>					0	0	0	
Magui Rubalcava Shulman Board Member	2 0	<input checked="" type="checkbox"/>					0	0	0	
Gary Taverna Board Member	2 0	<input checked="" type="checkbox"/>					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Bo Thao-Urabe	2									
Board Member	0	✓					0	0	0	
Diane Tran	2									
Board Member	0	✓					0	0	0	
Sarah Clyne	3									
Secretary	0	✓		✓			0	0	0	
Sean Kershaw	3									
Vice-Chairperson	0	✓		✓			0	0	0	
Beth Topoluk	3									
Treasurer	0	✓		✓			0	0	0	
Greg Zeller	4									
Chairperson	0	✓		✓			0	0	0	
Kate Barr	40									
President and CEO	0			✓			183,556	0	30,811	
Janet Ogden-Brackett	40									
Vice President of Lending	0			✓			107,622	0	24,120	
Curtis Klotz	40									
Vice President of Finance & Chief Financial Officer	0			✓			102,463	0	22,290	
1b Sub-total							393,641	253,307	122,505	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							393,641	253,307	122,505	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 0					
	d	Related organizations	1d 165,500					
	e	Government grants (contributions)	1e 898,906					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,655,298					
	g	Noncash contributions included in lines 1a-1f: \$	20,173					
	h	Total. Add lines 1a-1f ▶		3,719,704				
Program Service Revenue				Business Code				
	2a	Loan Interest Revenue	522200	1,226,144	1,226,144	0	0	
	b	Loan Fee Revenue	522200	121,949	121,949	0	0	
	c	Client Fee and Contract Revenue	541900	985,280	985,280	0	0	
	d	Workshop and Training Fees	611430	42,085	42,085	0	0	
	e							
	f	All other program service revenue		6,879	6,879	0	0	
g	Total. Add lines 2a-2f ▶		2,382,337					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		21,032	21,032	0	0	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)	0	0				
	d	Net gain or (loss) ▶						
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a							
b	Less: direct expenses b							
c	Net income or (loss) from fundraising events . ▶							
9a	Gross income from gaming activities. See Part IV, line 19 a							
b	Less: direct expenses b							
c	Net income or (loss) from gaming activities . . ▶							
10a	Gross sales of inventory, less returns and allowances a							
b	Less: cost of goods sold b							
c	Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue			Business Code					
11a	-----							
b	-----							
c	-----							
d	All other revenue							
e	Total. Add lines 11a-11d ▶		0					
12	Total revenue. See instructions. ▶		6,123,073	2,403,369	0	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,411,978	2,411,978		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	481,322	303,259	157,270	20,793
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	1,415,086	1,218,664	175,737	20,685
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,249	60,428	8,787	1,034
9 Other employee benefits	156,081	131,194	24,275	612
10 Payroll taxes	185,794	118,507	64,267	3,020
11 Fees for services (non-employees):				
a Management	14,000	1,469	12,531	0
b Legal	19,127	9,265	9,862	0
c Accounting	24,734	3,038	21,696	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	330,572	295,039	3,196	32,337
12 Advertising and promotion	47,746	17,019	30,480	247
13 Office expenses	107,532	66,379	39,678	1,475
14 Information technology	88,361	62,619	24,407	1,335
15 Royalties	0	0	0	0
16 Occupancy	237,062	189,330	44,095	3,637
17 Travel	38,680	34,926	3,677	77
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	37,747	23,922	13,736	89
20 Interest	330,133	330,133	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	96,295	78,209	16,552	1,534
23 Insurance	4,457	0	4,457	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Provision for Loan Loss Reserves</u>	845,466	845,466	0	0
b <u>Lending Expenses</u>	6,661	6,661	0	0
c <u>Other Filing Fee Expenses</u>	7,413	7,237	176	0
d <u>Uncollectible Accounts Expense</u>	6,396	6,396	0	0
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	6,962,892	6,221,138	654,879	86,875
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,876,241	1	4,896,631
	2 Savings and temporary cash investments	5,678,553	2	1,980,395
	3 Pledges and grants receivable, net	1,766,546	3	1,488,089
	4 Accounts receivable, net	234,320	4	260,015
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	17,844,073	7	21,876,252
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	200,783	9	91,230
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,353,603		
	b Less: accumulated depreciation	275,851	10c	1,077,752
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	288,487	12	393,993
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	60,811	15	60,811
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,055,965	16	32,125,168	
Liabilities	17 Accounts payable and accrued expenses	271,267	17	722,266
	18 Grants payable	0	18	0
	19 Deferred revenue	3,110	19	8,875
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	950,381	21	996,490
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	12,961,498	24	17,367,647
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	14,186,256	26	19,095,278
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,168,761	27	10,519,354
	28 Temporarily restricted net assets	4,700,948	28	2,510,536
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	13,869,709	33	13,029,890
34 Total liabilities and net assets/fund balances	28,055,965	34	32,125,168	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,123,073
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,962,892
3	Revenue less expenses. Subtract line 2 from line 1	3	-839,819
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,869,709
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,029,890

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

SCHEDULE A
(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Name of the organization PROPEL NONPROFITS	Employer identification number 41-1916337
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	252,687	1,676,289	793,565	7,303,225	3,719,704	13,745,470
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	252,687	1,676,289	793,565	7,303,225	3,719,704	13,745,470
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)						3,963,740
6 Public support. Subtract line 5 from line 4						9,781,730

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	252,687	1,676,289	793,565	7,303,225	3,719,704	13,745,470
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,960	17,672	15,835	13,904	21,032	92,403
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						13,837,873
12 Gross receipts from related activities, etc. (see instructions)					12	7,511,987
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	70.69 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	69.09 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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.)

Lined area for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including checkboxes and a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2 for questions regarding art and historical treasures, including dollar amounts.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Temporarily restricted endowment ▶%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	583,755	42,547	541,208
d Equipment	0	769,848	233,304	536,544
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,077,752

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,123,073
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	0	
b	Donated services and use of facilities	2b	0	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	6,123,073
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,123,073

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

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

1	Total expenses and losses per audited financial statements		1	6,962,892
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	0	
b	Prior year adjustments	2b	0	
c	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	6,962,892
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	6,962,892

Part XIII Supplemental Information.

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

Schedule D, Part IV, Line 2b - The combined organization acts as a fiscal sponsor to emerging projects based in Minnesota, North Dakota, South Dakota, and Wisconsin that for various reasons have not established themselves as separate 501(c)(3) nonprofit organizations. These entities may be in the process of applying for 501(c)(3) status or may be short-term in nature or may be exploring whether becoming a separate nonprofit is the most appropriate long-term strategy to accomplish their mission. Propel Nonprofits accepts charitable grants and contributions on behalf of these projects. These funds are treated as contributions with donor restrictions when received by Propel Nonprofits. These funds are released from restriction as Propel Nonprofits in turn grants them to the fiscally sponsored recipients. Propel Nonprofits ultimately retains the discretion to redirect the funds to another entity if needed to accomplish the purpose of the contribution as originally restricted by its donor. Once funds have been granted to the fiscally sponsored client, the client has the option to hold and manage those funds on its own or enter into an arrangement with Propel Nonprofits in which Propel Nonprofits administers the funds on behalf of the client. If the client chooses to have Propel Nonprofits administer its funds, those funds become a liability of Propel Nonprofits and are recorded as such for accounting purposes. The arrangement includes Propel Nonprofits holding the client's funds in a custodial account, providing bookkeeping and accounting services, and assisting in other administrative duties related to those funds. In this arrangement, the management of the fiscally-sponsored client directs the use of the funds. Propel Nonprofits simply executes the mechanics of the transactions.

Schedule D, Part X, Line 2 - Propel Nonprofits is exempt from income taxes under section 501(c)(3) of the Internal Revenue Service Code. It has been classified as a public charity that is not a private foundation under the Internal Revenue Code and charitable contributions by donors are tax deductible. Propel Nonprofits is also exempt from state income taxes. Propel Nonprofits evaluated its tax positions and determined that it has no uncertain tax positions.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

41-1916337

PROPEL NONPROFITS

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 29
- 3** Enter total number of other organizations listed in the line 1 table ▶ 12

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

Schedule I, Part I, Line 2 - Grants are made to client participants in our Social Enterprise Cohort, Equity Builder Loan Program, Fiscal Sponsorship Program, and Nonprofit Infrastructure Grant Program (NIGP). In all four of these programs, clients must apply and are vetted for fit and probable success. For clients that are grantees in the Social Enterprise Cohort and Equity Builder Loan Program, the grantee must be actively participating in the program, attending required meetings and trainings, and meeting minimum programmatic and financial thresholds. Our program staff are in constant contact with the client participants and monitor their progress. Each applicant to the fiscal sponsorship program applies and is vetted by a committee of board, staff, and community members. Once accepted as a fiscally sponsored client, most of these clients have engaged Propel Nonprofits to provide ongoing program and accounting support. Grantees of the NIGP applied to and were accepted by a committee of community representatives. For both the fiscal sponsorship program and the NIGP, grantees are constantly monitored and supported. Program activities include a wide variety of offerings, including the following: support for organizational requirements during onboarding; access to no cost or discounted training; guidance on financial management, governance, and strategy; no cost or discounted consulting services; invitations to participate in peer learning; and additional technical assistance provided by Propel Nonprofits staff.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	African American Community of Practice 10336 Grand Oaks Trail Woodbury, MN 55129	82-3212666	25,000	
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To build capacity of African American communities to heal from the multi-generational effects of historical trauma and ongoing structural racism.			
Name and address	ANEW BAM 2355 Highway 36 West Roseville, MN 55113	47-3224688	7,321	
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Hiring an Associate Director for Organizational Sustainability.			
Name and address	Association for Black Economic Power 227 Colfax Avenue North Suite 230 Minneapolis, MN 55405	81-5486146	90,171	
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Transform local communities by equipping Black people with powerful economic tools and resources.			
Name and address	Big Dreamers United Inc 4225 Beverly Road Madison, WI 53711	82-4582921	50,000	
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To help other nonprofits with their creative communication needs.			
Name and address	Break the Silence PO Box 17370 Lot 1851 Saint Paul, MN 55117	81-2003541	94,715	
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To end rape culture, hold perpetrators accountable, and support survivors of sexual violence in healing.			
Name and address	Charlie Academy 6193 West Ridge Rd Highland, UT 84003	82-1593798	80,000	
IRC code section	501c3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To provide leadership content via online Learning Management System to			

	help students develop their leadership potential.		
Name and address	Coalition of Asian American Leaders PO Box 211211 Saint Paul, MN 55121	81-0874603	388,711
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To support an effort led by local Asian American leaders in Minnesota who are leveraging their assets to harness power to build unity, cohesion, and common agendas to advance equity in the State.		
Name and address	Community Health Fund 5810 42nd Ave N Robbinsdale, MN 55422	82-0728457	37,984
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To build capacity for its member clinics to serve their individual communities while creating a unified voice for the work of community clinics in the Twin Cities metro area.		
Name and address	Creative Enterprise Zone 2314 University Ave W STE 28 Saint Paul, MN 55114	81-0874603	5,165
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To help support a recognized center of creativity and enterprise, a place where people make a living by their creative capacities.		
Name and address	Cultural Diversity Resources 112 N University Dr STE 306 Fargo, ND 58102	41-1896836	5,209
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To improve internal organizational structure by developing the financial and database management systems with updated technology, to create and provide professional training on new financial and database systems; to add one staff to assist with training and skills development, and to increase capacity to serve more in the community.		
Name and address	Deer River Area Health Care Foundation 1057 Comstock Drive Deer River, MN 56636	41-1770765	10,000
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Social enterprise grant		
Name and address	Dream of Wild Health 1308 Franklin Ave Suite 203 Minneapolis, MN 55404	41-1632662	5,431
IRC code section	501c3		
Method of valuation			

Desc. of Non-Cash Asst.

Purpose of grant For infrastructure development and to focus on financial systems, internal communications technology, training and support.

Name and address	Family Values for Life 1280 Arcade Street Saint Paul, MN 55106	41-2006889	11,721
IRC code section	501c3		

Method of valuation**Desc. of Non-Cash Asst.**

Purpose of grant To support leadership personnel and financial process improvement so that on the other side of this transition period we are better equipped for sustained, high-quality service to families.

Name and address	FilmNorth 550 Vandalia ST STE 120 Saint Paul, MN 55114	41-1594894	6,667
IRC code section	501c3		

Method of valuation**Desc. of Non-Cash Asst.**

Purpose of grant Loan forgiveness through Equity Builder Loan Program

Name and address	Fortune Relief and Youth Empowerment Organization 2910 Pillsbury Ave S Suite 432 Minneapolis, MN 55408	81-2134614	25,200
IRC code section	501c3		

Method of valuation**Desc. of Non-Cash Asst.**

Purpose of grant To provide a continuum of care that includes outreach, basic services, education and career developments while positively transforming the social and economic structures that sabotage poverty.

Name and address	GLITCH 1829 Riverside Avenue Suite 200 Minneapolis, MN 55454	47-4123991	28,281
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IRC code section**Method of valuation****Desc. of Non-Cash Asst.**

Purpose of grant To promote the exploration of digital games as a culture, career, and creative practice.

Name and address	Hispanic Advocacy and Community Empowerment through Research - HACER 2314 University Ave W Suite 20 Saint Paul, MN 55114	41-1900934	10,908
IRC code section	501c3		

Method of valuation**Desc. of Non-Cash Asst.**

Purpose of grant To increase the capacity of the organization by hiring an administrative and financial associate to develop a financial system, increasing number of partnerships with other organizations, diversifying sources of income and updating the organization's technology.

Name and address	HOURCAR 1754 University Avenue West	81-4740695	286,691
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Schedule I, Part IV, Statement 1

PROPEL NONPROFITS

	Saint Paul, MN 55104		
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To support a great tool to minimize car travel, resulting in cleaner air and fewer greenhouse gas emissions.		
Name and address	Illusion Theatre 528 Hennepin Ave Suite 704 Minneapolis, MN 55403	23-7392140	6,667
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Loan forgiveness through Equity Builder Loan Program		
Name and address	In the Heart of the Beast Puppet Theatre 1500 E Lake ST Minneapolis, MN 55407	41-1251313	6,667
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Loan forgiveness through Equity Builder Loan Program		
Name and address	Intermedia Arts of Minnesota 2822 Lyndale Ave S Minneapolis, MN 55408	41-1226945	120,934
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To build understanding among people through art.		
Name and address	Itasca County Television 819 NE 4th Street Grand Rapids, MN 55744	36-4209055	10,000
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Social enterprise grant		
Name and address	Itasca Life Options PO Box 20 Grand Rapids, MN 55744	41-0907640	10,000
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Social enterprise grant		
Name and address	Mentoring Young Adults - MYA 550 Rice Street Saint Paul, MN 55113	80-0298183	12,800
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	For infrastructure assistance to compete for government (city and county) grants.		
Name and address	Mewinzha Ondaadiziike Wiigaming 1819 Bemidji Avenue N Suite 3	46-2523191	8,207

Schedule I, Part IV, Statement 1

PROPEL NONPROFITS

	Bemidji, MN 56601		
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To hire our Anishinaabe Doula trainer to train local community members to become certified Doula's to expand our workforce development to support, educate and reclaim traditional birthing practices. In addition, to help develop our financial, education and clinic systems.		
Name and address	Minnesota Harvest Initiative 1300 Yale Place STE 229 Minneapolis, MN 55403	82-0930472	55,000
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To support a coalition of African American business owners and professionals who are committed to a mission that promotes economic participation and educational freedom.		
Name and address	Minnesota Host Home Network 3748 Bryant Ave S Minneapolis, MN 55409	47-4977811	41,038
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To support a network that catalyzes system change for youth facing homelessness by championing lasting relationships with the caring adults already in their lives who are not their service providers.		
Name and address	Minnesota Indian Business Alliance PO Box 1902 Detroit Lakes, MN 56502	81-5041824	80,438
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To align partners committed to the growth and success of Native American businesses and entrepreneurs, connects Native American businesses, entrepreneurs and resource providers in innovative and practically useful ways, and transforms Native American communities.		
Name and address	Mu Performing Arts 755 Prior Ave N Suite 107 Saint Paul, MN 55104	41-1727881	10,000
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Loan forgiveness through Equity Builder Loan Program		
Name and address	North American Traditional Indigenous Food Systems 3626 Garfield Avenue Minneapolis, MN 55409	82-0613944	22,563
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Accelerating Food Access through Indigenous Culinary Education and Small Business Development		

Schedule I, Part IV, Statement 1

PROPEL NONPROFITS

Name and address	Northwest Hennepin Early Childhood Network 17749 62nd Ave N Maple Grove, MN 55311	82-2974713	12,000
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Improving the impact of early childhood education services provided by member organizations to member cities and their residents.		
Name and address	Partnerships for Permanance 4725 17th Ave S Minneapolis, MN 55407	36-4861270	40,000
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To support foster care alumni and adoptees to raise awareness and actively work to improve the child welfare system.		
Name and address	Penumbra Theatre 270 N Kent Street Saint Paul, MN 55102	41-1563764	6,667
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Loan forgiveness through Equity Builder Loan Program		
Name and address	Quality Education Services of MN 1731 Louise Avenue Saint Paul, MN 55106	46-4014810	368,309
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To engage community elders to build mutually-beneficial relationships that foster the social-emotional and academic skills and abilities children need for success.		
Name and address	Reviving the Islamic Sisterhood for Empowerment 1007 West Broadway Ave N Minneapolis, MN 55411	81-1236990	337,927
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To support a mission to amplify the voice and power of Muslim women.		
Name and address	Saluting Branches 11571 K Tel Dr Minnetonka, MN 55343	37-1834210	9,000
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To honor American service men and women by organizing volunteer tree and landscape care for the property dedicated to our veterans.		
Name and address	Somali Community Resettlement Services 201 S Lyndale Ave Faribault, MN 55021	31-1668255	10,409
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			

Schedule I, Part IV, Statement 1

PROPEL NONPROFITS

Purpose of grant	To increase capacity through hiring culturally competent staff.		
Name and address	St Paul Youth Services 2100 Wilson Ave Saint Paul, MN 55119	41-1316444	10,000
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Mini-grant for brand development of new program		
Name and address	The Works 9740 Grand Ave S Bloomington, MN 55420	41-1570750	6,667
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Loan forgiveness through Equity Builder Loan Program		
Name and address	Ujamaa Place 1821 University Ave Suite N257 Saint Paul, MN 55104	27-1216065	10,000
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Social enterprise grant		
Name and address	Young Muslim Collective 351 Naegele Ave Minneapolis, MN 55421	82-1991646	15,429
IRC code section			
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	To aid Muslim youth who are subjected to racism and faith-based hate by promoting arts, healing, activism, outreach, and advocacy.		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

41-1916337

PROPEL NONPROFITS

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	168,556	15,000	0	9,335	21,476	214,367	0
	(ii)	0	0	0	0	0	0	0
2	(i)	0	0	0	0	0	0	0
	(ii)	253,307	0	0	20,592	24,692	298,591	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J, Part I, Line 3 - The executive committee of the Propel Nonprofits' board of directors is responsible for reviewing annually the performance and salary of the president and CEO. Based on the review, the committee determines compensation for the president and CEO. In its salary determination, the committee engages an HR compensation consultant, considers salaries of CEOs in peer organizations with comparable experience, consults survey data of nonprofit executives, and reviews the history of the president and CEO's compensation. The president and CEO's salary was last reviewed in Fall 2017. No changes to the president and CEO's salary have occurred since that time.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

PROPEL NONPROFITS

Employer identification number

41-1916337

Form 990, Part I, Line 1 - (continued from Part I, Line 1) Propel Nonprofits provides loans to nonprofits for facilities and working capital. We train nonprofit staff and boards to understand and build financial health, clear strategy, and strong governance practices. We provide expert knowledge, guidance, and insight for nonprofits about governance, planning, financial strategy and sustainability. We consult and guide on strategy, organizational structure and financial plans, strategic alliances, and governance. We offer nonprofit accounting services and financial systems review. We provide fiscal sponsorship and support for emerging organizations and collaborations.

Form 990, Part I, Line 8 - Propel Nonprofits regularly receives large, multi-year grants that appear as significant changes in contributions and grants from one year to the next. Because some of these grants have donor restrictions that limit their use to certain programs or to certain periods of time, these large, multi-year grants may also cause the total revenue less expenses or net income to appear negative one year, then positive the next, and back and forth. In FY2018, our total change in net assets is a negative \$839,819, but our change in net assets without donor restriction (the more accurate measure of a nonprofit's annual operating results, is a positive \$1.35 million. For a more complete picture of Propel Nonprofits' operating activity, please see our annual audited financial statements as made available at our website, www.propelnonprofits.org

Form 990, Part I, Line 19 - Propel Nonprofits regularly receives large, multi-year grants that appear as significant changes in contributions and grants from one year to the next. Because some of these grants have donor restrictions that limit their use to certain programs or to certain periods of time, these large, multi-year grants may also cause the total revenue less expenses or net income to appear negative one year, then positive the next, and back and forth. In FY2018, our total change in net assets is a negative \$839,819, but our change in net assets without donor restriction (the more accurate measure of a nonprofit's annual operating results, is a positive \$1.35 million. For a more complete picture of Propel Nonprofits' operating activity, please see our annual audited financial statements as made available at our website, www.propelnonprofits.org

Form 990, Part IV, Line 12a - Propel Nonprofits issues its own audited financial statements. Though operating wholly independently, Propel Nonprofits is a technically a subsidiary organization of The Minneapolis Foundation. The Minneapolis Foundation approves a bare majority of the slate of board members of Propel Nonprofits. Because of this structure, The Minneapolis Foundation consolidates Propel Nonprofits' financials in its audited financial statements.

Form 990, Part VI, Section A, Line 2 - Kate Barr, president and CEO of Propel Nonprofits, is a board member of Borealis Philanthropy, a nonprofit philanthropic intermediary organization whose CEO, Magui Rubalcava Shulman, is a board member of Propel Nonprofits.

Form 990, Part VI, Section A, Line 7a - Board members of Propel Nonprofits are recruited and selected by the board of Propel Nonprofits. In an arrangement that represents its historical origins and its current corporate structure as a subsidiary, a bare majority of the Propel Nonprofits board members are presented to and formally elected by the Board of Trustees of The Minneapolis Foundation.

Form 990, Part VI, Section A, Line 7b - Given that Propel Nonprofits is a subsidiary organization of The Minneapolis Foundation, and according to the bylaws of the Propel Nonprofits, the Board of Trustees of The Minneapolis Foundation may at any time remove a director of the board of Propel Nonprofits that The Minneapolis Foundation has also elected to The Minneapolis Foundation Board. The Board of Trustees of The Minneapolis Foundation may also appoint a director to fill any vacancy of a Propel Nonprofits board member formally elected by The Minneapolis Foundation in the event of a vacancy caused by death, resignation, or removal.

Form 990, Part VI, Section B, Line 11b - The audited financial statements, on which the Form 990 is based, are presented to the Finance Committee in June by the auditors. The 990 is prepared by the Vice President of Finance and CFO based on the audited financial statements. The 990 is then reviewed by the Finance Committee and President and CEO. The 990 is distributed to the board of directors before it is filed by its August deadline.

Form 990, Part VI, Section B, Line 12c - Propel Nonprofits' conflict of interest policy is reviewed annually by all employees and board members. Each staff member and board member is required to disclose any dualities of interest in writing. New employees and board members review the policy and disclose dualities of interest in writing upon first joining the staff or board. In the course of business, if and when a relevant duality of interest arises, the employee or board member discloses it verbally and is recused from any decision making role related to the dual interest.

Form 990, Part VI, Section B, Line 15 - The executive committee of the Propel Nonprofits' board of directors is responsible for reviewing

Supplemental Information (Continued)

annually the performance and salary of the president and CEO. Based on the review, the committee determines compensation for the president and CEO. In its salary determination, the committee engages an HR compensation consultant, considers salaries of CEOs in peer organizations with comparable experience, consults survey data of nonprofit executives, and reviews the history of the president and CEO's compensation. The president and CEO's salary was last reviewed in Fall 2017. No changes to the president and CEO's salary have occurred since that time.

Form 990, Part VI, Section C, Line 19 - Propel Nonprofits makes its governing documents and conflict of interest policy available to anyone upon request. Propel Nonprofits governing documents include its articles of incorporation, bylaws, and IRS Form 1023. Propel Nonprofits financial statements, annual reports, and quarterly investor reports are available to the public via its website. Propel Nonprofits financial statements include its audited financial statements, single audit (when required), and IRS Form 990 including schedules and attachments.

Form 990, Part VII, Section A, Line 1a - Jean Adams, Senior Vice President, Strategy and Chief Operating Officer of The Minneapolis Foundation, serves on the Propel Nonprofits board of directors. Because Propel Nonprofits is a subsidiary of The Minneapolis Foundation, Ms. Adams' compensation by The Minneapolis Foundation is listed here as that of a related organization.

Form 990, Part XII, Line 1 - While Propel Nonprofits did not change its method of accounting and maintains its books on an accrual basis, it did choose to become an early adopter of FASB Accounting Standards Update 2016-14 Presentation of Financial Statements of Not-for-Profit Entities. This change in accounting standards affects the audited financial statements of Propel Nonprofits, but does not affect the preparation or presentation of this IRS Form 990. Visit our website at www.propelnonprofits.org to see our FY2018 audited financial statements using the new FASB standards.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	<p>Other Program Services. Propel Nonprofits provides a wide range of integrated programs and services for nonprofit organizations. Services to nonprofits include programs designed to provide financial management assistance to loan clients and to other nonprofits. Programs provide strategic consulting services, outsourced accounting and financial services, and incorporation services for startup organizations. Customized technical assistance helps organizations understand their financial situation, identify priorities, and develop a plan of action for the near and long-term future. Technical assistance and consulting services include a wide range of diagnostic and mentoring discussions with staff and board leaders. These projects help nonprofits identify, analyze, and adapt their business model and develop plans to tie their mission and goals to strategies that grow capacity and strengthen sustainability. Propel Nonprofits' education and training program provides workshops on topics related to board governance, financial management and leadership for directors, board members, and staff and volunteers. Propel Nonprofits hosts an annual conference on Nonprofit Finance and Sustainability. Other knowledge sharing activities include developing and distributing articles, guidance, templates, and analysis on topics relevant for nonprofits for managing and planning financial practices, planning, governance, and strategy.</p>	1,055,413	102,700	675,356
Total:		1,055,413	102,700	675,356

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PROPEL NONPROFITS

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

41-1916337

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <u>The Minneapolis Foundation (41-6029402)</u> <u>80 South 8th Street IDS Center 800, Minneapolis, MN 55402</u>	<u>Philanthropy</u>	<u>MN</u>	<u>501(c)(3)</u>	<u>7</u>	<u>N/A</u>		<input checked="" type="checkbox"/>
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)	✓	
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
See Schedule R, Part VII, Statement 1			
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Description of Covered Relationships and Transaction Thresholds

		Amt. involved
Name	The Minneapolis Foundation	165,500
Transaction type	c	
Method of determining amt. involved	Propel Nonprofits received three grants totaling \$130,000 for program services and additional grants totaling \$35,500 for the fiscal sponsorship fund from The Minneapolis Foundation in FY2018. The program service grants included \$50,000 for merger-related expenses, \$50,000 to support work with charter schools, and \$30,000 to support the Minnesota Comeback initiative. The grants for fiscal sponsorship supported the work of two fiscally-sponsored clients, Reviving the Islamic Sisterhood of Empowerment (RISE) and the Coalition of Asian American Leaders (CAAL).	
Name	The Minneapolis Foundation	1,000,000
Transaction type	e	
Method of determining amt. involved	During FY2018, Propel Nonprofits paid off \$818,500 in a program-related investment from The Minneapolis Foundation. Propel Nonprofits entered into a new program-related investment of \$1,000,000 for lending to charter schools. Propel Nonprofits also maintains a line of credit with The Minneapolis Foundation of \$2 million. Propel Nonprofits did not draw on this line of credit during FY2018.	
Name	The Minneapolis Foundation	12,690
Transaction type	p	
Method of determining amt. involved	For efficiency of scale, Propel Nonprofits purchases its business liability and workers compensation insurances in conjunction with The Minneapolis Foundation. This amount represents Propel Nonprofits' proportionate share of the premiums for these insurances.	