# Nonprofit Financial Disclosures: Loan Repayment Assistance Program of Minnesota

April 3, 2025

The following information is included as requested by the Minnesota House Higher Education Finance and Policy Committee. I am happy to address any questions or concerns about the organization.

Sincerely,

Dee Baskin Executive Director

dbaskin@mnbars.org

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A complete list of names and addresses of the Board of Directors and all financial compensat they received for the past three years	
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**The mission of Loan Repayment Assistance Program of Minnesota** is to help reduce the education debt burden experienced by dedicated public interest lawyers who represent low-income clients seeking legal services to secure essential needs like food, shelter and safety, and fundamental rights like equal access to justice.

Form <b>990</b>
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Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

<u>A</u> F	or th	e 2021 calendar year, or tax year beginning and	l ending			
Bc	heck if			D Employer identific	cation number	
a	pplicab	LOAN REPAYMENT ASSISTANCE PROGRAM OF				
	Addre	MINNESOTA, INC.				
	Name Chang	ge Doing business as		41-169474	45	
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final		380	612-278-6		
	terminated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	163,807.	
	Amer	MINNEAPOLIS, MN 55402		H(a) Is this a group re		
	Appli tion	F Name and address of principal officer: DEE DASKIN		for subordinates	? Yes X No	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions	
		ite: VWW.LRAPMN.ORG		H(c) Group exemption	n number 🕨	
K F	orm o	f organization: 🔀 Corporation 📄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1991 N	I State of legal domicile: MN	
Pa	nrt I	Summary				
	1	Briefly describe the organization's mission or most significant activities:	ING LA	WYERS HELP 1	THE	
nce		DISADVANTAGED THROUGH EDUCATION LOAN REPA				
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	ets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	20	
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20	
9S 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1		
/itie	6	Total number of volunteers (estimate if necessary)	6	0		
Activities & Governance	7 a		otal unrelated business revenue from Part VIII, column (C), line 12			
<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
				Prior Year	Current Year	
đ	8	Contributions and grants (Part VIII, line 1h)		140,694.	154,432.	
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,756.	9,281.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	94.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		148,450.	163,807.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		29,106.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		57,473.	61,756.	
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)  26, 1	95.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,884.	23,112.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		101,463.	84,868.	
	19	Revenue less expenses. Subtract line 18 from line 12		46,987.	78,939.	
or ces			Be	ginning of Current Year	End of Year	
Net Assets ( Fund Balanc	20	Total assets (Part X, line 16)		579,109.	662,765.	
d Bé	21	Total liabilities (Part X, line 26)		17,881.	18,110.	
		Net assets or fund balances. Subtract line 21 from line 20		561,228.	644,655.	
	irt II	Signature Block				
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and stateme	ents, 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	Signature of officer		Date					
Here	DEE BASKIN, EXECUTIVE	DIRECTOR						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	NEAL EVERT	NEAL EVERT	09/12/22 self-employed P00046853					
Preparer	Firm's name CARPENTER, EVERT	& ASSOCIATES, LTD.	Firm's EIN ▶ 41-1534805					
Use Only	Firm's address 7760 FRANCE AVE	S, SUITE 940						
BLOOMINGTON, MN 55435 Phone no. (952) 831-008								
May the II	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	I32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

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<b>F</b> - 1	LOAN REPAYMENT ASSISTANCE PROGRAM OF 990 (2021) MINNESOTA, INC. 41-1694745 Page 2
Par	990 (2021) MINNESOTA, INC. 41-1694745 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE SUPPORT FOR LAWYERS WHO ARE IN PUBLIC SERVICE POSITIONS BY
	ASSISTING THEM IN REPAYING THEIR STUDENT LOANS. THE ORGANIZATION
	AWARDS LOAN REPAYMENT ASSISTANCE TO INDIVIDUALS EACH SPRING AND FALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses $40,506$ . including grants of $94$ . ) (Revenue $94$ . )
	LRAP MINNESOTA ENABLED 50 PUBLIC SERVICE ATTORNEYS TO HELP SOME 10,000 LOW-INCOME CLIENTS SECURE ESSENTIAL NEEDS LIKE FOOD, SHELTER, AND
	SAFETY.
4	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
۵d	Other program services (Describe on Schedule O.)
-ιu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses > 40,506.
	Form <b>990</b> (2021)
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		r ugo -

Form	<u>990 (2021)</u> MINNESOTA, INC. 41-1694	1745	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u> </u>
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		<u> </u>
10		10		x
44	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		- 23
11				
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		x
<b>L</b>	Part VI	<u>11a</u>		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
-	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Δ	<u> </u>
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			- <b>v</b>
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
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? If "Yes." complete Schedule I. Parts I and II	21		X
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Form	<u>1990 (2021)</u> MINNESOTA, INC. 41-169	4745	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	. 270		
zJa		25a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		- 23
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	_ 28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a				x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
, D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
50		36		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
37		07		v
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O           rt V         Statements Regarding Other IRS Filings and Tax Compliance	. 38	Х	L
ra				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
b		0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2021) MINNESOTA, INC. 41-1694	<u>745</u>	P	age <b>5</b>
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
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?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand	4.4-		X
		14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
460	If "Yes," complete Form 6069.	Earr	900	(2021)
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MINNESOTA, INC 41-1694745 Page 6 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 20 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 20 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes" describe х 12c on Schedule O how this was done ..... Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a а Х Other officers or key employees of the organization 15b h If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 THE ORGANIZATION - 612 - 278 - 6315

11112	OKGANTAN	LION		0 05	10		
600	NICOLLET	MALL,	SUITE	380,	MINNEAPOLIS,	MN	55402

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132006 12-09-21

2021.04021 LOAN REPAYMENT ASSISTANCE 012205\_1

Form **990** (2021)

Form 990 (2	MINNESOTA, INC.	41-1694745	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated	
Employees, and Independent Contractors			
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		vold	t con		1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DEE BASKIN	30.00			0	×	1 0	ш.			
EXECUTIVE DIREC		1		х				56,900.	0.	0.
(2) ANDREA DERBY WORKMAN	0.45							·		
DIRECTOR		х						0.	Ο.	0.
(3) ANN GEMMELL	0.60									
DIRECTOR		х						0.	Ο.	0.
(4) ANNA BEADLE	0.45									
DIRECTOR		X						0.	0.	0.
(5) CRAIG KOMANECKI	0.45									
DIRECTOR		Х						0.	0.	0.
(6) DANIEL BROWN	0.60									
TREASURER		Х		Х				0.	0.	0.
(7) DEBRA SCHNEIDER	0.45									
DIRECTOR		Х						0.	0.	0.
(8) ERIC BROWN	0.45									
DIRECTOR		Х						0.	0.	0.
(9) ERIN KEYES	0.60									
VICE PRESIDENT		Х		Х				0.	0.	0.
(10) JAMES FORMAN	0.45									
DIRECTOR		Х						0.	0.	0.
(11) LAURETTE HANKOM	0.45									
DIRECTOR		Х						0.	0.	0.
(12) LISA HOLLINGSWORTH	0.45									
DIRECTOR		Х						0.	0.	0.
(13) LIZ FORS	0.45									
DIRECTOR		Х						0.	0.	0.
(14) MARA ASCHEMAN	0.45									
DIRECTOR		Х						0.	0.	0.
(15) PETER HENNIGAN	0.45									
DIRECTOR		Х						0.	0.	0.
(16) PETER KNAPP	0.45									
DIRECTOR		Х						0.	0.	0.
(17) PHILLIP HOLMES	0.45								_	_
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

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132007 12-09-21

Form 990 (2021)

LOAN REPA		ASS	SIS	ТА	NC	Έ	PI	ROGRAM OF				
Form 990 (2021) MINNESOTA									41-16	594'	745	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos heck	more rson i	1 than is both pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		Esti amo	<b>(F)</b> mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations	(W-2/1099-MISC/ 1099-NEC)		ensation m the nization related nizations
(18) QORTNEY MCLEOD	0.45											•
DIRECTOR	0.45	Х						0.		0.		0.
(19) QUINN HARMON DIRECTOR	0.45	x						0.		0.		0.
(20) STEPHANIE HUISMAN	0.45	^				-		0.		0.		0.
DIRECTOR	0.13	x						0.		0.		0.
(21) VALERIE HERRING	0.60											
PRESIDENT		x		x				0.		0.		0.
		-										
1b Subtotal					-	-		56,900.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								56,900.		0.		0.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	iose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			0
										ſ	`	Yes No
<b>3</b> Did the organization list any <b>former</b> officer,			•		-				•		•	x
<ul><li>line 1a? If "Yes," complete Schedule J for st</li><li>For any individual listed on line 1a, is the su</li></ul>										····	3	
and related organizations greater than \$150											4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	Iccrue comper	nsati	on fi	rom	any	unre	elat	ed organization or individ	dual for services		5	X
Section B. Independent Contractors			01 30		00/3	011						
1 Complete this table for your five highest con the organization. Report compensation for t										ensat	ion fron	n
(A) Name and business	address	N	ONE	3				<b>(B)</b> Description of s	ervices	С	(C) ompens	
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lin	nited	d to	thos (		ted	l above) who received mo	ore than			

Form **990** (2021)

132008 12-09-21

Form	1 99	0 (2	MINNESOTA, IN	с.			41-1694	745 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin			(2)	
					<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
					i otal revenue	function revenue	business revenue	from tax under
								sections 512 - 514
ts t	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Am O		С	Fundraising events 1c					
aift Iar		d	Related organizations 1d					
ini, (			Government grants (contributions) 1e					
rti S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	154,432.				
dt		g	Noncash contributions included in lines 1a-1f					
a C		h	Total. Add lines 1a-1f	<b>&gt;</b>	154,432.			
				Business Code				
e	2	а						
Program Service Revenue		b						
Sepu		С						
am		d						
Вo		е						
۲ ۲		f	All other program service revenue					
		g	Total. Add lines 2a-2f	►				
	3		Investment income (including dividends, intere					
			other similar amounts)		9,281.			9,281.
	4		Income from investment of tax-exempt bond p	roceeds 🕨 🕨				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	🕨				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
anu			and sales expenses 7b					
evenue		С	Gain or (loss) 7c					
Ě			Net gain or (loss)	····· <b>&gt;</b>				
Other	8	а	Gross income from fundraising events (not					
ò			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
	_		Net income or (loss) from fundraising events	<b>&gt;</b>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	▶				
	10	а	Gross sales of inventory, less returns					
			and allowances <u>10a</u> Less: cost of goods sold <b>10b</b>					
			•					
		C	Net income or (loss) from sales of inventory	Business Code				
sn	44	~	OTHER INCOME	990099	94.	94.		
Miscellaneous Revenue		a b			<u> </u>	<u> </u>		
ella. Ven		с С						
Be			All other revenue					
Σ			Total. Add lines 11a-11d		94.			
	12		Total revenue. See instructions		163,807.	94.	0.	9,281.
13200					-			Form <b>990</b> (2021)

132009 12-09-21

#### LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

on 501(c)(3) and 501(c)(4) organizations must compl				
	ete all columns. All othe	r organizations must con	nplete column (A).	
Check if Schedule O contains a respons	se or note to any line in	this Part IX		
ot include amounts reported on lines 6b, bb, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
E E E E E E E E E E E E E E E E E E E				
	56,900.	32,433.	5,690.	18,777
			,	•
-				
	1 856	2 768	186	1,602
	±,030•	2,700.	±00•	1,002
	6 200		6 200	
	0,300.		6,300.	
	110			
				119
	2,305.	829.	254.	1,222
Information technology				
Royalties				
Occupancy	2,721.	1,089.	544.	1,088
Travel				
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest				
Depreciation, depletion, and amortization				
Insurance	1,279.		1,279.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	8.467.	3.387	1.693.	3,387
			1,921.	5,501
	_,,,		_,	
·	84 868	40 506	18 167.	26,195
	01,000.			20,19
, , , , , , , , , , , , , , , , , , , ,				
Check here if following SOP 98-2 (ASC 958-720)				
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If	b, 9b, and TUB of Part VIII.         Grants and other assistance to domestic organizations and domestic overnments. See Part IV, line 21         Grants and other assistance to domestic individuals. See Part IV, line 22         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16         Benefits paid to or for members         Compensation of current officers, directors, trustees, and key employees         Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B)         Other salaries and wages         Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions)         Other employee benefits         Payroll taxes         4, 856.         Fees for services (nonemployees):         Management         Legal         Accounting         Lobbying         Professional fundraising services. See Part IV, line 17         Investment management fees         Other (II line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)         Advertising and promotion         119.         Office expenses         Conferences, conventions, and meetings         Inferrest         Payments to affiliates         Depreci	b, bb, and 70b of Part Will.         expenses           Grains and other assistance to domestic organizations and domestic governments. See Part IV, line 21         grains and other assistance to domestic individuals. See Part IV, line 22           Grains and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16         grains and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16         grains and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16         grains and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16         grains and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 for \$,900.         32,433.           Compensation or liculed above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1) and persons described in section 4958(r)(1) and persons described in section 4958(r)(2) (1) and persons described in section 4958(r) (1) and person 4058(r) (1) and persons described in section 4958(r) (2) (2) (2, 768.           Payont taxes         4, 856.         2, 768.         2, 768.         2, 305.         829.         119.         0         119.         0         0         12.         0         0 <td< td=""><td>6. W5. And 70b of Part WIL.         expenses         general expenses           Grants and other assistance to domestic Grants and other assistance to foreign organizations, foreign governments, and foreign orgensation of current officers, directors, firstees, and kay employees         56,900.         32,433.         5,690.           Compersation of current officers, directors, firstees and wages         56,900.         32,433.         5,690.           Cher satines and wages         56,900.         32,433.         5,690.         56,900.           Cher satines and wages         0         &lt;</td></td<>	6. W5. And 70b of Part WIL.         expenses         general expenses           Grants and other assistance to domestic Grants and other assistance to foreign organizations, foreign governments, and foreign orgensation of current officers, directors, firstees, and kay employees         56,900.         32,433.         5,690.           Compersation of current officers, directors, firstees and wages         56,900.         32,433.         5,690.           Cher satines and wages         56,900.         32,433.         5,690.         56,900.           Cher satines and wages         0         <

132010 12-09-21

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Form 990 (2021)

Form 990 (	
Part X	Balance Sheet

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

41-1694745 Page 11

art	. ^	Balance Sneet	and the entry line in this David M			
		Check if Schedule O contains a response or r	note to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		73,498.	1	154,613
	2	Savings and temporary cash investments $\dots$		104,366.	2	104,366
	3	Pledges and grants receivable, net		52,131.	3	42,806
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current	or former officer, director,			
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ			6	
2	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		1.014	8	
	9			1,014.	9	1,044
	10a	Land, buildings, and equipment: cost or othe				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	240, 100	10c	250.000	
	11	Investments - publicly traded securities	348,100.	11	359,936	
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	579,109.	16	662,765
	17	Accounts payable and accrued expenses $\dots$	4,718.	17	5,150	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Comple	te Part IV of Schedule D		21	
ß	22	Loans and other payables to any current or fo	ormer officer, director,			
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		22	
	23	Secured mortgages and notes payable to unr	elated third parties		23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D		13,163.	25	12,960
	26			17,881.	26	18,110
		Organizations that follow FASB ASC 958, o	heck here 🕨 🔀			
Ces		and complete lines 27, 28, 32, and 33.				
0	27	Net assets without donor restrictions	335,951.	27	392,378	
	28	Net assets with donor restrictions	225,277.	28	252,277	
		Organizations that do not follow FASB ASC				
		and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current fun			29	
	30	Paid-in or capital surplus, or land, building, or	equipment fund		30	
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated			31	
Ne	32	Total net assets or fund balances		561,228.	32	644,655
	33	Total liabilities and net assets/fund balances		579,109.	33	662,765 Form <b>990</b> (202

132011 12-09-21

	LOAN	REPAYMENT	ASSISTANCE	PROGRAM	OF
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		Page <b>12</b>	
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			
		807.	
		868.	
	78,939		
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       5		228.	
5 Net unrealized gains (losses) on investments 5	4,	488.	
6 Donated services and use of facilities			
7 Investment expenses 7			
8 Prior period adjustments 8			
9 Other changes in net assets or fund balances (explain on Schedule O)		0.	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	44,	655.	
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
	Ye	s No	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a    Were the organization's financial statements compiled or reviewed by an independent accountant?	a X		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
separate basis, consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	>	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
review, or compilation of its financial statements and selection of an independent accountant?	;	<u> </u>	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
Act and OMB Circular A-133?	1	<u> </u>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2021)

132012 12-09-21

SCHEDULE A (Form 990)	Public Cha Complete if the organ	OMB No. 1545-0047					
Internal Revenue Service		Attach to Form 990 or F v/Form990 for instruction			nformation.		Inspection
Name of the organizati	DON LOAN REPAYMENT MINNESOTA, INC		PROGRA	AM OF			identification number
Part I Reason	for Public Charity Status.		omplete th	nis part.) S	ee instructior		
The organization is not a	private foundation because it is:	For lines 1 through 12, c	heck only	one box.)			
1 A church, co	nvention of churches, or association	on of churches described	l in <b>sectio</b>	n 170(b)( <sup>-</sup>	I)(A)(i).		
	cribed in section 170(b)(1)(A)(ii).						
	a cooperative hospital service org				-	VIII) Entor	the beenitel's name
4 A medical res	earch organization operated in co	njunction with a nospital	described	III Sectio			the hospital's hame,
	on operated for the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
section 170	(b)(1)(A)(iv). (Complete Part II.)						
	te, or local government or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
-	on that normally receives a substa	intial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
	b)(1)(A)(vi). (Complete Part II.)	(1)(A)(vi) (Complete Der	+ II \				
	trust described in <b>section 170(b)</b> al research organization described		,	ed in conii	inction with a	land-grant	college
5	or a non-land-grant college of agric			-		-	-
university:		· · · ·			-		
-	on that normally receives (1) more					-	•
	ted to its exempt functions, subject	-					-
	inrelated business taxable income 509(a)(2). (Complete Part III.)	(less section 511 tax) fro	om busines	ses acqui	red by the org	janization a	ifter June 30, 1975.
	on organized and operated exclus	ivelv to test for public sa	fetv. See	section 50	)9(a)(4).		
	on organized and operated exclus	•	•			rry out the	purposes of one or
more publicly	supported organizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (	Check the box on
	ough 12d that describes the type of					-	
	upporting organization operated, s		• • • •	-			
••	ted organization(s) the power to re n. <b>You must complete Part IV, S</b>	• • • • •	i majority c	of the alrea	tors or truste	es of the st	ipporting
	supporting organization supervised		tion with it:	s supporte	ed organizatio	n(s), by hav	ving
control or r	nanagement of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	n(s). You must complete Part IV,						
	ictionally integrated. A supportir					ly integrate	d with,
	ed organization(s) (see instructions n-functionally integrated. A sup				-	tod organi-	zation(c)
	unctionally integrated. The organi						
	t (see instructions). You must co						
e Check this	box if the organization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	integrated, or Type III non-function	nally integrated supporti	ng organiz	ation.			[]
	of supported organizations ng information about the supporte	d organization(a)					
(i) Name of supp		(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
organizatior		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
 Total							
	duction Act Notice, see the Inst	uctions for Form 990 o	r 990-EZ.	132021 01-	04-22	Sche	dule A (Form 990) 2021
		19					

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## LOAN REPAYMENT ASSISTANCE PROGRAM OF Schedule A (Form 990) 2021 MINNESOTA, INC. 41-1694745 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(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
faile to qualify under the tests listed below, places complete Dart III.)

f	ails	s to	) qu	alify	under	the	tests	listed	below,	please	comple	ete Part	: III.)
				~									

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	149,687.	191,721.	200,264.	140,694.	154,432.	836,798.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge		1.0.1			1 - 1 - 1 - 0				
	Total. Add lines 1 through 3	149,687.	191,721.	200,264.	140,694.	154,432.	836,798.			
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,						100 800			
	column (f)						103,782.			
	Public support. Subtract line 5 from line 4.						733,016.			
	ction B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
-	Amounts from line 4	149,687.	191,721.	200,264.	140,694.	154,432.	836,798.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	0 1 0 2	0 161	0 050	7 756	0 201				
-	and income from similar sources	9,192.	9,464.	8,852.	7,756.	9,281.	44,545.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	285.	628.	1,347.		94.	2,354.			
	assets (Explain in Part VI.)	205.	020.	1,54/.		94.	883,697.			
	<b>Total support.</b> Add lines 7 through 10		-no)			12	005,097.			
12	Gross receipts from related activities,		,	iourth or fifth tox y						
13	First 5 years. If the Form 990 is for the organization, check this box and stop	-		-						
Sec	ction C. Computation of Publi									
	Public support percentage for 2021 (I			column (f))		14	82.95 %			
15	Public support percentage from 2020		•			15	74.59 %			
	<b>33 1/3% support test - 2021.</b> If the c									
	stop here. The organization qualifies									
b	<b>33 1/3% support test - 2020.</b> If the c		-							
	and <b>stop here.</b> The organization qual	•								
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	-								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	0 10% -facts-and-circumstances test	-		• • • •	-					
	more, and if the organization meets th	-								
	organization meets the facts-and-circu									
18	Private foundation. If the organization		•							
							(Form 990) 2021			

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Schedule A (Form 990) 2021

#### MINNESOTA, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support				-1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	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						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organi	ization,
	check this box and stop here	-					
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						ne 17 is not
-	more than 33 1/3%, check this box ar	-	-				<b>&gt;</b>
b	<b>33 1/3% support tests - 2020.</b> If the						
~~	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ins		
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## LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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Yes No

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Part IV | Supporting Organizations (continued) Yes No 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,

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

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upervised, or controlled the supporting organization

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

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

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

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in Part VI how you support	ted a governmental entity (see instruction <u>s).</u>
---	--	---	-------------------------------------	---

2 Activities Test. Answer lines 2a and 2b below.

<u>the supported organization(s)</u>

- 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2b 3a 3b Schedule A (Form 990) 2021

2a

Yes No

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	LOAN REPAYMENT ASSISTANC	CE PF	ROGRAM OF	
Sche	edule A (Form 990) 2021 MINNESOTA, INC.			41-1694745 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970( <i>explain</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting o	organization (see

instructions).

Schedule A (Form 990) 2021

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#### LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA INC

Sche	dule A (Form 990) 2021 MINNESOTA, IN			4	1-1694745 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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	(5 000) 0001	LOAN REPA MINNESOTA		ASSISTANCE	PROGRAM		94745 Page 8
Part VI	(Form 990) 2021 <b>Supplemental Inform</b> Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 4 (See instructions.)	<b>nation.</b> Provide t 2, 3b, 3c, 4b, 4c, 5 ines 2 and 3; Part I	he explana a, 6, 9a, 9t /, Section I	ations required by Part 5, 9c, 11a, 11b, and 1 <sup>-</sup> E, lines 1c, 2a, 2b, 3a,	c; Part IV, Secti and 3b; Part V,	II, line 17a or 17b; Part III ion B, lines 1 and 2; Part line 1; Part V, Section B,	, line 12; IV, Section C, line 1e; Part V,
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SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047
(Form 990)	2021				
		anizations Exempt From Income if the organization is described I			
Department of the Treasury Internal Revenue Service	-	Go to www.irs.gov/Form990 for in			-EZ. Open to Public Inspection
		Form 990, Part IV, line 3, or For			•
-		plete Parts I-A and B. Do not com		e 40 (Political Campaig	n Activities), then
		)1(c)(3)) organizations: Complete P		Do not complete Part I-B	
<ul> <li>Section 527 organization</li> </ul>					
•	•	Form 990, Part IV, line 4, or For	n 990-EZ, Part VI, lin	e 47 (Lobbying Activitie	es), then
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	nave filed Form 5768 (election und	er section 501(h)): Co	mplete Part II-A. Do not o	complete Part II-B.
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	nave NOT filed Form 5768 (electior	n under section 501(h)	): Complete Part II-B. Do	not complete Part II-A.
-		Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	nstructions) or Form 99	0-EZ, Part V, line 35c (Proxy
Tax) (See separate inst					
		ions: Complete Part III.			
Name of organization		PAYMENT ASSISTANC	E PROGRAM O	F. Eu	nployer identification number 41-1694745
Part I-A Comple	ete if the org	TA, INC. anization is exempt under	section 501(c) o	r is a section 527 c	
					gamzation
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV	
2 Political campaign	•	•			• \$
3 Volunteer hours for	, i			······ ·	•
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3	<b>3</b> ].	
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955	►	• \$
		incurred by organization managers			
		n 4955 tax, did it file Form 4720 fo			
					Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c)	excent section 501	(~)(3)
-	-	by the filing organization for secti		•	• \$
		ization's funds contributed to othe	•		φ
exempt function ac			-	•	• \$
		. Add lines 1 and 2. Enter here and		······	•
				►	•\$
					Yes No
5 Enter the names, ad	ddresses and em	ployer identification number (EIN)	of all section 527 poli	tical organizations to wh	ich the filing organization
	-	tion listed, enter the amount paid f			
		omptly and directly delivered to a s			ate segregated fund or a
· ·		additional space is needed, provid		Т	
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's	
				funds. If none, enter -0	). promptly and directly
					delivered to a separate
					political organization. If none, enter -0
					,

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

Schedule C (Form 990) 2021

132041 11-03-21

	MINNESOTA,	INC.	NCE PROGRAM	41-1	694745 Page 2 ction under
	tion belongs to an affi	liated aroun (and list in	Part IV each affiliated o	roup member's name	address FIN
	re of excess lobbying e	•	Fait iv each anniateu g	group member s name	, address, Elin,
	, ,	nd "limited control" pro	visions apply.		
Limi	ts on Lobbying Expe	•		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a legislative bod	ly (direct lobbying)		4,280.	
c Total lobbying expenditures (add li	nes 1a and 1b)			4,280.	
d Other exempt purpose expenditure	es			80,588.	
e Total exempt purpose expenditure	s (add lines 1c and 1d	)		84,868.	
f Lobbying nontaxable amount. Ente	er the amount from the	e following table in both	n columns.	16,974.	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of 1	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
				4 0 4 4	
<b>g</b> Grassroots nontaxable amount (en	,			4,244.	
h Subtract line 1g from line 1a. If zer				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze reporting section 4911 tax for this		line 1i, did the organiza		[	Yes No
(Some organizations th	hat made a section 50	eraging Period Under D1(h) election do not l ate instructions for lin	nave to complete all of	f the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
2a Lobbying nontaxable amount	38,215.	39,004.	20,293.	16,974.	114,486.
b Lobbying ceiling amount (150% of line 2a, column(e))					171,729.
<b>c</b> Total lobbying expenditures	1,588.	4,280.	4,280.	4,280.	14,428.
d Grassroots nontaxable amount	9,544.	9,751.	5,073.	4,244.	28,612.
e Grassroots ceiling amount (150% of line 2d, column (e))					42,918.
f Grassroots lobbying expenditures					lo C (Eorm 990) 2021

Schedule C (Form 990) 2021

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# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

41-1694745 Page 3

#### Schedule C (Form 990) 2021

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).			X	N
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	tion	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?				
_5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Drovi	de the descriptions required for Part I.A. line 1: Part I.B. line 4: Part I.C. line 5: Part II.A (affiliated group	lict). Dart II.A	lines 1 a	ad 2 (Saa	

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

Schedule C (Form 990) 2021

132043 11-03-21

SC	SCHEDULE D Supplemental Financial Statements				
(Forn	n 990)		rganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l	h	2021
	ment of the Treasury		Open to Public		
	Revenue Service	ation.			
Nam	e of the organization	MINNESOTA, INC.	SISTANCE PROGRAM OF	Empi	oyer identification number 41-1694745
Par	t I Organiza		ed Funds or Other Similar Funds	or Account	
	organizatio	n answered "Yes" on Form 990, Part IV,	line 6.		
			(a) Donor advised funds	(b) Fund	s and other accounts
1		nd of year			
2		f contributions to (during year)			
3 4		f grants from (during year)			
5		t end of year	n writing that the assets held in donor advise	ed funds	
Ŭ	-		's exclusive legal control?		Yes No
6			r advisors in writing that grant funds can be u		
	for charitable purp	poses and not for the benefit of the donor	r or donor advisor, or for any other purpose c	onferring	
_					X Yes No
Par		· · · · · · · · · · · · · · · · · · ·	organization answered "Yes" on Form 990, P	Part IV, line 7.	
1		servation easements held by the organiza			
		n of land for public use (for example, recr	,		nportant land area
	=	of natural habitat	Preservation of	a certified histo	oric structure
2		t of open space	alified conservation contribution in the form c	of a consonvatio	on accoment on the last
2	day of the tax year				feld at the End of the Tax Year
а				2a	
b					
с	Number of conserv		structure included in (a)		
d	Number of conserv	vation easements included in (c) acquire	d after 7/25/06, and not on a historic structur	re	
	listed in the Nation	nal Register		2d	
3		vation easements modified, transferred,	released, extinguished, or terminated by the	organization di	uring the tax
	year				
4		where property subject to conservation e			
5		forcement of the conservation easements	periodic monitoring, inspection, handling of		Yes No
6			s it holds? g, handling of violations, and enforcing conse		
•	•		g,		
7		ses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservati	ion easements	during the year
	►\$				
8	Does each conserv	vation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h	ı)(4)(B)(i)	
					Yes No
9		•	ation easements in its revenue and expense s		
			otnote to the organization's financial stateme	nts that descri	bes the
Par	t III Organiza	ounting for conservation easements. ations Maintaining Collections	of Art, Historical Treasures, or Oth	ner Similar	Assets.
		f the organization answered "Yes" on Fo			
1a			958, not to report in its revenue statement ar	nd balance she	et works
	of art, historical tre	easures, or other similar assets held for p	ublic exhibition, education, or research in fur	therance of pu	blic
	service, provide in	Part XIII the text of the footnote to its fir	ancial statements that describes these items	6.	
b	If the organization	elected, as permitted under FASB ASC	958, to report in its revenue statement and b	alance sheet w	vorks of
			lic exhibition, education, or research in furthe	erance of publi	c service,
	-	ing amounts relating to these items:			
2	.,		reasures, or other similar assets for financial		
£		unts required to be reported under FASE		gain, provide	
а	-			▶ \$	
		eduction Act Notice, see the Instruction			chedule D (Form 990) 2021
132051	10-28-21		2.0		
			30		

10170912 310390 012205

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1.04021	LOAN	REPAYMENT	ASS

2021.04021 LOAN REPAYMENT ASSISTANCE 012205\_1

		PAYMENT ASS	SISTANCE PH	ROGRAM OF				-	•
	dule D (Form 990) 2021 MINNESO				0	41-16			age 2
Par	organizatione maintaining e						s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					se in Part	XIII.		
5	During the year, did the organization solicit or				r assets		-		-
D.	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes" o	n Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia					_	_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:						
							Amount		
С	Beginning balance				<u>1c</u>				
d	Additions during the year				<b>1d</b>				
е	Distributions during the year				1e				
f	Ending balance				<b>1</b> f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account liab	ility?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete in	f the organization an	swered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	197,796.	190,466.	178,764.	1	.89,607.		177,	,502.
b	Contributions								
с	Net investment earnings, gains, and losses	9,269.	7,330.	14,323.	-	10,176.		12,	,105.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses			2,621.		667.			
g	End of year balance	207,065.	197,796.	190,466.	1	.78,764.		189,	,607.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:					
а	Board designated or guasi-endowment	5	%	,					
b	Permanent endowment	%	<b>—</b> 1						
c		<u></u> ,%							
•	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
3a	Are there endowment funds not in the posses		tion that are held an	nd administered for t	he organiz	ation			
	by:	eeren er une ergannia			ine engenni		ſ	Yes	No
	(i) Unrelated organizations						3a(i)		x
	(ii) Related organizations						3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organization								<u> </u>
4	Describe in Part XIII the intended uses of the								L
Par	t VI Land, Buildings, and Equipm		witherit fullus.						
	Complete if the organization answered		Part IV, line 11a, S	ee Form 990. Part X	line 10				
	Description of property	(a) Cost or of	, , 		Accumulat	od	(d) Bool	( volu	
	Description of property	basis (investr			epreciation			vaiu	C
1-	Land				-1				
-	Land								
b	Buildings					<u> </u>			
	Leasehold improvements								
	Equipment								
	Other			- 1					0.
<u>i ota</u>	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part )	<u>X, column (B), line 1(</u>	<u>')c.)</u>		Schedule	D (Form	n 990)	

132052 10-28-21

LOAN	REPAY	MENT	ASSISTANCE	PROGRAM	$\mathbf{OF}$
MINNE	2 C U D 2	TNC			

Schedule D	(Form 990) 2021		INC.	4	11-1694745 Page <b>3</b>
Part VII		Other Securities.			
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or categ	JOTY (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financia	al derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (	b) must equal Form 990	), Part X, col. (B) line 12.) 🕨			
Part VIII	Investments -	Program Related.			
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990	), Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.		1		
	Complete if the org	anization 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)					
	ımn (h) must equal Fc	orm 990 Part X col (B) lin	e 15.)		
Part X	Other Liabilitie	S.			
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line -	11e or 11f. See Form 990, Part X, line	25.
1.	(a) De	escription of liability			(b) Book value
	leral income taxes				
	NDS HELD F	OR OTHERS			12,960.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(h) must 1 F	000 Dout V 1 (D) //	o 25 )		▶ 12,960.
			<u>e 25.)</u>	the organization's financial statement	

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

	LOAN REPAYMENT ASSISTANCE	PROGRAM	OF		
Sche	dule D (Form 990) 2021 MINNESOTA, INC.				694745 <sub>Page</sub> 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	168,295.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	4,488.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	4,488.
3	Subtract line 2e from line 1			3	163,807.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	163,807.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With E	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	84,868.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	84,868.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	84,868.
Pa	t XIII Supplemental Information.				

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

#### PART IV, LINE 2B:

THE ORGANIZATION IS AN AGENT TO UNIVERSITY OF ST. THOMAS' LOAN REPAYMENT

ASSISTANCE PROGRAM.

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT IS TO GENERATE LONG-TERM REVENUE TO SUPPORT

THE OPERATION OF LRAP.

PART X, LINE 2:

10170912 310390 012205

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME

#### TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX 132054 10-28-21 Schedule D (Form 990) 2021

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LOAN REPAYMENT ASSISTANCE PROGRAM OF
Schedule D (Form 990) 2021 MINNESOTA, INC. 41-1694745 Page 5
Part XIII Supplemental Information (continued)
POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE
FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE
ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION
APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS
EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A
PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE
CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

Schedule D (Form 990) 2021

132055 10-28-21

(Form 990)         For certain Officers, Directors, Trustees, Key Employees, and Highest         Complete If the organization answered "Yes" on Form 990, Part IV, line 23.         Latter to Form 990.         Lot an REPARAMENT ASSISTANCE PROGRAM OF         Management of the programment of the organization answered "Yes" on Form 990, Part IV, line 23.         Lot and REPARAMENT ASSISTANCE PROGRAM OF         MINNESOTA, INC.         Yes Management of 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.         Part VII, Section A, line 1a, complete Part III to provide 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 of the following to or for a person listed on Form 990.         Part VIII, Section A, line 1a, complete Part III to provide any of the following to or for a personal residence         Parawit for comparison and gross-up payments         Personal services (such as maid, chauffeur, cheft)         bit 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 expanses described above? If "No." complete Part III to explain         do the organization regime substantiation provide above? If "No." complete Part III to explain         do the organization regime substantiaton provide to regime above and resider on line 1a?         do the organization regime substantiaton provide to regime above above and the substant above and the explanes above above and the substant above and the substant above	SCH	<b>IEDULE J</b>	Compensation Information	I	OMB No. 1	1545-004	47
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.     Do the Verk UP A fact to Form 990.     Complete Part II Course in the form 990.     Part IV and the organization     LOAN REPAYMENT ASSISTANCE PROGRAM OF     MINNESODA, INC.     PARTI Questions Regarding Compensation     LOAN REPAYMENT ASSISTANCE PROGRAM OF     MINNESODA, INC.     Part IV, Gection A, Line 1a, Complete Part III to provide 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 of the following to or for a person listed on Form 990.     Part VII, Section A, Line 1a, and the organization provided any of the following to or for a person listed on Form 990.     Part VII, Section A, Line 1a, and the organization follow a written policy regarding these terms.     Discretionary spending account     Personal services (such as maid, chauffeur, chef)     bit 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 organization follow a written policy regarding payment or     reimbursement or provision of all of the organization follow a written policy regarding payment or     reimbursement or provision of all of the organization follow a written policy regarding payment or     reimbursement or provision of all of the organization follow a written policy regarding payment or     reimbursement or provision of all of the organization follow a written policy regarding payment or     reimbursement or provision of all of the organization used to establish the compensation or the explain and     Compensation committee     Discretionary payments    Written employment contract     trustees, and officers, including the CEO/Executive Director, the applicable announts for each term engliny the applicable and the organization to     estable organization.     CEO/Executive Director, but explain II Part III.     Orop section 501(ck), 501(ck), and 501(ck)201 organization ansa	(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>91</b>	
Department of the Toward         Department of the organization         Department of the organization organization organization regarding these items.         Department of the organization organization regarding these items.         Department of the organization organization regarding these items.         Department of the organization or centum organization organization or department or remains organization organization organization organization organization or department organization or method organization.         Department organization organization organization organization organization organization or department organization organization.         Department organization organization organization organization organization organization or department organization organizat					<b>ZU</b>		1
Immediate         Image of the organization         Image of the organization         Image of the organization           Name of the organization         IOAN RESPATYMENT ASSISTANCE PROGRAM OF         Employeer identification number 41-1694745           Part II         Questions Regarding Compensation         1-1694745           Ia         Check the appropriate box(s) 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 provise any relevant information regarding these items.         Image of the organization           Image of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, did the organization follow a written policy regarding payment or reinhoursement or provision of all of the expenses described dowe? If "No." complete Part III to explain         10           Ib         If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinhoursement or provision of all of the expenses described dowe? If "No." complete Part III to explain         10           ID         Indicate which, if any, of the following the organization used to establish the compensation of the organization is cEO/Executive Director, regarding the tense checked on line 1a?         2         X           Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, regarding the tense checked on line 1a?         2         X           Indicate which, if any, or the following the organization used to estab	Depart	ment of the Treasury			•		
MINNESOTA, TINC.       41–1694745         Part I       Questions Regarding Compensation       Yes         a Check the appropriate box(ss) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1, complete Part III to provide any relevant information regarding these items.       Yes       No         Part VII, Section A, line 1, complete Part III to provide any relevant information regarding these items.       Part voit, Section A, line 1, complete Part III to provide any relevant information regarding payment or residence of presonal resolucce       Payments for business use of personal resolucce         b are of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reinduceres described above? If 'No', complete Part III to optional       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CPC/Executive Director, regarding the terms checked on line 1 ar       2         3 Indicate which, if any, of the following the organization used to establish the compensation science's CPC/Executive Director, but explain in Part III.       Compensation committee       1b         Compensation committee       Writing the spanization used or a velated organization to establish the compensation survey or study       1b       2         Provide any person listed on Form 990, Part VII, Section A, line 1 a, with respect to the filing organization to a velated organization:       2       X         4 During the year, did	Interna	Revenue Service			•		
Part I       Questions Regarding Compensation         ************************************	Name	e of the organization					mber
Image: the sequence of	Dee			41-1	69474	5	
1a       Check the appropriate box(se) if the organization provided any of the following to or for a person listed on Form 590, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Travel for companions       Payments for business use of personal use         Travel for companions       Payments for business use of personal mesidence       Payments for business use of personal mesidence         Travel for companions       Payments for business use of personal mesidence       Personal services (such as maid, chauffeur, cheft)         b       if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No," complete Part III to explain       1b         2       Did the organization requires ubstantiation prior to reimbursing or allowing exponses incured by and lidectors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2       X         Imdepandent companizations       X paproval by the boad or compensation committee       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X <tr< td=""><td>Par</td><td></td><td>s Regarding Compensation</td><td></td><td></td><td></td><td></td></tr<>	Par		s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of the companion of the comparison of the comparison of the companion of						Yes	No
Pirst-class or charter travel       Housing allowance or residence for personal use         Payments for business use of personal residence         Travel for companions       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbrursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         c If any of the boxes on line 1 a are checked, did the organization follow a written policy regarding payment or reimbrursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         c If any of the boxes on line 1 are checked, did the organization go allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish the COVExecutive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         midependent compensation or brom 990, Part VII, Section A, line 1a, with respect to the filing organization regulation and group of the explicable amounts for each item in Part III.       4a       X         b Participate in or receive payment from an equity-based compensation arrangement?       4a       X         t "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5				990,			
Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for companization 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?       Image: Travel CeO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Travel CeO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Travel CeO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Travel CeO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation consultant       Image: Traveel CeO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish and any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization are related organization:         a Receive a severace payment from a supplemental nonqualified retrement plan?       4a       X         b Participate in or receive payment from a supplemental nonqualified ret							
Tax indemnification and gross up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3 Indicate which, if any, of the following the organization used to establish the compensation of the corganization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish the Compensation comsultant       2       X         3 Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director, but explain in Part III.       2       X         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:       3a       X         9 Participate in or receive payment from an equity-based compensation arrangement?       4a       X         4 Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the restablish of the organization pay or accrue any compensation contingent on the restablish contex of:       5a       X							
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       2       X         Compensation committee       Writen employment contract       2       X         Indicate which, if any, of the following the organization suce to establish compensation committee       Writen employment contract       2       X         Compensation committee       Writen employment contract       2       X       4a       X         Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         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?       4a       X         Participate in or receive payment from a supplement flat man angument?       4b       X         If "Yees" to any of lines 4a-c							
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       2       X         Compensation committee       Written employment contract       Written employment contract       4a       X         Independent compensation consultant       Compensation survey or study       Form 990 of other organization:       Approval by the board or compensation committee       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       a equip-based compensation arrangement?       4a       X         b       Participate in or receive payment from a equity-based compensation pay on 2:       Year       4b       X         Only section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reteamings of:							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2       X         COMpensation committee       Written employment contract       0       0         Compensation committee       Written employment contract       0       0         Porning 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:       4a       X         4b       X       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         Charlicipate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         Charlicipate in or receive payment from a supplemental nonqualified retirement plan?       5a       X         Charlicipate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         If "Yes" to any of lines 4a-c, list the persons		Discretionary	spending account Personal services (such as maid, chaumer	ir, chet)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2       X         COMpensation committee       Written employment contract       0       0         Compensation committee       Written employment contract       0       0         Porning 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:       4a       X         4b       X       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         Charlicipate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         Charlicipate in or receive payment from a supplemental nonqualified retirement plan?       5a       X         Charlicipate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         If "Yes" to any of lines 4a-c, list the persons		16					
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, bleck all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       Written employment contract       Image: Compensation committee       Image: Commites: Commensation committee		•			41		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2       X         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       V       X         Compensation committee       Written employment contract       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:       4a       X         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:       4a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         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:       5a       X         1       The organization?       6a       X       X         4       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or					10		
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Ceo/Executive Director. but explain in Part III.         Compensation committee       Image: Ceo/Executive Director, but explain in Part III.       Compensation committee       Image: Ceo/Executive Director, but explain in Part III.         Compensation committee       Image: Ceo/Executive Director, but explain in Part III.       Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization Part III.       Approval bite the applicable amounts for each item in Part III.         Only section 501(c)(X), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         5       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:       5b       X </td <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>v</td> <td></td>		-				v	
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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 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: <ul> <li>Receive a severance payment or change of control payment?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>H "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>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:</li> <li>The organization?</li> <li>Sb</li> <li>X</li> <li>Any related organization?</li> <li>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:</li> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on</li></ul>		trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	A	<u> </u>
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.         Compensation of the CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         b Any related organization?       5a       X         b Any related organization?       5a       X         f "Yes" on line 6a or 5b, describe in Part III.       5b       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III. <td>2</td> <td>ladiaatakiaka ifa</td> <td></td> <td></td> <td></td> <td></td> <td></td>	2	ladiaatakiaka ifa					
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or commensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         ft "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         d       For persons listed or Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         ft "Yes" on line 6a or 5b, describe in Part III.       6a       X         ft "Yes" on line 6a or b, describe in Part III.       7							
Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5a       X         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:       5a       X         a       The organization?       5a       X         b       Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the netearnings of:       6a <t< td=""><td></td><td></td><td></td><td>on to</td><td></td><td></td><td></td></t<>				on to			
Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5a       X         f "Yes" on line 5a or 5b, describe in Part III.       6a       X         c       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the ret earnings of:       6a       X         a       The organization?       6a       X       7       X		·					
Image: Some set of the s		·					
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:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5a       X         f" Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X         i		·					
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         f "Yes" on line 5a or 5b, describe in Part III.       6a       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         8       Were any amounts reported 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," descri	l	] Form 990 of o	ther organizations <b>X</b> Approval by the board or compensation of	ommittee			
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       If "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5a       X         a The organization?       5a       X       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         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. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       5b       X         ocntingent on the net earnings of:       5a       X         a The organization?       5a       X         b Any related organization?       5a       X         f "Yes" on line 6a or 6b, describe in Part III.       6a       X         b Any related organization?       5a       X         lf "Yes" on line 6a or 6b, describe in Part III.       7       X         b Any related organization?       5a       X         lf "Yes" on line 6a or 6b, describe in Part		• •					
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         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:       5b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       4b       4c		-	-				v
c       Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         ff "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         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 69 [f "Yes," describe in Part III.       7       X         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 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Constraint of the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       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:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X       6b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X       X         9       If "Yes" on line 8, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid		-					
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>a</li> <li>The organization?</li> <li>b</li> <li>Any related organization?</li> <li>ff "Yes" on line 5a or 5b, describe in Part III.</li> <li>6</li> <li>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:</li></ul>		-			40		
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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       I		If "Yes" to any of lir	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       I		Ontransform FOd(a	(2) $(2)$				
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				n			
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				лт			
b       Any related organization?         If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         can the organization?       6a         x       6b         x       6b         x       6b         x       6b         x       7         x       8         were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		-			Ea		y
If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         if "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?							
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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9				лт 1			
b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		-	-		6.		v
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9							
<ul> <li>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</li> <li>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</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>							
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							
<ul> <li>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</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> </ul>							v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III <b>8 X</b> 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? <b>9</b>					/		
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9		-					v
Regulations section 53.4958-6(c)?					<u>8</u>		
				<u> </u>		- 000	

132111 11-02-21

Schedule J (Form 990) 2021

MINNESOTA, INC.

41-1694745

Page 2

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2021

LOAN	REPAY	<b>4ENT</b>	ASSISTANCE	PROGRAM	OF
MINNE	ESOTA,	INC.			

Schedule J (Form 990) 2021

#### 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 (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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



Employer identification number 41 - 1694745

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

MINNESOTA,

LINE 11B EXPLANATION - A COPY WILL BE PROVIDED ELECTRONICALLY, AND ITS

LOAN REPAYMENT ASSISTANCE PROGRAM OF

CONTENT WILL BE DISCUSSED AT A MEETING OF THE GOVERNING BOARD.

INC.

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

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE WRITTEN POLICY ON CONFLICTS OF

INTEREST AND COMPLETES CONFLICT OF INTEREST AND DIRECTOR RELATIONSHIP

**INFORMATION FORMS**.

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

WHEN CONSIDERING THE EXECUTIVE DIRECTOR'S COMPENSATION ON AN ANNUAL BASIS,

THE BOARD OF DIRECTORS CONDUCTS A PERFORMANCE REVIEW AND CONSIDERS

COMPARABLE SALARY AND BENEFIT SURVEY DATA. NO OTHER KEY EMPLOYEES OR

OFFICERS RECEIVE COMPENSATION.

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

UPON REQUEST

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

132211 11-11-21

	•	<b>~</b> ~	** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fro	z ** om Ir	ncome Tax	OMB No. 1545-0047
Forr	n <b>Y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	-		<b>2022</b>
Depa	rtment o	of the Treasury nue Service	Do not enter social security numbers on this form as it n Go to www.irs.gov/Form990 for instructions and the la	-		Open to Public Inspection
	mspeedon					
Bc	heck if oplicab Addre	le: LOAN	ar year, or tax year beginning and end forganization REPAYMENT ASSISTANCE PROGRAM OF ESOTA, INC.		D Employer identifica	tion number
	chang Name		usiness as		41-169474	5
	chang Initial return			om/suite	E Telephone number	5
	Final	600	NICOLLET MALL 380		612-278-6	315
	termir	2-	own, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	182,562.
	Amen return	ded MTNTNT	EAPOLIS, MN 55402		H(a) Is this a group retu	
	Applic tion	F Name ar	nd address of principal officer: DEE BASKIN		for subordinates?	
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates inclu	uded? Yes No
<u>I</u> T	ax-ex	empt status: 🗌		527	If "No," attach a lis	st. See instructions
	Vebsi		LRAPMN.ORG		H(c) Group exemption	
		f organization:	X Corporation Trust Association Other	L Year o	of formation: 1991 M	State of legal domicile: MN
Pa		Summary		~		
ė	1		e the organization's mission or most significant activities: HELPING			1E
Governance	-		NTAGED THROUGH EDUCATION LOAN REPAYM			
ern	2	Check this box	5			
Š	3		ting members of the governing body (Part VI, line 1a)		<u> </u>	
	4		lependent voting members of the governing body (Part VI, line 1b)		1	
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)		1	
tivii	6		of volunteers (estimate if necessary)		0.	
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11			0.
	0	Net unrelated			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		154,432.	135,402.
anı	9				0.	0.
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		9,281.	18,656.
R	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		94.	6,885.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		163,807.	160,943.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		61,756.	65,234.
Ise	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			ing expenses (Part IX, column (D), line 25)24,444.	•		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		23,112.	18,645.
	18	Total expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		84,868.	83,879.
	19	Revenue less e	expenses. Subtract line 18 from line 12		78,939.	77,064.
or				Beg	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		662,765.	707,073.
t As	21	Total liabilities	(Part X, line 26)	🖵	18,110.	19,211.
			fund balances. Subtract line 21 from line 20		644,655.	687,862.
	rt II	Signature				
Unde	er pena	alties of perjury, I	I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to the best of my k	nowledge 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	Signature of officer Date							
-	<u>DEE BASKIN, EXECUTIVE DIR</u>	ECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	NEAL EVERT	NEAL EVERT	11/07	/23 self-employed	P00046853			
Preparer	Firm's name CARPENTER, EVERT	& ASSOCIATES, LTD.		Firm's EIN 41-	-1534805			
Use Only	Firm's address 7760 FRANCE AVE S	, SUITE 940						
	BLOOMINGTON, MN 5	5435		Phone no. ( 952	2) 831-0085			
May the IRS discuss this return with the preparer shown above? See instructions X Yes No								
232001 12-1	32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)							

Farrier	LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. 41-1694745 Page 2
	n 990 (2022) MINNESOTA, INC. 41-1694745 Page 2 rt 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:
	TO PROVIDE SUPPORT FOR LAWYERS WHO ARE IN PUBLIC SERVICE POSITIONS BY
	ASSISTING THEM IN REPAYING THEIR STUDENT LOANS. THE ORGANIZATION
	AWARDS LOAN REPAYMENT ASSISTANCE TO INDIVIDUALS EACH SPRING AND FALL.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ũ	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 \$41,311. including grants of \$) (Revenue \$)
	LRAP MINNESOTA ENABLED 50 PUBLIC SERVICE ATTORNEYS TO HELP SOME 10,000
	LOW-INCOME CLIENTS SECURE ESSENTIAL NEEDS LIKE FOOD, SHELTER, AND SAFETY.
	SAFETI.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>	
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     41,311.
-10	Form 990 (2022)
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_ 3 _ 00	2

MINNESOTA, INC.

Part IV Checklist of Required Schedules

Form 990 (2022)

41	-1694745	Page 3
		r ugo -

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		_X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		<u></u>
11				
~	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	900	
232003	12-13-22	⊢orm	JJU (	(2022)

232003 12-13-22

Form	990 (2022) MINNESOTA, INC. 41-169	4745	P	age <b>4</b>
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		- 23
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
00		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u> </u>
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O <b>1 V</b> Statements Regarding Other IRS Filings and Tax Compliance Charle if Caladula O contains a superstants any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	¥ 12-13-22	Form	990	(2022)

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Form	990 (2022) MINNESOTA, INC.	41-1694	745	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	4a		x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
Ua			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ono or gifto	Ua		- 23
b			Ch.		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		-		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				77
	to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
	Did the entry institution of the entry of the institution of the data of the data of the entry o	· ·	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)
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232005 12-13-22

<sup>5</sup> 2022.05000 LOAN REPAYMENT ASSISTANCE 012205\_1

MINNESOTA, INC 41-1694745 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 17 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a а Х Other officers or key employees of the organization 15b b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure MN 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request \_\_ Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 THE ORGANIZATION - 612-278-6315

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NICOLLET MALL, SUITE 380, MINNEAPOLIS,

2022.05000 LOAN REPAYMENT ASSISTANCE 012205\_1

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Form **990** (2022)

Page 6

LOAN	REPAYN	1ENT	ASSISTANCE	PROGRAM	OF
MINNE	ESOTA,	INC.			

Form 990 (2	2022)	MINNESOTA	A, INC.				41
Part VII	Compensation	of Officers, D	irectors,	Trustees,	Key Employees,	Highest	Compensate
	Employees an	d Independen <sup>.</sup>	t Contrac	tors			

### Employees, and independent Contractors

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

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

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

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

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

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

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

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

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

(A) Name and title	<b>(B)</b> Average		not c	Pos heck	more	than o		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	offi				is both pr/trus		compensation from the	compensation from related organizations	amount of other compensation
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	-	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
	line)	Indivi	Institu	Officer	Key ei	Highe emplo	Former			
(1) DEE BASKIN	30.00									
EXECUTIVE DIRECTOR				Х				59,442.	0.	0.
(2) ANDREA DERBY WORKMAN	0.45									
DIRECTOR		Х						0.	0.	0.
(3) ANN GEMMELL	0.45									
DIRECTOR		Х						0.	0.	0.
(4) ANNA BEADLE	0.45									
DIRECTOR		Х						0.	0.	0.
(5) CRAIG KOMANECKI	0.45									-
DIRECTOR		х						0.	0.	0.
(6) DANIEL BROWN	0.60									
TREASURER		Х						0.	0.	0.
(7) DEBRA SCHNEIDER	0.45									-
DIRECTOR		Х						0.	0.	0.
(8) ERIC BROWN	0.45									-
DIRECTOR		Х						0.	0.	0.
(9) ELIZABETH FORS	0.45									•
DIRECTOR		х						0.	0.	0.
(10) JAMES FORMAN	0.45								•	•
DIRECTOR		х						0.	0.	0.
(11) LAURETTE HANKOM	0.45									
DIRECTOR		Х				-		0.	0.	0.
(12) LISA HOLLINGSWORTH	0.45								•	
DIRECTOR		Х				-		0.	0.	0.
(13) MARA ASCHEMAN	0.45								0	0
DIRECTOR		Х						0.	0.	0.
(14) PETER HENNIGAN	0.45								•	•
DIRECTOR		X						0.	0.	0.
(15) PETER KNAPP	0.45	37							<u>^</u>	•
DIRECTOR		Х						0.	0.	0.
(16) PHILLIP HOLMES	0.45	v						0.	^	0
DIRECTOR (17) VALERIE HERRING	0.60	Х				-		0.	0.	0.
(17) VALERIE HERRING PRESIDENT	0.00	x		x				0.	0.	0.
222007 12 13 22	I	Λ						U •	0.	Form <b>990</b> (2022)

232007 12-13-22

Form 990 (2022)

	LOAN REPA		SS	IS	ТА	NC	Έ	PF	ROGRAM OF	<b>11 1 C</b>	0 4 7	4 -	_	0
	1 990 (2022) MINNESOTA t VII Section A. Officers, Directors, Trust						a la c	• •		41-16	947	45	Pa	age <b>8</b>
	(A) Name and title	<b>(B)</b> Average hours per week	(do box	not c	(C Posi heck i ss per	<b>C)</b> itior more rson i		one an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	,	Est am	(F) imate	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS( 1099-NEC)		comp frc orga and	other pensa om the nizati relate nizatio	e on ed
											_			
											_			
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							59,442. 0. 59,442.		0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization								· · ·				Yes	0 0 No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	ich individual								·····	[	3	103	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	for such individual		-	4		X
<u></u>	rendered to the organization? If "Yes," com											5		Х
1	tion B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t										ensatio	on froi	n	
	(A) Name and business			ONE					(B) Description of s		Co	(C) mpen		า
2	Total number of independent contractors (ir	icluding but no	ot lin	nitec	d to t	thos	se lis	ted	above) who received mo	pre than				
	\$100,000 of compensation from the organiz	ation				(	)							

Form				с.			41-1694	745 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response	or note to any lin		(B)	(0)	
					<b>(A)</b> Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s, s	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b					
٦ ق			Fundraising events 1c					
ifts ar A			Related organizations 11					
s, G nila			Government grants (contributions)					
Sir			All other contributions, gifts, grants, and					
ber				135,402.				
it it		g	Noncash contributions included in lines 1a-1f					
Col		h	Total. Add lines 1a-1f		135,402.			
				Business Code				
ė	2	а						
e vic		b						
Se		с						
ram leve		d						
Program Service Revenue		е						
đ			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)		10,957.			10,957.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
				(II) Personal				
	6		Gross rents <u>6a</u> Less: rental expenses <b>6b</b>					
			Less: rental expenses 6b Rental income or (loss) 6c					
	d Net rental income or (loss)			(ii) Other				
	'	a	assets other than inventory <b>7a 29</b> , <b>318</b> .	() 0				
		b	Less: cost or other basis					
e		-	and sales expenses					
evenue		с	Gain or (loss) 7c 7,699.					
Rev			Net gain or (loss)		7,699.	7,699.		
Other I	8		Gross income from fundraising events (not					
0			including \$ of contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
S			OTHER THRONE	Business Code	6 005	6 0.05		
eou	11		OTHER INCOME	990099	6,885.	6,885.		
llan 'ent		b						
Miscellaneous <u>Revenue</u>		c						
			All other revenue		6,885.			
	12		Total. Add lines 11a-11d		160,943.	14,584.	0.	10,957.
232009								Form <b>990</b> (2022)

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### LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

Form Pa	1 990 (2022) MINNESOTA, I rt IX   Statement of Functional Expense	NC.	LE PROGRAM OF	41-16	94745 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	59,444.	33,884.	5,944.	19,616.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,790.	3,300.	579.	1,911.
11	Fees for services (nonemployees):				
а	Management				
b					
с	•	6,300.		6,300.	
d		•			
e					
f	Investment management fees				
g					
Ŭ	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,655.	596.	182.	877.
13	Office expenses	•			
14	Information technology				
15	Royalties				
16	Occupancy	2,721.	1,089.	544.	1,088.
17	Travel	,	,	-	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,218.		2,218.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	·			
а	MISCELLANEOUS	2,380.	952.	476.	952.
b	BANK CHARGES	1,881.		1,881.	
с	AWARDS	1,490.	1,490.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	83,879.	41,311.	18,124.	24,444.
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 if following SOP 98-2 (ASC 958-720)				<b>6000</b> (0000

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Form 990 (2022)
Part X Balance Sheet

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

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. u		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	154,613.	1	259,867
	2	Savings and temporary cash investments		2	105,269
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1 0 / /	9	173
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	359,936.	11	341,764
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	707,073
	17	Accounts payable and accrued expenses	5,150.	17	6,251
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	12,960
	26	Total liabilities. Add lines 17 through 25	18,110.	26	19,211
		Organizations that follow FASB ASC 958, check here $X$			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	408,585
Ba	28	Net assets with donor restrictions	252,277.	28	279,277
nd		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
: As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	644,655.	32	687,862
	33	Total liabilities and net assets/fund balances	662,765.	33	707,073.

	LOAN	REPAYMENT	ASSISTANCE	PROGRAM	OF
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	1 990 (2022) MINNESOTA, INC.	41-1694	745	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	160		
2	Total expenses (must equal Part IX, column (A), line 25)	2			79.
3	Revenue less expenses. Subtract line 2 from line 1	3			54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	644		
5	Net unrealized gains (losses) on investments	5	-33	,85	56.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	687	,86	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			`	<b>Yes</b>	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

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(Form 990) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Department of the Treasury Attach to Form 990 or Form 990-EZ. Oper	UZZ to Public				
	pection				
Name of the organization         LOAN         REPAYMENT         ASSISTANCE         PROGRAM         OF         Employer identification           MINNESOTA,         INC.         41-169					
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.					
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)					
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)					
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospi	tal'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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public des	cribed in				
section 170(b)(1)(A)(vi). (Complete Part II.)					
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)					
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college					
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or					
university:					
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross	-				
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June					
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					
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 (ii) EIN (iii) Type of organization (iv) is the organization listed (iv) Amount of monetany (iv) Amount of monetany	ount of other				
organization (i) Link (ii) rype of organization (ii) your governing document? (v) Allocate of hisheady (v) Allocate of hi	ee instructions)				
Total					

## LOAN REPAYMENT ASSISTANCE PROGRAM OF Schedule A (Form 990) 2022 MINNESOTA, INC. 41-1694745 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	191,721.	200,264.	140,694.	154,432.	124,127.	811,238.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge $\dots$								
4	Total. Add lines 1 through 3	191,721.	200,264.	140,694.	154,432.	124,127.	811,238.		
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)						<u>43,135.</u> 768,103.		
	Public support. Subtract line 5 from line 4.						768,103.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	191,721.	200,264.	140,694.	154,432.	124,127.	811,238.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources $\dots$	9,464.	8,852.	7,756.	9,281.	9,861.	45,214.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	628.	1,347.		94.	14,240.	<u>16,309.</u> 872,761.		
11	Total support. Add lines 7 through 10						872,761.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)			
	organization, check this box and stop	here							
Sec	ction C. Computation of Publi	c Support Per	centage			r - 1			
	Public support percentage for 2022 (I		•			14	88.01 %		
	Public support percentage from 2021					15	82.95 %		
<b>1</b> 6a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2021. 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 qual		•••						
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the 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								
b	10% -facts-and-circumstances test						10% or		
	more, and if the organization meets the								
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a				
						Schedule A	(Form 990) 2022		

Schedule A (Form 990) 2022

MINNESOTA, INC.

41-1694745 Page 3

Part III	Support Schedule for	Organizations I	Described in Section	on 509(a)(2)
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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	t (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge $\dots$						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		-		-	-	
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	: (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	•				.,.,	·
check this box and stop here						
Section C. Computation of Publ						
<b>15</b> Public support percentage for 2022		•	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2			ine 13, column (f))		17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	ia, or 19b, check t	nis box and see in		
232023 12-09-22		15	5		Sched	lule A (Form 990) 2022

<sup>2022.05000</sup> LOAN REPAYMENT ASSISTANCE 012205\_1

## LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

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1

2

3a

3b

3c

Yes No

## Schedule A (Form 990) 2022 MINI Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

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MINNESOTA, INC.

Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) 41-1694745 Page 5

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

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

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3b Schedule A (Form 990) 2022

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	LOAN REPAYMENT ASSISTAN	CE PF	ROGRAM OF					
Sche	edule A (Form 990) 2022 MINNESOTA, INC.			41-1694745 Page 6				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.					
Sect	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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
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						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
_4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting o	organization (see				

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

#### LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA INC

	dule A (Form 990) 2022 MINNESOTA, IN			4	1-1694745 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)	<b>I</b>
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Somedie A from Bigs 2022 MINNESOTA, INC. 411-1659714 Inc. 411-1659745 Page 8. Part VS Section A, Ince 1, 2, 3b, 5d, 4d, 5b, 5d, 5d, 8d, 6b, 1th, 1th, 2nd 1t	Sebadula A	(Form 000) 2022	LOAN REPAYM MINNESOTA,			PROGRAM		41-1694745 Page 8
	Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	<b>nation.</b> Provide the ( 2, 3b, 3c, 4b, 4c, 5a, 6 lines 2 and 3; Part IV, S	explanat , 9a, 9b, ection E	ions required by Part , 9c, 11a, 11b, and 11 , lines 1c, 2a, 2b, 3a,	c; Part IV, Secti and 3b; Part V,	I, line 17a or 1 on B, lines 1 a line 1; Part V, S	7b; Part III, line 12; nd 2; Part IV, Section C, Section B, line 1e; Part V,
232028 12-09-22 Schedule A (Form 990) 2022								
232028 12-09-22 Schedule A (Form 990) 2022								
232028 12-09-22 Schedule A (Form 990) 2022								
232028 12-09-22 Schedule A (Form 990) 2022								
	232028 12-09-2	22						Schedule A (Form 990) 2022

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# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

Schedule A

### Identification of Excess Contributions Included on Part II, Line 5

41-1694745

### 2022

\*\* Do Not File \*\*
\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
J OF MN LAW SCHOOL	28,000.	10,545
WILLIAM AND ANN HART WERNZ	17,500.	45
MITCHELL HAMLINE SCHOOL OF LAW	50,000.	32,545.
otal Excess Contributions to Schedule A, Part II, Line 5		43,135

#### \*\* PUBLIC DISCLOSURE COPY

### Schedule of Contributors

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

# 2022

Employer identification number

41-1694745

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

LOAN REPAYMENT ASSISTANCE PROGRAM OF

MINNESOTA, INC.

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

### General Rule

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

### Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$40,486.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>89,839.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

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Schedule B (Form 990) (2022)

Name of organization

Part I

223452 11-15-22

23 2022.05000 LOAN REPAYMENT ASSISTANCE 012205\_1

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Part II	OTA, INC. Noncash Property (see instructions). Use duplicate copies of Part II	if additional analog is paeded	41-1694745
	Noncash Property (see instructions). Use duplicate copies of Part II	If additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		_	

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Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)				Page <b>4</b>			
	organization				Employer identification number			
	REPAYMENT ASSISTANCE PRO	OGRAM OF						
	SOTA, INC. Exclusively religious, charitable, etc., contributi	one to organizations docorik	ad in contion 50	1(a)(7) (8) ar (10) t	41-1694745			
Fartin	from any one contributor. Complete columns (a)	through (e) and the following	a line entry. For or	ganizations				
	completing Part III, enter the total of exclusively religious, durate the state of		I,000 or less for th	e year. (Enter this info.	once.) •			
(a) No.		·						
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held			
		(e) Transfe	er of gift					
			or gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee			
(a) No.								
from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		(d) Des	cription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4			elationship of tra	ansferor to transferee			
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of g	of gift (d) Description of how		cription of how gift is held			
		(e) Transfe	er of gift					
		(-)	<b>.</b>					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee			
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Des	cription of how gift is held			
		(e) Transfe	er of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee			
223454 11-15	5-22				Schedule B (Form 990) (2022)			

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SCHEDULE C	Po	olitical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)			-	-		2022
	-	anizations Exempt From Incom				LULL
Department of the Treasury Internal Revenue Service	-	if the organization is described o to www.irs.gov/Form990 for in			0-EZ.	Open to Public Inspection
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lin	e 46 (Political Cam	baign Act	tivities), then
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	plete Parts I-A and B. Do not cor	nplete Part I-C.			
.,		01(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Pa	t I-B.	
<ul> <li>Section 527 organiza</li> </ul>	•					
		Form 990, Part IV, line 4, or Fo				
		have filed Form 5768 (election un	·	•		
		have NOT filed Form 5768 (election				
Tax) (See separate inst		n Form 990, Part IV, line 5 (Prox	y Tax) (See Separate II	instructions) or Form	1 990-EZ	, Part V, line 350 (Proxy
,		tions: Complete Part III.				
Name of organization	-	PAYMENT ASSISTANC	CE PROGRAM O	F	Employ	er identification number
Ū		TA, INC.		-		41-1694745
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c) o	or is a section 5	27 orga	inization.
1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities ir	n Part IV.		
2 Political campaign a	activity expendit	ures	-		\$ _	
3 Volunteer hours for	political campai	gn activities				
		<del> </del>				
		anization is exempt unde		-		
		incurred by the organization unde				
		incurred by organization manage				
		n 4955 tax, did it file Form 4720 f				
						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt unde	er section 501(c)	except section	501(c)(?	3)
-		by the filing organization for sec		-		
		ization's funds contributed to oth			Ψ_	
exempt function ac			-		\$	
•		. Add lines 1 and 2. Enter here ar			···· • _	
line 17b			,		\$	
		1120-POL for this year?				Yes No
		nployer identification number (EIN				
		tion listed, enter the amount paid				
		omptly and directly delivered to a			eparate s	egregated fund or a
political action com	mittee (PAC). If	additional space is needed, provi	de information in Part I	V		
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
				filing organization funds. If none, en		contributions received and promptly and directly
						delivered to a separate
						political organization. If none, enter -0
			1	1		
For Paperwork Reducti	on Act Notice,	see the Instructions for Form 9	90 or 990-EZ.		Sch	nedule C (Form 990) 2022

го нарегwork Н LHA 232041 11-08-22

	LOAN REPAYM MINNESOTA,		NCE PROGRAM		694745 Page 2
Part II-A Complete if the org	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
A Check if the filing organiza	ation belongs to an affil	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha	re of excess lobbying e	xpenditures).			
<b>B</b> Check if the filing organiza	ation checked box A an	d "limited control" pro	visions apply.		1
	ts on Lobbying Exper ditures" means amou			<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (g	rassroots lobbying)			
<b>b</b> Total lobbying expenditures to infl	uence a legislative bod	y (direct lobbying)		4,280.	
c Total lobbying expenditures (add l	nes 1a and 1b)			4,280.	
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	es (add lines 1c and 1d)			4,280.	
f Lobbying nontaxable amount. Ent	er the amount from the	following table in both	n columns.	856.	
If the amount on line 1e, column (a) o	or (b) is: The lob	oying nontaxable amo	ount is:		
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,00		0 plus 15% of the exce			
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exce			
Over \$1,500,000 but not over \$17		0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	)00.			
				214.	
<ul> <li>g Grassroots nontaxable amount (er</li> <li>h Subtract line 1g from line 1a. If zer</li> </ul>	a au laga antau O			0.	
i Subtract line 1g from line 1c. If zero				3,424.	
j If there is an amount other than ze		ne 1i did the organiza		5,121.	
reporting section 4911 tax for this				Г	Yes X No
		raging Period Under		L	
(Some organizations t	hat made a section 50		nave to complete all o	f the five columns be	low.
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d</b> ) 2022	(e) Total
2a Lobbying nontaxable amount	39,004.	20,293.	16,974.	856.	77,127.
b Lobbying ceiling amount (150% of line 2a, column(e))					115,691.
c Total lobbying expenditures	4,280.	4,280.	4,280.	4,280.	17,120.
d Grassroots nontaxable amount	9,751.	5,073.	4,244.	214.	19,282.
e Grassroots ceiling amount (150% of line 2d, column (e))					28,923.

Schedule C (Form 990) 2022

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f Grassroots lobbying expenditures

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

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#### Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the public?				
f	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?				
h	Direct contact with legislators, their staffs, government officials, or a legislative body?				
j	Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. <b>2</b> a		
b	Carryover from last year		. <b>2</b> b		
С	Total		. <u>2c</u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				

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

Schedule C (Form 990) 2022

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	HEDULE D n 990)	Complete if the organ	Al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	OMB No. 1545-004	
	ment of the Treasury I Revenue Service		ttach to Form 990. ) for instructions and the latest information.	Open to Public Inspection	с
	e of the organization			Employer identification num	hor
Nam		MINNESOTA, INC.		41-1694745	
Pa	t I Organizat		d Funds or Other Similar Funds or A		
		answered "Yes" on Form 990, Part IV, line			
			(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end	l of year			
2		contributions to (during year)			
3		grants from (during year)			
4		end of year			
5			vriting that the assets held in donor advised fu	Inds	
	are the organization	's property, subject to the organization's	exclusive legal control?	Yes	No
6	Did the organization	inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	i only	
	for charitable purpo	ses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe		
	impermissible privat				No
Pa	tll Conserva	tion Easements. Complete if the org	anization answered "Yes" on Form 990, Part I	IV, line 7.	
1	Purpose(s) of conse	rvation easements held by the organization	on (check all that apply).		
		of land for public use (for example, recreat	,	storically important land area	
	Protection of	natural habitat	Preservation of a ce	ertified historic structure	
	Preservation of	of open space			
2		nrough 2d if the organization held a qualif	ied conservation contribution in the form of a c		
	day of the tax year.			Held at the End of the Tax Y	/ear
а	Total number of con	servation easements		2a	
b	•				
С	Number of conserva	ation easements on a certified historic stru	ucture included in (a)	. <u>2</u> c	
d	Number of conserva	ation easements included in (c) acquired a	fter July 25,2006, and not on a		
	historic structure list	ted in the National Register		2d	
3	Number of conserva	ation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax	
	year				
4		here property subject to conservation eas			
5	0	on have a written policy regarding the per	0, 1 , 0		
•	·	rcement of the conservation easements it			No
6	Staff and volunteer l	nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion easements during the year	
-					
7	Amount of expenses	s incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easements during the year	
8			e satisfy the requirements of section 170(h)(4)(		
0	and section 170(h)(4				No
9			on easements in its revenue and expense state		NU
9		•	ote to the organization's financial statements		
		unting for conservation easements.		that describes the	
Pa			Art, Historical Treasures, or Other	Similar Assets.	
		he organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and b	alance sheet works	
	0	· •	lic exhibition, education, or research in further		
			icial statements that describes these items.		
b			8, to report in its revenue statement and balan	ice sheet works of	
	-	· ·	exhibition, education, or research in furtheran		
		g amounts relating to these items:		;	
	•			\$	
2	.,		asures, or other similar assets for financial gair		
-		its required to be reported under FASB A		,	
а	-			\$	
	Assets included in F				
		duction Act Notice, see the Instructions		Schedule D (Form 990) 2	2022
	09-01-22				
_0_00			29		

<sup>10411107 310390 012205</sup> 

<sup>2022.05000</sup> LOAN REPAYMENT ASSISTANCE 012205\_1

		PAYMENT ASS	SISTANCE PH	ROGRAM OF			~	_	
		TA, INC.			0	41-16			age <b>2</b>
Par			-	-			contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r assets		_	_	_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 990	D, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	included		_	_	_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:						
							Amount	11	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XII	l				]
Par									
		(a) Current year	<b>(b)</b> Prior year	(c) Two years back		years back	(e) Four	years	back
1a	Beginning of year balance	207,065.	197,796.	190,466.	1	L78,764.		189,	,607.
b	Contributions								
с	Net investment earnings, gains, and losses	9,835.	9,269.	7,330.		14,323.		-10,	,176.
d	Grants or scholarships		·						
e	Other expenditures for facilities								
Ŭ	and programs								
f	Administrative expenses					2,621.			667.
g	End of year balance	216,900.	207,065.	197,796.	1	, 190,466.		178	,764.
2	Provide the estimated percentage of the curr	,	,			,		/	
2	Board designated or quasi-endowment	-	%						
a 5	Permanent endowment	%							
0		% %							
C									
0-	The percentages on lines 2a, 2b, and 2c sho			al a duainciata un al fau t	h .				
за	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	ia administered for t	ne		ſ	Yes	No
	organization by:							165	X
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Fai	<b>t VI</b> Land, Buildings, and Equipm		Devt IV line 11e O	an Faure 000 Davit V	. line 10				
	Complete if the organization answere		, , 	,	,				
	Description of property	(a) Cost or o			Accumulat		<b>(d)</b> Bool	< valu	e
		basis (investr	hent) basis	(other) de	epreciation				
	Land								
	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other								
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X. column (B). line 1	0c.)					0.
						Schedule	D (Form	ı 990)	) 2022

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#### LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA INC

	(Form 990) 2022		INC.		41-1694745 Page 3
Part VII					
				11b. See Form 990, Part X, line 12.	
		Dry (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
	held equity interests				
(3) Other					
(A)					
(B)					
(C) (D)					
(E)					
(E) (F)					
(G)					
(H)					
	b) must equal Form 990,	Part X, col. (B) line 12.)			
Part VIII	Investments - P	Program Related.			
	Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
	(a) Description of i	nvestment	(b) Book value	(c) Method of valuation: Cost or	<sup>r</sup> end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. ( Part IX	b) must equal Form 990, Other Assets.	Part X, col. (B) line 13.)			
		inization answered "Ves"	on Form 990 Part IV line 1	11d. See Form 990, Part X, line 15.	
	Complete il trie orga		Description		(b) Book value
(1)		(4)			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	ımn (b) must equal For	m 990, Part X, col. (B) lin	e 15.)		
Part X	Other Liabilities				
			on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line	
1.		scription of liability			(b) Book value
	deral income taxes				10.000
	INDS HELD FC	OR OTHERS			12,960.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Total (O-1)			- 05 \		12,960.
		<u>m 990, Part X, col. (B) lin</u> tions. In Part XIII, provide		the organization's financial statemer	
	nor uncertain tax posi			ine organization o intancial statemen	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... 🚺

Schedule D (Form 990) 2022

232053 09-01-22

<u>.</u>	LOAN REPAYMENT ASSISTAN	CE PROGRAM	1 OF	11 1	.694745 Page	
	dule D (Form 990) 2022         MINNESOTA, INC.           t XI         Reconciliation of Revenue per Audited Financial Stat	amonte With F	Revenue ner Re	$4 \perp - \perp$	.094/45 Page	4
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, lin		levenue per ne	turn.		
1	Total and a second with a second s			1	125,205	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				125,205	·
ے a	Net unrealized gains (losses) on investments	2a	-33,856.			
a b	Donated services and use of facilities		55,050.	-		
c c				-		
с d	Recoveries of prior year grants Other (Describe in Part XIII.)			-		
u				2e	-33,856	
3	0			3	159,061	
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:				100,001	÷
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,881.			
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c	1,881	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	5	160,942	-		
	t XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per F	-		÷
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.				
1	Total expenses and losses per audited financial statements			1	81,998	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					_
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
с	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		•
3	Subtract line 2e from line 1			3	81,998	•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,881.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c	1,881	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		5	83,879	•
Pa	t XIII Supplemental Information.					

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

### PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT IS TO GENERATE LONG-TERM REVENUE TO SUPPORT

THE OPERATION OF LRAP.

PART X, LINE 2:

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX

POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE

FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE

ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION

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### APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS

232054 09-01-22

LOAN REPAYMENT ASSISTANCE PROGRAM OF           Schedule D (Form 990) 2022         MINNESOTA, INC.           Part XIII         Supplemental Information (continued)	41-1694745 Page 5
EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION TH	AT IS NOT A
PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARI	
CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.	
	Schedule D (Form 990) 2022

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			0000			
•	Compensated Employees			2022		-
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	lic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization	LOAN REPAYMENT ASSISTANCE PROGRAM OF	Employer ic	dentificatio	on nu	mber
		MINNESOTA, INC.	41-1	69474	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary :	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	<u> </u>
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior					
	·	compensation consultant				
	Form 990 of o	ther organizations	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	•			4a		x
b						X
						x
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			. 5a		X
b	b Any related organization?					X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	et earnings of:				
а	The organization?			. 6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1e			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990)	) 2022

232111 10-18-22

Schedule J (Form 990) 2022

MINNESOTA, INC.

41-1694745

Page 2

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
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LOAN	REPAY	1ENT	ASSISTANCE	PROGRAM	OF
MINNE	SOTA,	INC.	•		

Schedule J (Form 990) 2022

### 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 (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. LOAN REPAYMENT ASSISTANCE PROGRAM OF



Employer identification number 41 - 1694745

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

MINNESOTA,

LINE 11B EXPLANATION - A COPY WILL BE PROVIDED ELECTRONICALLY, AND ITS

CONTENT WILL BE DISCUSSED AT A MEETING OF THE GOVERNING BOARD.

INC.

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

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE WRITTEN POLICY ON CONFLICTS OF

INTEREST AND COMPLETES CONFLICT OF INTEREST AND DIRECTOR RELATIONSHIP

**INFORMATION FORMS**.

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

WHEN CONSIDERING THE EXECUTIVE DIRECTOR'S COMPENSATION ON AN ANNUAL BASIS,

THE BOARD OF DIRECTORS CONDUCTS A PERFORMANCE REVIEW AND CONSIDERS

COMPARABLE SALARY AND BENEFIT SURVEY DATA. NO OTHER KEY EMPLOYEES OR

OFFICERS RECEIVE COMPENSATION.

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

UPON REQUEST

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

10411107 310390 012205

37 2022.05000 LOAN REPAYMENT ASSISTANCE 012205\_1 Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

### CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information** 

Legal Name of Organization LOAN REPAYMENT ASSISTANCE PROGRAM OF MN, INC.				
Federal EIN:41-1694745	Fiscal Year-End: <u>12312022</u>			
	mm/dd/yyyy			
	Did the organization's fiscal year-end change? Yes X No			
Mailing Address: DEE BASKIN	Physical Address: DEE BASKIN			
Contact Person	Contact Person			
600 NICOLLET MALL, NO. 380	600 NICOLLET MALL, NO. 380			
Street Address MINNEAPOLIS, MN 55402	Street Address MINNEAPOLIS, MN 55402			
City, State, and ZIP Code 612-278-6315	City, State, and ZIP Code 612-278-6315			
Phone Number	Phone Number			
Email Address	Email Address			
1. Organization's website: WWW.LRAPMN.ORG				
2. List all of the organization's alternate and former names (attach list if more space is needed).				
	Alternate Former			
3. List all names under which the organization solicits contributions (attack LOAN REPAYMENT ASSISTANCE PROGRAM OF				
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	X Yes No			
5. Total amount of contributions the organization received from Minnesota donors: \$\$				
<ul> <li>Has the organization's tax-exempt status with the IRS changed?</li> <li>Yes X No If yes, attach explanation.</li> </ul>				
<ul> <li>Has the organization significantly changed its purpose(s) or program(s)?</li> <li>Yes X No If yes, attach explanation.</li> </ul>				

285471 04-01-22

10411107 310390 012205

C2

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

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

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

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

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

285472 04-01-22

#### **SECTION B: Financial Information**

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

#### INCOME

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

285473 04-01-22

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

#### Section B (continued): Statement of Functional Expenses

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

	mns B, C, and D must equal Column A. The amour	nt on Line 25, Column A	A must match Line 17 of	IRS Form 990-EZ or Line	26 of IRS Form 990-PF
		<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees				
6.	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.					
b.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organi- zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

				* PUBLIC DISCLOSU		_	_
	0	00	Return o	f Organization Exe	mpt From I	ncome Tax	OMB No. 1545-0047
Forn	'nУ	90	Under section 501(c)	, 527, or 4947(a)(1) of the Internal	Revenue Code (ex	cept private foundation	s) <b>2023</b>
			Do not en	ter social security numbers on thi	is form as it may be	made public.	Open to Public
		of the Treasury nue Service	Go to w	ww.irs.gov/Form990 for instruction	ons and the latest i	nformation.	Inspection
AF	or the	e 2023 calend	ar year, or tax year be	ginning	and ending		
ВС	heck if	C Name o	f organization			D Employer identific	ation number
ap	oplicabl	LOAN	REPAYMENT A	ASSISTANCE PROGRAM	OF		
	Addre] chang						
	Name Chang	e Doing b	usiness as	41-169474	15		
	Initial return	Number	and street (or P.O. box i	E Telephone number			
	Final return		612-278-6				
	termir ated	City or t		country, and ZIP or foreign postal of	code	<b>G</b> Gross receipts \$	219,896.
	Amen return Applic	PILININ	EAPOLIS, MN			H(a) Is this a group re	
	_tion pendi	F Name a		officer: DEE BASKIN		for subordinates?	
			AS C ABOVE			H(b) Are all subordinates ind	
		empt status:		1(c) ( ) (insert no.) 4	947(a)(1) or 52	- ''	ist. See instructions
	lebsi					H(c) Group exemption	
	orm of <b>rt I</b>	Summary	X Corporation	Trust Association Other	L Year	of formation: 1991 M	State of legal domicile: MN
Га					UELDING I		
8	1			ssion or most significant activities: JGH EDUCATION LOAN			
Activities & Governance	2	Check this bo		nization discontinued its operations			
)er			-		-		14
ĝ				pers of the governing body (Part VI,	lina 1b)		14
<u>م</u>				l in calendar year 2023 (Part V, line			1
itie				if necessary)		0	
Ę				n Part VIII, column (C), line 12			0.
ĕ				ne from Form 990-T, Part I, line 11			0.
-		The an olated				Prior Year	Current Year
	8	Contributions	and grants (Part VIII, lir	ne 1h)		135,402.	185,084.
Revenue			ce revenue (Part VIII, lin			0.	0.
	10	Investment ind	come (Part VIII, column	(A), lines 3, 4, and 7d)		18,656.	7,812.
č				ines 5, 6d, 8c, 9c, 10c, and 11e)		6,885.	0.
	12	Total revenue	- add lines 8 through 1	1 (must equal Part VIII, column (A), I	line 12)	160,943.	192,896.
	13	Grants and sir	nilar amounts paid (Par	t IX, column (A), lines 1-3)		0.	71,101.
	14	Benefits paid	to or for members (Part	IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other	r compensation, employ	yee benefits (Part IX, column (A), line	es 5-10)	65,234.	73,952.
use u	16a	Professional f	undraising fees (Part IX,	, column (A), line 11e)		0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, c	yee benefits (Part IX, column (A), lin , column (A), line 11e) olumn (D), line 25)	27,150.		
ш	17	Other expense	es (Part IX, column (A), I	lines 11a-11d, 11f-24e)		18,645.	14,148.
		-		t equal Part IX, column (A), line 25)		83,879.	159,201.
	19	Revenue less	expenses. Subtract line	e 18 from line 12		77,064.	33,695.
Net Assets or Fund Balances						eginning of Current Year	End of Year
sset 3ala	20	Total assets (F	, ,			707,073.	768,096.
et A nd F	21		(Part X, line 26)			19,211.	19,211.
	22 rt II	Net assets or Signature	fund balances. Subtrac	t line 21 from line 20		687,862.	748,885.
				ned this return, including accompanying	a a b a d ul a a a d a t a t a m	anta and to the heat of my	knowledge and halief it is
				other than officer) is based on all information			Kilowieuye allu bellel, it is
<u>uu</u> ,	001100			I OSURE COI		nas any knowledge.	
Sign		Signature of of				Date	
Here		DEE BAS	KIN, EXECUTI	VE DIRECTOR			
	-	Type or print n					
		Print/Type pre	parer's name	Preparer's signature		Date Check	PTIN
Paid		NEAL EV		NEAL EVERT	-	L0/15/24 self-employe	P00046853
Prep		Firm's name		EVERT & ASSOCIATE			L-1534805
Use (		Firm's address		E AVE S, SUITE 940			
	-		BLOOMINGTON	-		Phone no. (95	52) 831-0085

May the IRS discuss this return with the preparer shown above? See instructions LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 X Yes Form **990** (2023)

No

<b>-</b>	LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. 41-1694745 Page 2
	n 990 (2023) MINNESOTA, INC. 41-1694745 Page 2 rt III Statement of Program Service Accomplishments
I u	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO PROVIDE SUPPORT FOR LAWYERS WHO ARE IN PUBLIC SERVICE POSITIONS BY
	ASSISTING THEM IN REPAYING THEIR STUDENT LOANS. THE ORGANIZATION
	AWARDS LOAN REPAYMENT ASSISTANCE TO INDIVIDUALS EACH SPRING AND FALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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. (Code: ) (Expenses \$ 115,705. including grants of \$ 71,101.) (Revenue \$ )
4a	(Code:) (Expenses \$115,705. including grants of \$71,101.) (Revenue \$) LRAP MINNESOTA ENABLED 50 PUBLIC SERVICE ATTORNEYS TO HELP SOME 10,000
	LOW-INCOME CLIENTS SECURE ESSENTIAL NEEDS LIKE FOOD, SHELTER, AND
	SAFETY.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 115,705.
	Form <b>990</b> (2023)
332002	2 12-21-23

41	-1694745	Page 3
		r ugo -

	<u>990 (2023)</u> MINNESOTA, INC. 41-169	4745	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
332003	3 12-21-23	Form	990	(2023)

332003 12-21-23

3

Form	990 (2023) MINNESOTA, INC. 41-1694	1745	Р	age <b>4</b>
Par	TTIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			- <b>v</b>
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		- v
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		X
31 22	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
54	Part V, line 1	34		x
35 2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t 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			$\square$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	)		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2	(gambling) winnings to prize winners?	1c	х	
332004	4 12-21-23			(2023)

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Form	990 (2023) MINNESOTA, INC.	41-1694	745	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	4a		x
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
Ua			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ua		- 23
b			Ch.		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		-		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				77
	to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		<u> </u>
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
	Did the entry institution of the entry of the institution of the data of the territory of the second		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
10	If "Yes," complete Form 4720, Schedule O.			1	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
00007	If "Yes," complete Form 6069.		Earr	990	(2023)
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332005 12-21-23

MINNESOTA, INC 41-1694745 Page 6 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 14**b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe С х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a а Х Other officers or key employees of the organization 15b b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure MN 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request \_\_\_ Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 THE ORGANIZATION - 612-278-6315 SOUTH SIXTH STREET, SUITE 4540, MINNEAPOLIS

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11051015 310390	012205	2023.04030	LOAN	REPAYMENT	ASSISTANCE	012205_	1

33 332006 12-21-23

Form <b>990</b>	(2023)
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LOAN	REPAYN	1ENT	ASSISTANCE	PROGRAM	OF
MINNE	ESOTA,	INC.			

Form 990 (2		MINNESOTA,			41-
Part VII	Compensation	of Officers, Dire	ectors, Trustee	s, Key Employees	Highest Compensated
	Employees, an	d Independent C	Contractors		

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	(do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	ox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	nd a di I	irecto	r/trus <sup>.</sup> I	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DEE BASKIN	30.00				×	1 0	ш			
EXECUTIVE DIRECTOR		1		x				67,508.	0.	0.
(2) ANDREA DERBY WORKMAN	0.45									
DIRECTOR		Х						0.	0.	0.
(3) ANN GEMMELL	0.45									
DIRECTOR		Х						0.	0.	0.
(4) ANNA BEADLE	0.45									
DIRECTOR		Х						0.	0.	0.
(5) DANIEL BROWN	0.60									
TREASURER		Х						0.	0.	0.
(6) DEBRA SCHNEIDER	0.45									
DIRECTOR		Х						0.	0.	0.
(7) ELIZABETH FORS	0.45									
DIRECTOR		Х						0.	0.	0.
(8) ERIC BROWN	0.45									
DIRECTOR		Х						0.	0.	0.
(9) JAMES FORMAN	0.45									
DIRECTOR		Х						0.	0.	0.
(10) LAURETTE HANKOM	0.45									
DIRECTOR		Х						0.	0.	0.
(11) LISA HOLLINGSWORTH	0.45									
DIRECTOR		Х						0.	0.	0.
(12) PETER HENNIGAN	0.45									
DIRECTOR		Х						0.	0.	0.
(13) PETER KNAPP	0.45									
DIRECTOR		х						0.	0.	0.
(14) PHILLIP HOLMES	0.45									
DIRECTOR		Х						0.	0.	0.
(15) VALERIE HERRING	0.60									
PRESIDENT	0.15	Х		X				0.	0.	0.
(16) KRISTIN STOCK	0.45							_	•	•
DIRECTOR		X						0.	0.	0.
										- 000 (1999)

332007 12-21-23

Form 990 (2023)

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_	LOAN REPA		ss	IS	ТА	NC	Έ	PF	ROGRAM OF	11 1	6045		-	0
	1990 (2023) MINNESOTA t VII Section A. Officers, Directors, Trust			005	and		abos	+ 0	ompensated Employee	<u>41-1(</u>	5941	45	Pa	age <b>8</b>
	(A) Name and title	(B) Average hours per week	(do box	not c , unle:	(C Pos heck i ss per	<b>C)</b> itior more rson i		one n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensatio	n	am	(F) timate	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	s SC/	com fro orga anc	other oensa om th anizat I relat nizati	e ion ed
											-			
			-											
с	Subtotal Total from continuation sheets to Part VI	, Section A							67,508. 0. 67,508.		0.0.			0.0.
 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization									000 of reportable				0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su			-		-		-		-		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors											5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	-	-						the organization's tax y		pensati			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C omper		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	niteo	d to 1	thos (		ted	above) who received mo	pre than				

Form **990** (2023)

332008 12-21-23

			MINNESOTA, IN	VC.			41-1694	745 Page 9
Pa	rt \	/						
			Check if Schedule O contains a response	or note to any lin		(B)	(0)	
					(A) Total revenue	(D) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ı		Federated campaigns 1a					
Gra			Membership dues 1b					
fts,			Fundraising events 1c					
nilan İlan			Related organizations     1d       Government grants (contributions)     1e	50,000.				
Sin's			Government grants (contributions)     1e       All other contributions, gifts, grants, and	50,000.				
utic		1	similar amounts not included above <b>1f</b>	135,084.				
dt		~	Noncash contributions included in lines 1a-1f	3,920.				
on of the second		-	Total. Add lines 1a-1f	575201	185,084.			
0.0				Business Code				
•	2	а						
Program Service Revenue	-	b						
Ser		c						
		d						
Be		e						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)		15,132.			15,132.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a 19,680</b>	•				
		b	Less: cost or other basis					
evenue			and sales expenses	•				
eve			Gain or (loss) 7c -7,320		7 2 2 0			7 220
Ě	_		Net gain or (loss)	<u></u>	-7,320.			-7,320.
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		h	Part IV, line 18 8. Less: direct expenses 8					
			Net income or (loss) from fundraising events	5				
	a		Gross income from gaming activities. See					
	3		Part IV, line 19	a				
		b	Less: direct expenses 9					
			Net income or (loss) from gaming activities	-				
	10		Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
~			<b>_</b>	Business Code				
sno	11	а						
ane		b						
Sell: eve		с						
Miscellaneous <u>Revenue</u>		d	All other revenue					
~			Total. Add lines 11a-11d				-	
	12		Total revenue. See instructions		192,896.	0.	0.	7,812.
332009	9 12	2-21-	23					Form <b>990</b> (2023)

9

# LOAN REPAYMENT ASSISTANCE PROGRAM OF Form 990 (2023) MINNESOTA, INC. Part IX Statement of Functional Expenses

41-1694745 Page 10

Section 571(g) and 507(g) organizations and complete all columns. Af other organizations must complete solumn (A).           Concert Stabulation contrains are growned to any minimum to the Part IX.           Concert Stabulation contrains are growned to any minimum to the Part IX.           Concert of the Part IX.           Concert of the Part IX.           Concert of the Part IX.           Total expanses         Program and gone and gone and the Part IX.           Concert of the Part IX.         Concert of the Part IX.           Concert of the Part IX.         Concert of the Part IX.           Concert of the Part IX.         Concert of the Part IX.           Concert of the Part IX.         Concert of the Part IX.           Concert of the Part IX.         Concert of the Part IX.           Concert of the Part IX.         Concert of the Part IX.           Concert of the Part IX.         Concert of the Part IX.           Concert of the Part IX.         Concert of the Part IX.           Concert of the Part IX.         Concert of the Part IX.           Concert of the Part IX.         Concert of the Part IX.           Conce	Pa	Part IX Statement of Functional Expenses										
Do not include accounts exposited on lines 60, 25, 80, 80, and 100 or Far VM.         Total Appendence (appendence)         Maragement and pendence)         COP (appendence)           1         Grants and other assistance to domestic individuals. See Part V, line 21         Total Appendence         Maragement and pendence         Fordial appendence           2         Grants and other assistance to domestic individuals. See Part V, line 21         Total Appendence         71,101.         71,101.         Fordial appendence           3         Grants and other assistance to forego organizations, forego gavernments, and foreign individuals. See Part V, line 21         Fordial appendence         71,101.         71,101.         71,101.         71,101.           4         Benefits paid to or for members         50	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).							
7.0. 89, 98, 067 Uto 6 /r 47 Uto.       expanses       general expanses		Check if Schedule O contains a respon-			( <u>)</u>							
ad domesic governments. See Part IV, Ine 21			<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and	Fundraising						
2         Grants and other assistance to domestic individuals. See Part V, line 22 organizations, foreign governments, and foreign individuals. See Part V, lines 5 faund 10 Benefits paid to other members         71,101.         71,101.           3         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 6, dectors, directors, trustees, and key employees         67,508.         38,480.         6,751.         22,277.           4         Benefits paid to other members         67,508.         38,480.         6,751.         22,277.           5         Compensation for individual dave to disqualified persons (as defined under section 4958(V)(1) and persons decrifted in section 4958(V) and persons decrifted in section 4958(V) and persons decrifted in section 4958(V) and persons decrifted in 40598(V) and persons decrifted in 405	1	5										
individuals: See Part IV, Ine 22       71,101.       71,101.         3 Grants and other assistance to foreign organizations, foreign operation of surrent officers, directors, trustees, and key employees       67,508.       38,480.       6,751.       22,277.         6 Compensation of surrent officers, directors, trustees, and key employees       67,508.       38,480.       6,751.       22,277.         7 Other salaries and wages       67,508.       38,480.       6,751.       22,277.         9 compensation of suched basic officiency, trustees, and key employees       67,508.       38,480.       6,751.       22,277.         9 compensation of suched basic officiency, trustees, and key employees       6,444.       3,673.       644.       2,127.         9 compensation of suched basic officiency, trustees, and key employees       6,444.       3,673.       644.       2,127.         9 company trustees, such and key employees       6,500.       6,500.       6,500.       6,500.       6,500.         9 consolin diridiating services, See Part IV, ine 17       filter trustees in the directors, such and trustees in Sch 0,01.       1,735.       624.       1920.         9 consolin diridiating services, Sone of 0,01.       1,735.       624.       1920.       1,735.       624.       1,088.         19 conferences, conventions, and meetings       0       1,347.												
3         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16           4         Benefits paid to or for mombers           5         Compensation of curver of fores, directors, trustees, and key employees           6         Compensation of curver of fores, directors, trustees, and key employees           6         Compensation of include datows to dispatified persons described in section 4958(c)(3)(B)           7         Other salaries and operson section 40(s) and 400(s) employee contributions is ection 40(s) and 400(s) employees contributions to accounting           9         Other employees benefits           10         Payoil taxes           11         Foes for services (nonemployees):           a Management         6 , 500 .           b Legal         6 , 500 .           6 , coounting         6 , 500 .           12         Advertiling and promotion           13         Other explores on Sch 0.)           14         Information technology           15         Royatties           14         Payments to tarial and an employees           14         Information cehnology           15         Royatties           10         Company           14         Roresplaces           17	2		<b>F1</b> 101	<b>F</b> 4 4 6 4								
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16           Benefits paid to or for members           Compensation of current officers, directors, trustees, and key employees           Compensation of current officers, directors, trustees, and key employees           Foreign and they employees           Compensation of current officers, directors, trustees, and key employees           Foreign and key employees           Foreign and they employees		· · · · · · · · · · · · · · · · · · ·	71,101.	71,101.								
individuals. See Part V. Ines 15 and 16         intervent officers, directors, trustees, and key employees           Compensation of current officers, trustees, and key employees         67,508.         38,480.         6,751.         22,277.           Compensation of include above to disgualified persons (as defined under section 4968(V)(1)) and persons (as defined under 4968(V)(1)) and persons (as defined under section 49	3	C C										
4         Benefits paid to or for members           5         Componsation of current officers, directors, trustees, and key employees         67,508.38,480.6,751.22,277.           6         Compensation of includes above to disqualified persons (actine during scient o4958(c)(3)(8)         67,508.38,480.6,751.22,277.           7         Other satires and wages         6,444.3,673.644.2,127.           9         Person plan acruals and contributions (include section 4958(c)(3)(8)         6,444.3,673.644.2,127.           9         Other encloses benefits         9           9         Other encloses         6,500.           10         Fayonit laxes         9           9         Other encloses         9           9         Other encloses         1,735.624.191.92           9         Other encloses, conventions, and meetings         1,735.624.191.92           10         Occupancy         1,735.624.191.92           11         Fayalites         9           12												
5         Compensation of current officers, intractors, trustees, and key employees         67,508.         38,480.         6,751.         22,277.           6         Compensation no included above to disqualified persons (as defined under section 4580(3)(8)         6         6         444.         3,673.         644.         2,127.           7         Other satiries and wages         6,444.         3,673.         644.         2,127.           8         Pension plan accruds and contributions (include section 4580(3)(8)         6         6         6         6         6         5         0         6         6         5         0         6         6         5         0         6         5         0         6         5         0         6         5         0         6         5         0         6         5         0         6         5         0         6         5         0         6         5         0												
trustees, and key employees         67,508.         38,480.         6,751.         22,277.           6 Compensation not included above to disquilified persons (as defined under section 4958)((1)(1) and persons described in section 4958)((1)(1) and persons described in section 4958)((2)(3)(8)         6,444.         3,673.         644.         2,127.           8 Person plan accutals and contributions (include section 401(k) and 403(b) employer contributions)         9         6,444.         3,673.         644.         2,127.           9 Other employees benefits         9         9         16         9         16         9         16	4	Benefits paid to or for members										
6       Comparison on included above to disgualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(1)) and 493(r) employee contributions;       6       6.444.       3.673.       644.       2.127.         7       Other salaries and vages       6.444.       3.673.       644.       2.127.         8       Pension plan acrunals and combibitions (include section 493(r)) and 403(r) employee contributions;       6.500.       6.444.       3.673.       644.       2.127.         9       Other employee benefits       0 </th <th>5</th> <th></th> <th><b>6778888888888888</b></th> <th></th> <th>6 4</th> <th>~~ ~==</th>	5		<b>6778888888888888</b>		6 4	~~ ~==						
persons (as defined under section 4958(c)(3)(8)         6,444.         3,673.         644.         2,127.           Persion plan accruits and contributions (include section 4016) and 403(b) employer contributions)         6,444.         3,673.         644.         2,127.           9 Other employee benefts         9 <t< th=""><th></th><th>trustees, and key employees</th><th>67,508.</th><th>38,480.</th><th>6,751.</th><th>22,277.</th></t<>		trustees, and key employees	67,508.	38,480.	6,751.	22,277.						
persons described in section 4958(c)(3)(B)         6,444.         3,673.         644.         2,127.           Pension plan accruits and contributions (include section 4010); and 4030); employer contributions (include section 4030); employer control 4030; employer control 40300; employer control 403000; employer 40300; employer 40300; employer 40300; employer 40	6	Compensation not included above to disqualified										
7       Other sataries and wages       6,444.       3,673.       644.       2,127.         8       Persion plan acruals and contributions (include section 401(k) and 403(k) employer contributions)       9       Other employee benefits       9         9       Other employee benefits       9       9       0       9         17       Payrolt taxes       9       9       0       0       9         18       Payrolt taxes       9       0 <t< th=""><td></td><td>persons (as defined under section <math>4958(f)(1)</math>) and</td><td></td><td></td><td></td><td></td></t<>		persons (as defined under section $4958(f)(1)$ ) and										
8       Persion plan accruits and contributions (include section 401(k) and 403(b) employe contributions)         9       Other employee benefits         10       Payroli taxes         11       Fees for services (nonemployees):         11       Management         b       Legal         c       Accounting         d       Lobbying         Professional fundrating services. See Part IV, line 17         f       Interment fees         g       Other. (II line 11g amount exceeds 10% of line 25, column (A), amount, list line 17g expresses on Sch 0.)         13       Office expenses         14       Information technology         15       Royaties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         16       Contreances, conventions, and meetings         11       Payments to affiliates         12       Payments of travel or entertainment expenses for any federal, state, or local public officials         16       Contreances, conventions, and meetings         11       Taxel         19       Payments to affiliates         10       Interest         11       <		- · · · · · · · · · · · · · · · · · · ·										
section 401(k) and 403(b) employer contributions) <ul> <li>Payrolitic taxes</li> <li>Conter employee benefits</li> <li>Payrolitic string</li> <li>Conter employees</li> <li>Amagement</li> <li>Legal</li> <li>Conter employees</li> <li>Amagement</li> <li>Legal</li> <li>Conter employees</li> <li>Amagement</li> <li>Legal</li> <li>Conter employees</li> <li>Conter employee</li> <li>Conter employee</li> <li>Professional fundraising services. See Part IV, line 17</li> <li>Professional fundraising services. See Part IV, line 17</li> <li>Professional fundraising services. See Part IV, line 17</li> <li>Professional fundraising services on Sch 0, other (fit line 11g anount exceeds 10% of line 25, otherm (A), amount, its line 11g expenses on Sch 0, other (fit line 11g anount exceeds 10% of line 25, otherm (A), amount, its line 11g expenses on Sch 0, other (fit line 11g expenses on Sch 0, other expenses</li> <li>Confire ences, convertions, and meetings</li> <li>Confirerences, converetions, and meetings</li> <li>Confirer expenses in li</li></ul>	7		6,444.	3,673.	644.	2,127.						
9       Other employee benefits	8											
10       Payroll taxes		., ., , F										
11       Fees for services (nonemployees):         a Management       blegal         b Legal       6,500.         c Accounting       6,500.         d Lobbying       6,500.         e Professional fundraising services. See Part IV, line 17       6         f Investment management fees       9         g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       1         12       Advertising and promotion       1,735.         13       Office expenses       1,735.         14       Information technology       1         15       Royatiles       2,721.         16       Occupancy       2,721.         17       Travel       1         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1         19       Conferences, conventions, and meetings       1         21       Payments to affiliates       2         22       Depreciation, depletion, and amortization       1         31       Insurance       1         24       Payments to affiliates       2         25       Total functional expenses. Add lines 11 through 24e       159, 201.         26	9											
a Management	10	Payroll taxes										
b Legal	11	Fees for services (nonemployees):										
c Accounting       6,500.       6,500.         d Lobbying       6,500.       6,500.         e Professional fundraising services. See Part IV, line 17       9       9         f Investment management fees       9       9         g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       9       9         12 Advertising and promotion       1,735.       624.       191.       920.         13 Office expenses       1,735.       624.       191.       920.         14 Information technology       1,735.       624.       1,088.       1         15 Royaties       2,721.       1,089.       544.       1,088.         17 Travel       2,721.       1,089.       544.       1,088.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       9       1       1,347.       1,347.         19 Onferences, conventions, and meetings       1,347.       1,347.       1,347.       1,347.         21 Payments to affiliates       9       9       1,347.       1,347.       1,347.         22 protectation, depletion, and amortization       1,845.       738.       369.       738.         36       3       369.       738.<	а	Management										
d Lobbying       Professional fundraising services. See Part IV, line 17         f Investment management fees       9         g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       12         12       Advertising and promotion       1,735.         13       Office expenses       1,735.         14       Information technology       1         15       Royatties       2,721.       1,089.         16       Occupancy       2,721.       1,089.         17       Travel       1       1         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1       1         10       Interest       1       1,347.       1,347.         20       Interest       1       1,347.       1         21       Payments to affiliates       1       1       1         22       Depreciation, depletion, and amortization       1       1,347.       1       347.         23       Other expenses in the 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e appress on Schedule 0.)       1,845.       738.       369.       738.         a       MISCELLANEOUS       1,845.       738.       369. <td>b</td> <td>Legal</td> <td></td> <td></td> <td></td> <td></td>	b	Legal										
e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)         12       Advertising and promotion         13       Office expenses         14       Information technology         15       Royalties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         10       Interest         19       Payments to affiliates         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization         23       Insurance         24       Austice expenses on torvered above, (List miscellaneous expenses on line 24e. If line 24e anount exceeds 10% of line 25, column (A), amount, [Ist line 24e express on Schedule 0.)         a       MISCELLANEOUS         c	С	Accounting	6,500.		6,500.							
f       Investment management fees         g       Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)         12       Advertising and promotion         13       Office expenses         14       Information technology         15       Royalties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         21       Payments to affiliates         22       Depreciation, depletion, and amortization         23       Insurance         24       Other expenses inferioz 426, life line 24e expenses on Schedule 0.)         a       MISCELLANEOUS         a       Lister expenses. Add lines 1 through 24e. life in 24e expenses on Schedule 0.)         a       MISCELLANEOUS         a       All other expenses.         25       Total functional expenses. Add lines 1 through 24e         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	d	Lobbying										
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0,)       12         12       Advertising and promotion       1,735.624.191.920.         13       Office expenses       1,735.624.191.920.         14       Information technology       2,721.1,089.544.1,088.         16       Occupancy       2,721.1,089.544.1,088.         17       Travel       2         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       -         19       Conferences, conventions, and meetings       -         20       Interest       -         21       Payments to affiliates       -         22       Depreciation, depletion, and amortization linsurance       1, 347.         23       Insurance       1, 347.         24       Other expenses on Schedule 0.)       1, 845.738.369.738.         36	е	Professional fundraising services. See Part IV, line 17										
column (A), amount, list line 11g expenses on Sch 0.)       4         12       Advertising and promotion       1,735.         13       Office expenses       1,735.         14       Information technology       1         15       Royatties       1         16       Occupancy       2,721.       1,089.         17       Travel       2       1         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1       1         19       Conferences, conventions, and meetings       2       1       347.       1         20       Interest       1       347.       1       347.         21       Payments to affiliates       1       1       347.       1       347.         22       Depreciation, depletion, and amortization       1       347.       1       347.       1       347.         24       Other expenses on Schedule 0.)       1       345.       738.       369.       738.         b	f	Investment management fees										
12       Advertising and promotion	g	Other. (If line 11g amount exceeds 10% of line 25,										
13       Office expenses       1,735.       624.       191.       920.         14       Information technology		column (A), amount, list line 11g expenses on Sch 0.)										
14       Information technology         15       Royalties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         10       Conferences, conventions, and meetings         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization         23       Insurance         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)         a       MISCELLLANEOUS         c	12	Advertising and promotion										
15       Royalties	13	Office expenses	1,735.	624.	191.	920.						
16       Occupancy       2,721.       1,089.       544.       1,088.         17       Travel       2,721.       1,089.       544.       1,088.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1       1       1,089.       544.       1,088.         19       Conferences, conventions, and meetings       1	14	Information technology										
17       Travel	15	Royalties										
18       Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	2,721.	1,089.	544.	1,088.						
for any federal, state, or local public officials	17	Travel										
19       Conferences, conventions, and meetings         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization         23       Insurance         24       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)         a       MISCELLANEOUS         c	18	Payments of travel or entertainment expenses										
20       Interest		· · · · · · · · · ·										
21       Payments to affiliates	19	Conferences, conventions, and meetings										
22       Depreciation, depletion, and amortization       1,347.         23       Insurance       1,347.         24       Other expenses. Itemize expenses on covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1,845.       738.         3       MISCELLANEOUS       1,845.       738.       369.       738.         b	20											
23       Insurance       1,347.       1,347.         24       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1,845.       738.         3       MISCELLANEOUS       1,845.       738.         5	21											
24       Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1,845.       738.       369.       738.         a       MISCELLANEOUS       1,845.       738.       369.       738.         b	22	Depreciation, depletion, and amortization										
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1,845.       738.       369.       738.         a       MISCELLANEOUS       1,845.       738.       369.       738.         b	23		1,347.		1,347.							
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       1,845.       738.       369.       738.         a       MISCELLANEOUS       1,845.       738.       369.       738.         b	24											
amount, list line 24e expenses on Schedule 0.)       1,845.       738.       369.       738.         b		line 24e amount exceeds 10% of line 25, column (A),										
b		amount, list line 24e expenses on Schedule 0.)	1 0 4 5	800	2.50	= 200						
c	а		1,845.	/38.	369.	/38.						
d	b											
e       All other expenses												
25Total functional expenses. Add lines 1 through 24e159,201.115,705.16,346.27,150.26Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combinedImage: Complete this line only if the organization reported in column (B) joint costs from a combinedImage: Complete this line only if the organization reported in column (B) joint costs from a combined												
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined			150 001		10.240							
reported in column (B) joint costs from a combined			159,201.	115,705.	10,346.	27,150.						
	26											
advectional compaign and fundraising colligitation												
		educational campaign and fundraising solicitation.										
Check here if following SOP 98-2 (ASC 958-720)		UNECK NERE if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022)						

332010 12-21-23

Form 990 (2023)

#### 11051015 310390 012205

orm	990	(2023)	

#### LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

ar		2023) MINNESOTA, INC. Balance Sheet		<u> </u>	1694745 Page
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	259,867.	1	286,392
	2	Savings and temporary cash investments	105,269.	2	109,06
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	173.	9	17
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	341,764.	11	372,46
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	707,073.	16	768,09
	17	Accounts payable and accrued expenses	6,251.	17	6,25
	18	Grants payable		18	-
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	12,960.	25	12,96
	26	Total liabilities. Add lines 17 through 25	19,211.	26	19,21
T		Organizations that follow FASB ASC 958, check here			· ·
		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	408,585.	27	457,03
	28	Net assets with donor restrictions	279,277.	28	<u>457,03</u> 291,85
		Organizations that do not follow FASB ASC 958, check here	- ,		
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	687,862.	32	748,88
	52	Total liabilities and net assets/fund balances	707,073.	33	768,09

332011 12-21-23

LOAN	REPAYMENT	ASSISTANCE	PROGRAM	OF

	<u>1 990 (2023)</u> MINNESOTA, INC.	41-1694	745	Pag	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	192				
2	Total expenses (must equal Part IX, column (A), line 25)	2	159				
3	Revenue less expenses. Subtract line 2 from line 1	3			95.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			62. 27.		
5	Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	748	, 8	84.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
			`	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
с	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?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2023)

332012 12-21-23

SCHEDULE A (Form 990) Department of the Treasury				Public Cha omplete if the organ 494		OMB No. 1545-0047 2023 Open to Public				
		nue Service			ttach to Form 990 or Fo Form990 for instructior			ormation.		Inspection
Nar	ne of t	the organization	on LOAN		ASSISTANCE H					identification number $1-1694745$
Pa	nrt I	Reason	or Public (	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instruction	S.	
The	organ	ization is not a	private found	lation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school dese	ribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 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 <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)								
~		-			and a low the state of the set for		70/L-\/.4\/.A\	( )		
6 7	X		-	-	nental unit described in section in the section of					while described in
'	21			omplete Part II.)	ntial part of its support if	on a gove	ennentai		ie general p	Jublic described III
8		-			(1)(A)(vi). (Complete Parl	· II )				
9	$\square$	-			in section 170(b)(1)(A)(i	-	ed in coniu	inction with a	land-grant	college
-		-	-		ulture (see instructions).		-		-	-
		university:			``````````````````````````````````````			-	0	
10		An organizati	ip fees, and	d gross receipts from						
		activities relat	ed to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
				mplete Part III.)						
11		-	-	-	vely to test for public saf	•				
12		-	-	-	vely for the benefit of, to	-			•	
				-	d in section 509(a)(1) o f supporting organizatior					neck the box on
a		-	-	• •	upervised, or controlled				-	nivina
					gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se						
b		<b>Type II.</b> A s	upporting org	anization supervised	or controlled in connect	ion with it:	s supporte	d organizatio	n(s), by hav	ing
		control or n	anagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
c		••	-	• • • •	g organization operated				ly integrate	d with,
			0	()()	). You must complete F					
c					orting organization oper					
			-		ation generally must sati	•		-	an attentiv	reness
e		7			nplete Part IV, Sections written determination from				II Type III	
			•		nally integrated supportir			турет, туре	п, туре п	
f	Ente	er the number of								
ç				n about the supporte						
	(	i) Name of suppo	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	al									

### LOAN REPAYMENT ASSISTANCE PROGRAM OF Schedule A (Form 990) 2023 MINNESOTA, INC. 41-1694745 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(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
faile to qualify under the tests listed below, places complete Dart III.)

fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support												
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	200,264.	140,694.	154,432.	124,127.	185,084.	804,601.						
2	Tax revenues levied for the organ-												
	ization's benefit and either paid to												
	or expended on its behalf												
3	The value of services or facilities												
	furnished by a governmental unit to												
	the organization without charge												
4	Total. Add lines 1 through 3	200,264.	140,694.	154,432.	124,127.	185,084.	804,601.						
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)						7,177.						
6	column (f)         7,177.           6 Public support. Subtract line 5 from line 4.         797,424.												
	ction B. Total Support				•		-						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total						
	Amounts from line 4	200,264.	140,694.	154,432.	124,127.	185,084.	804,601.						
8	Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties,												
	and income from similar sources	8,852.	7,756.	9,281.	9,861.	35,140.	70,890.						
9			-		-	-							
	activities, whether or not the												
	business is regularly carried on												
10	Other income. Do not include gain												
	or loss from the sale of capital												
	assets (Explain in Part VI.)	1,347.		94.	14,240.		15,681.						
11	Total support. Add lines 7 through 10						<u>15,681.</u> 891,172.						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12							
13	First 5 years. If the Form 990 is for th	,	,			01(c)(3)							
	organization, check this box and <b>stop</b>			-									
Sec	ction C. Computation of Publi												
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	89.48 %						
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	88.01 %						
	33 1/3% support test - 2023. If the o					ore, check this bo>	and						
	stop here. The organization qualifies												
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box						
	and stop here. The organization qual												
17a	10% -facts-and-circumstances test	- <b>2023.</b> If the org	anization did not c										
	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												
b	0 10% -facts-and-circumstances test	-		• • • •	-								
	more, and if the organization meets th	-											
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization												
18	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												
						Schedule A	(Form 990) 2023						

Schedule A (Form 990) 2023

MINNESOTA, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2) 41-1694745 Page 3

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
4	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T		1	1	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi:	zation,
800	check this box and stop here					<u></u>	
	•			e e la centra (5)		45	0/
	Public support percentage for 2023 (I	, (),	<b>,</b> ,	()/		15 16	%
	Public support percentage from 2022 ction D. Computation of Invest						%
	Investment income percentage for 20			ine 13 column (f))		17	%
	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2023.</b> If the			on line 14. and lin		· · · · ·	
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the						
00	line 18 is not more than 33 1/3%, che						on
	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
33202	23 12-21-23					Schedu	le A (Form 990) 2023

<sup>15</sup> 2023.04030 LOAN REPAYMENT ASSISTANCE 012205\_1

### LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

Schedule A (Form 990) 2023

 Part IV
 Supporting Organizations

 (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A

and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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Yes No

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Schedule A (Form 990) 2023 MINNESOTA,

41-1694745 Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Ŭ	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
			Yes	No
4	Did the sourceins body members of the sourceins body officers estima in their official conseity or membership of one or		res	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	-		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instance).	truction	()	
2	Activities Test. Answer lines 2a and 2b below.		S). Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organization of an explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.	Zd		
U	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
~	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

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	LOAN REPAYMENT ASSISTANC	CE PF	ROGRAM OF	
Sche	edule A (Form 990) 2023 MINNESOTA, INC.			41-1694745 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	•	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2023

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#### LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA INC

	dule A (Form 990) 2023 MINNESOTA, INC			4	1-1694745 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

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Schodulo A	(Form 990) 2023	LOAN REPAYMENT MINNESOTA, INC		PROGRAM C	)F 41-1694745 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	<b>nation.</b> Provide the explan 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9	ations required by Part b, 9c, 11a, 11b, and 1 E, lines 1c, 2a, 2b, 3a,	1c; Part IV, Section and 3b; Part V, lin	ine 17a or 17b; Part III, line 12; ۱ B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
332028 12-21-2	23		20		Schedule A (Form 990) 2023

#### Schedule of Contributors

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

2023
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Employer identification number

LOAN	REPAYMENT	ASSISTANCE	PROGRAM	OF

MINNESOTA, INC.

	1	1	<u> </u>		4 -
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Organization	type	(check d	one):
organization	Uppe -		<i>J</i> 10 <i>j</i> .

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X

11051015 310390 012205

23 2023.04030 LOAN REPAYMENT ASSISTANCE 012205\_1

### Schedule B (Form 990) (2023)

Part I

Name of organization LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

41 - 1694745

Schedule B (Form 990) (2023)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

#### Schedule B (Form 990) (2023)

323452 12-26-23

11051015 310390 012205

24 2023.04030 LOAN REPAYMENT ASSISTANCE 012205\_1

Schedule B (Form 990) (2023)

Part I (a)

Name of organization LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Employer identification number

(d)

41-1694745

(c)

Page **2** 

Part II	SOTA, INC.	rt II if additional anace is see it.	41-1694745
	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	

323453 12-26-23

Schedule B (Form 990) (2023)

Page 3

#### 11051015 310390 012205

Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)				Page <b>4</b>
	organization				Employer identification number
	REPAYMENT ASSISTANCE PRO	OGRAM OF			
MINNE Dart III	SOTA, INC. Exclusively religious, charitable, etc., contribution	one to organizatione decorib	ad in contion 50	1(a)(7)(9) ar(10) +	41-1694745
Fartin	from any one contributor. Complete columns (a)	through (e) and the following	line entry. For or	ganizations	
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s		,000 or less for th	e year. (Enter this info.	once.) <sup>D</sup>
(a) No.		Ċ			
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Des	cription of how gift is held
		(e) Transfe	er of gift		
			a or giv		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Des	cription of how gift is held
		(e) Transfe	er of aift		
			, ei gitt		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
(a) No. from					
Part I	(b) Purpose of gift	(c) Use of gi	π	(d) Des	cription of how gift is held
		(e) Transfe	er of gift		
			-		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift				eviption of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gi	in i	(d) Des	cription of how gift is held
		(e) Transfe	er of gift		
			-		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
323454 12-26	5-23				Schedule B (Form 990) (2023)

#### 11051015 310390 012205

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Open to Public Inspection									
If the organization answ	vered "Yes" on	Form 990, Part IV, line 3, or Forn	n 990-EZ, Part V, line	46 (Political Campaign A	ctivities), then:				
• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.									
<ul> <li>Section 501(c) (other</li> </ul>	• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.								
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete	Part I-A only.							
If the organization answ	vered "Yes" on	Form 990, Part IV, line 4, or Forn	n 990-EZ, Part VI, line	e 47 (Lobbying Activities),	then:				
		nave filed Form 5768 (election und							
		nave NOT filed Form 5768 (election		•	•				
()() <b>S</b>		Form 990, Part IV, line 5 (Proxy 1		•	•				
Tax) (see separate instr		· · · · · · · · · · · · · · · · · · ·			_, · · ··· · , ···· · · · ( · · ··· <b>,</b>				
		ions: Complete Part III.							
Name of organization		PAYMENT ASSISTANC	E PROGRAM O	F Empl	oyer identification number				
5		TA, INC.		·	41-1694745				
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 527 or					
2 Political campaign a	activity expendit	ation's direct and indirect political ures gn activities		\$					
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3)	_					
		incurred by the organization under							
		incurred by organization managers							
		n 4955 tax, did it file Form 4720 fo							
					Yes No				
b If "Yes," describe in									
Part I-C Comple	ete if the org	anization is exempt under	section 501(c), e	except section 501(c)	(3).				
		I by the filing organization for section							
2 Enter the amount of	f the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527					
				\$					
3 Total exempt function	on expenditures	. Add lines 1 and 2. Enter here and	on Form 1120-POL,						
line 17b				\$					
		1120-POL for this year?			Yes No				
5 Enter the names, ac	ddresses, and er	nployer identification number (EIN)	of all section 527 poli	tical organizations to which	n the filing organization				
contributions receiv	ed that were pro	tion listed, enter the amount paid f omptly and directly delivered to a s additional space is needed, provide	eparate political orgar	nization, such as a separate					
(a) Name	3	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

/

23

LHA 332041 11-06-23

SCHEDULE C

(Form 990)

	REPAYMENT ASSISTANCE PROGRAM		
Schedule C (Form 990) 2023 MINNE	SOTA, INC.	41-1	694745 Page 2
	on is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).			
A Check if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,
expenses, and share of exces	ss lobbying expenditures).		
B Check if the filing organization check	ked box A and "limited control" provisions apply.		
Limits on Lob (The term "expenditures" n	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
<b>b</b> Total lobbying expenditures to influence a le	gislative body (direct lobbying)	4,280.	
c Total lobbying expenditures (add lines 1a an	d 1b)	4,280.	
		154,921.	
	es 1c and 1d)	159,201.	
f Lobbying nontaxable amount. Enter the amo		31,840.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% o	f line 1f)	7,960.	
h Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	( <b>d</b> ) 2023	<b>(e)</b> Total		
2a Lobbying nontaxable amount	20,293.	16,974.	856.	31,840.	69,963.		
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					104,945.		
c Total lobbying expenditures	4,280.	4,280.	4,280.	4,280.	17,120.		
d Grassroots nontaxable amount	5,073.	4,244.	214.	7,960.	17,491.		
e Grassroots ceiling amount (150% of line 2d, column (e))					26,237.		
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2023

332042 11-06-23

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC.

41-1694745 Page 3

#### Schedule C (Form 990) 2023

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

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		)	(b)	
	e lobbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	า 501(c)(5	), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	No" OR (	b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information			10 (	

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

Schedule C (Form 990) 2023

332043 11-06-23

SC	SCHEDULE D Supplemental Financial Statements							
(Forr	n 990)		2023					
Depart	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.							
	Revenue Service		Inspection					
Nam	e of the organization	h LOAN REPAYMENT ASS MINNESOTA, INC.	ISTANCE PROGRAM OF		identification number 1-1694745			
Pa	t I Organizat	tions Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts.	Complete if the			
		answered "Yes" on Form 990, Part IV, lin						
			(a) Donor advised funds	(b) Funds and	d other accounts			
1	Total number at end	l of year						
2	Aggregate value of	contributions to (during year)						
3	Aggregate value of	grants from (during year)						
4		end of year						
5	-		writing that the assets held in donor advise					
•			exclusive legal control?		Yes No			
6	•	•	dvisors in writing that grant funds can be u					
			r donor advisor, or for any other purpose c	-	X Yes No			
Pa			ganization answered "Yes" on Form 990, P					
1		rvation easements held by the organization						
-		of land for public use (for example, recrea		a historically impor	tant land area			
	Protection of	natural habitat		a certified historic s				
	Preservation of	of open space						
2	Complete lines 2a tl	nrough 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation ea	sement on the last			
	day of the tax year.				at the End of the Tax Year			
а	Total number of cor	servation easements		2a				
b	•							
C.			ucture included on line 2a	<u>2c</u>				
d		ation easements included on line 2c acqu		04				
3			eased, extinguished, or terminated by the		the tax			
Ŭ	year		cased, extinguished, or terminated by the	organization during				
4	-	here property subject to conservation eas	ement is located					
5	Does the organization	on have a written policy regarding the per	iodic monitoring, inspection, handling of					
		rcement of the conservation easements it			Yes No			
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements	during the year			
		_						
7	Amount of expense	s incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements duri	ng the year			
•								
8		-	satisfy the requirements of section 170(h)(		Yes No			
9	and section 170(h)(4		on easements in its revenue and expense s					
5		<b>e</b> .	ote to the organization's financial statement		he			
		unting for conservation easements.						
Pa	rt III   Organizat	tions Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Ass	ets.			
	Complete if t	he organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization e	lected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sheet w	orks			
	of art, historical trea	sures, or other similar assets held for pub	lic exhibition, education, or research in fur	therance of public				
			ncial statements that describes these items					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of							
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,							
	provide the following amounts relating to these items.							
	(i) Revenue included on Form 990, Part VIII, line 1       \$         (ii) Assets included in Form 990, Part X       \$							
2			asures, or other similar assets for financial					
-		nts required to be reported under FASB A		3				
а	-			\$				
		duction Act Notice, see the Instructions			dule D (Form 990) 2023			
33205	09-28-23							
			30					

<sup>11051015 310390 012205</sup> 

		PAYMENT ASS	SISTANCE PH	ROGRAM OF					•
	dule D (Form 990) 2023 MINNESO				0	41-16	94745	P	age 2
Par							contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant	use of its			
	collection items (check all that apply).		<u> </u>						
a		d		hange program					
b	Scholarly research	е	U Other						
c	Preservation for future generations								
4	Provide a description of the organization's co		•	-		se in Part	XIII.		
5	During the year, did the organization solicit o			•		_	٦.,		٦
Dor	to be sold to raise funds rather than to be ma						Yes		No
Par	<b>t IV</b> Escrow and Custodial Arrang		te if the organization	answered "Yes" on	Form 990	, Part IV, li	ne 9, or		
_	reported an amount on Form 990, Par								
па	Is the organization an agent, trustee, custodi	•						_	٦.,
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:				A.m.o.unt		
					-		Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance				<b>1</b> f		7		<del></del>
	Did the organization include an amount on Fo				ility?	∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	T V Endowment Funds Complete if					waara baak	(a) Four	vooro	book
		(a) Current year	(b) Prior year	(c) Two years back	1	years back			
1a									/64.
b	Contributions	10.040	0.025	0.000		<b>-</b> 220		1.4	
С	Net investment earnings, gains, and losses	12,242.	9,835.	9,269.		7,330.		14,	323.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								621.
g	End of year balance	229,142.	216,900.	207,065.	1	.97,796.		190,	466.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he		_		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		X
							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.						
Par	t VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.				
	Description of property	(a) Cost or of basis (investm	• •		Accumulat epreciation		(d) Book	valu	е
19	Land								
	Land								
	Buildings					<u> </u>			
	Leasehold improvements					<u> </u>			
	Equipment					<u> </u>			
	Other								0.
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	quai ⊢orm 990, Part )	x, line 10c, column	( <u>B))</u>		Schedule	D (Form	990)	

LOAN	REPAY	<b>1ENT</b>	ASSISTANCE	PROGRAM	$\mathbf{OF}$
MINN	2SOTA	TNC			

	0 (Form 990) 2023		INC.		41-1694745 Page 3
Part VII	J	Other Securities			
				11b. See Form 990, Part X, line 12.	
(a) Descri	ption of security or categ	Ory (including name of security)	(b) Book value	(c) Method of valuation: Cost or	<sup>r</sup> end-of-year market value
.,					
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
Total. (Col.	(b) must equal Form 990	, Part X, line 12, col. (B)) Program Related.			
		-	an Farma 000 Dart IV/ lines		
	(a) Description of			11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or	r and af year market yelye
	(a) Description of	Investment	(b) Book value	(c) Method of Valuation. Cost of	end-oi-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. Part IX	(b) must equal Form 990 Other Assets	, Part X, line 13, col. (B))			
Faitin	J	opization anoward "Vac"	on Form 000 Dort IV/ line :	11d. See Form 990, Part X, line 15.	
	Complete il trie orga		Description	The See Form 990, Part A, line 13.	(b) Book value
		(d)	Description		
(1)					<u> </u>
(2)					<u> </u>
(3)					<u> </u>
(4)					<u> </u>
(5)					<u> </u>
(6)					<u> </u>
(7)					<u> </u>
(8)					<u> </u>
<u>(9)</u>	<i>(</i> )				<u> </u>
Part X	umn (b) must equal Fo	<u>rm 990, Part X, line 15, co</u> s	ol. (B))		
Tartx	J		on Form 000 Part IV line -	11e or 11f. See Form 990, Part X, line	o 25
		escription of liability			(b) Book value
<u>1.</u>		escription of hability			
	deral income taxes				12.060
	JNDS HELD FO	JR UTHERS			12,960.
(3)					
(4)					<u> </u>
(5)					
(6)					
(7)					
(8)					
(9)					10.060
			<u>ы. (В))</u>		12,960.
2. Liability	y tor uncertain tax pos	sitions. In Part XIII, provide	e the text of the footnote to	the organization's financial statemer	its that reports the

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2023

332053 09-28-23

	LOAN REPAYMENT ASSISTAN	CE PROGRAM				
Sche	dule D (Form 990) 2023 MINNESOTA, INC.				694745	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	220	,224.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	27,327.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,327.</u>
3	Subtract line 2e from line 1			3	192,	897.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	192,	897.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total expenses and losses per audited financial statements			1	159,	201.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	159	201.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>.)</u>		5	159	,201.
Pa	rt XIII Supplemental Information					

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

#### PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT IS TO GENERATE LONG-TERM REVENUE TO SUPPORT

THE OPERATION OF LRAP.

PART X, LINE 2:

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME

TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX

POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE

FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE

ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION

#### APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS

33

332054 09-28-23

LOAN REPAYMENT ASSISTANCE PROGRAM OF           Schedule D (Form 990) 2023         MINNESOTA, INC.           Part XIII         Supplemental Information (continued)	41-1694745 Page 5
EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION TH	AT IS NOT A
PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARI	TABLE
CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.	
	Schedule D (Form 990) 2023

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an	nd Individual	ls in the Ŭni	ted States		OMB No. 15-	
		Comple	ete if the organization	n answered "Yes"	on Form 990, Pa	rt IV, line 21 or 22.		202	20
Department of the Treasury				Attach to Forn	n <b>990.</b>			Open to I	
Internal Revenue Service				s.gov/Form990 for	the latest inform	ation.		Inspec	tion
Name of the organization	LOAN REPA MINNESOTA		ISTANCE PRO	GRAM OF				Employer identification 41-169	
Part I General Info	ormation on Grants a	nd Assistance						•	
-			-			for the grants or assis			
criteria used to aw	ard the grants or assis	stance?						Yes	X No
	' the organization's pro								
	Other Assistance to I at received more than \$					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
<b>1 (a)</b> Name and add or gove		(b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gr or assistance	

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

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

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

# LOAN REPAYMENT ASSISTANCE PROGRAM OF

Schedule I (Form 990) 2023

MINNESOTA, INC.

41-1694745

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LOAN REPAYMENT ASSISTANCE	23	71,101.	0.		

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

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>n</b> n	<u> </u>
•		Compensated Employees		20	Ľ٦	j
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	LOAN REPAYMENT ASSISTANCE PROGRAM OF	Employer id	entificatio	on nui	mber
		MINNESOTA, INC.	41-16	59474	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form §	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for persor	nal use			
	Travel for com	panions Payments for business use of personal res	sidence			
	Tax indemnific	cation and gross-up payments Health or social club dues or initiation fees	3			
	Discretionary	spending account Personal services (such as maid, chauffeu	r, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2	X	
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior					
	·	compensation consultant				
	Form 990 of o	ther organizations	ommittee			
	During the user dis	Lanvaran listed on Four 000 Dat VIII. Castion A line to with user other the films				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re			40		x
a b		e payment or change-of-control payment? every payment from a supplemental nonqualified retirement plan?				X
	•					X
U		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	In res to any or in					
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the r					
а	0			5a		X
		ation?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		. 7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	. 9		
For		ion Act Notice, see the Instructions for Form 990.		le J (Forn	n <b>990</b> )	2023

LHA 332111 11-06-23

### LOAN REPAYMENT ASSISTANCE PROGRAM OF

Schedule J (Form 990) 2023

MINNESOTA, INC.

41-1694745

Page 2

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

LOAN H	REPAYN	1ENT	ASSISTANCE	PROGRAM	OF
MINNES	SOTA,	INC.			

Schedule J (Form 990) 2023

### 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 (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. LOAN REPAYMENT ASSISTANCE PROGRAM OF



Employer identification number 41 - 1694745

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

MINNESOTA,

LINE 11B EXPLANATION - A COPY WILL BE PROVIDED ELECTRONICALLY, AND ITS

CONTENT WILL BE DISCUSSED AT A MEETING OF THE GOVERNING BOARD.

INC.

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

THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE WRITTEN POLICY ON CONFLICTS OF

INTEREST AND COMPLETES CONFLICT OF INTEREST AND DIRECTOR RELATIONSHIP

**INFORMATION FORMS**.

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

WHEN CONSIDERING THE EXECUTIVE DIRECTOR'S COMPENSATION ON AN ANNUAL BASIS,

THE BOARD OF DIRECTORS CONDUCTS A PERFORMANCE REVIEW AND CONSIDERS

COMPARABLE SALARY AND BENEFIT SURVEY DATA. NO OTHER KEY EMPLOYEES OR

OFFICERS RECEIVE COMPENSATION.

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

UPON REQUEST

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

# Three most recent audited financial annual reports

An audit is not required due to budget size, so the organization engages in an independent accountant's financial review (a step down from an audit). Those documents are included here.

# Loan Repayment Assistance Program of Minnesota, Inc.

Minneapolis, Minnesota

Financial Statements Independent Accountant's Review Report For the Years Ended December 31, 2021 and 2020



# **CONTENTS**

Independent Ac	countant's Review Report	. 1
EXHIBIT A:	Statements of Activities – For the Years Ended December 31, 2021 and 2020	2
EXHIBIT B:	Statement of Functional Expense – For the Year Ended December 31, 2021 with Comparative Totals for 2020	3
EXHIBIT C:	Statement of Functional Expense – For the Year Ended December 31, 2020	4
EXHIBIT D:	Statements of Financial Position – December 31, 2021 and 2020	5
EXHIBIT E:	Statements of Cash Flows – For the Years Ended December 31, 2021 and 2020	6
NOTES TO FINA	NCIAL STATEMENTS	7-13



Independent Accountant's Review Report

Board of Directors Loan Repayment Assistance Program of Minnesota, Inc. Minneapolis, Minnesota

We have reviewed the accompanying statements of financial position of Loan Repayment Assistance Program of Minnesota, Inc. as of December 31, 2021 and 2020, and the related statements of activities, functional expense, and cash flows for the years then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of the Organization's management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

# Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement whether due to fraud or error.

# Accountant's Responsibility

Our responsibility is to conduct the reviews in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

# Accountant's Conclusion

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United State of America.

Carputer, East & Association, LL. Certified Public Accountants

Minneapolis, Minnesota September 13, 2022

# **EXHIBIT A**

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

				2021						2020		
	With	Without Donor	<u> </u>	With Donor			Withou	Without Donor	Wit	With Donor		-
	Res	Restrictions	Res	Restrictions		Total	Restri	Restrictions	Res	Restrictions		Total
Support and Revenue:									ŀ		ľ	
Contributions	Ŷ	127,432	Ŷ	27,000	Ŷ	154,432	ŝ	106,914	ŝ	27,000	s	133,914
Government Grants		ï		*				10,700		( <b>i</b> )		10,700
Investment Income		13,769		x		13,769		12,136		ĸ		12,136
Other Income		94		0		94		÷		ŝ		Ŗ
Net Assets Released from Restrictions: Satisfaction of Purpose Restrictions				0)		ţ		9,685		(6,685)		1
Total Support and Revenue		141,295		27,000		168,295		139,435		17,315		156,750
Expense:												
Program Services		40,506		1		40,506		65,816		ä		65,816
Support Services:												
Management and General		18,167		3		18,167		15,851		¥.		15,851
Fundraising		26,195		Ð		26,195		23,716		x		23,716
Total Support Services	ļ	44,362		16		44,362		39,567		•		39,567
Total Expense		84,868		ĸ		84,868		105,383		9		105,383
Change in Net Assets		56,427		27,000		83,427		34,052		17,315		51,367
Net Assets - Beginning of Year	ļ	335,951		225,277		561,228		301,899		207,962		509,861
Net Assets - End of Year	ŝ	392,378	\$	252,277	ŝ	644,655	۰.) ج	335,951	Ś	225,277	s	561,228

See accompanying Notes to Financial Statements and Independent Accountant's Review Report.

-7-

**EXHIBIT B** 

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENT OF FUNCTIONAL EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2021 WITH COMPARATIVE TOTALS FOR 2020

2020		Total	AII	Services	57,472	5,140	6,200	2,721	2,238	1,754	332	420	29,106	105,383
					Ŷ									ŝ
		Total	All	Services	61,756	8,467	6,300	2,721	2,305	1,921	1,279	119	•	84,868
				S	ŝ									Ş
		Total	Support	Services	26,555	5,080	6,300	1,632	1,476	1,921	1,279	119	8	44,362
			ร	Š	s									ş
2021	Support Services		Fund-	raising	20,379	3,387		1,088	1,222	17	×	119	8	\$ 26,195
5	Suppo			2	۰.									ŝ
			Management	& General	6,176	1,693	6,300	544	254	1,921	1,279	9	810	18,167
		Total	Man	ઝ	<u>م</u>									ŝ
			Program	Services	35,201	3,387	9	1,089	829	x	X	9	<b>()</b> )	40,506
			Ā	Ñ	<u>ه</u>									ŝ
					Personnel Costs	Miscellaneous	Professional Fees	Occupancy	Office Expense	Bank Charges	Insurance	Advertising	Awards	Total Expense

See accompanying Notes to Financial Statements and Independent Accountant's Review Report. -3-

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENT OF FUNCTIONAL EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2020

	Total	AII	Services	\$ 57,472	5,140	6,200	2,721	2,238	1,754	332	420	29,106		\$ 105,383
	Total	Support	Services	24,713	3,084	6,200	1,632	1,432	1,754	332	420			39,567
		S	S	s										s
Support Services		Fund-	raising	18,966	2,056		1,088	1,186	9	ŧ	420	ig.		23,716
Suppc				\$										s
		Management	& General	5,747	1,028	6,200	544	246	1,754	332		<u>.</u>		15,851
		Man	જ	۰.										s
	Total	Program	Services	32,759	2,056	1	1,089	806	ï	ī	5	29,106		65,816
		6	01	ŝ								ļ	ļ	ŝ
				Personnel Costs	Miscellaneous	Professional Fees	Occupancy	Office Expense	Bank Charges	Insurance	Advertising	Awards		Total Expense

See accompanying Notes to Financial Statements and Independent Accountant's Review Report.

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2021 AND 2020

		2021		2020
ASSETS				
Current Assets:				
Cash	\$	258,979	Ś	177,864
Grants Receivable	*	42,806	Ŷ	52,131
Prepaid Expense		1,044		1,014
Total Current Assets	_	302,829		231,009
Noncurrent Assets:				
investments:				
Endowment Fund		129,952		129,952
Other		229,984		218,148
	°			
TOTAL ASSETS	\$	662,765	\$	579,109
LIABILITIES AND NET ASSETS				
Current Liabilities:				
Accrued Salaries and Vacation Payable	\$	5,150	\$	4,718
Funds Held for Others	(r	12,960		13,163
Total Current Liabilities	2	18,110		17,881
Net Assets:				
Without Donor Restrictions		392,378		335,951
With Donor Restrictions	_	252,277		225,277
Total Net Assets	2 7	644,655		561,228

\$

662,765

\$

579,109

TOTAL LIABILITIES AND NET ASSETS

See accompanying Notes to Financial Statements and Independent Accountant's Review Report.

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2	2021		2020
Increase (Decrease) in Cash				
Cash Flows from Operating Activities:				
Change in Net Assets	\$	83,427	\$	51,367
Total Adjustments		5,036		(58,462)
Net Cash Provided (Used) by Operating Activities		88,463		(7,095)
Cash Flows from Investing Activities:				
Purchase of Investments		(7,348)		(5,988)
Net Cash (Used) by Investing Activities		(7,348)		(5,988)
Cash Flows from Financing Activities:				
None	-	-	_	¥
Net Increase (Decrease) in Cash		81,115		(13,083)
Cash - Beginning of Year		177,864		190,947
Cash - End of Year	\$	258,979	\$	177,864

# 1. Summary of Significant Accounting Policies

# **Organizational Purpose**

Loan Repayment Assistance Program of Minnesota, Inc. (the Organization) is a nonprofit corporation organized under the laws of the State of Minnesota. The purpose is to provide support for lawyers who are in public service positions by assisting them in repaying their student loans. The Organization awards loan repayment assistance to individuals each spring and fall.

# Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor- or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

<u>Net Assets without Donor Restrictions</u> – Net assets available for use in general operations and not subject to donor- or grantor-imposed restrictions. These net assets include both designated and undesignated amounts.

<u>Net Assets with Donor Restrictions</u> – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. The Organization reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire in the reporting period in which the revenue is recognized. The Organization reports all other contributions restricted by donors as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a donor restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

# Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

### Investments

The Organization carries its investments at market value.

### Property and Equipment

All major expenditures for equipment are capitalized at cost in excess of \$500. Depreciation is provided through the use of the straight-line method.

# 1. <u>Summary of Significant Accounting Policies (continued)</u>

# Revenue and Revenue Recognition

The Organization recognizes contributions when cash, securities or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give - that is, those with a measurable performance or other barrier and a right of return - are not recognized until the conditions on which they depend have been met.

# Promises-To-Give (Pledges Receivable)

Unconditional promises-to-give are recognized in the period the promises are made. Conditional promises-to-give are recognized when the conditions on which they depend are substantially met, that is, when the conditional promise becomes unconditional.

# Functional Allocation of Expense

Salaries and related expenses are allocated on job descriptions and the best estimates of management. Expenses, other than salaries and related expenses, which are not directly identifiable by program or supporting service, are allocated based on the best estimates of management.

# Income Tax

The Organization has a tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and has adopted *Accounting for Uncertainty in Income Taxes*, ASC 740-10. The Organization's policy is to evaluate uncertain tax positions, at least annually, for the potential for income tax exposure from unrelated business income or from loss of nonprofit status. The Organization continues to operate consistent with its original exemption application and each year takes the necessary actions to maintain its exempt status. It has been classified as an organization that is not a private foundation under the Internal Revenue Code and charitable contributions by donors are tax deductible. In compliance with its exempt status, the Organization annually files a Return of Organization Exempt From Income Tax (Form 990).

# Use of Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions can affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses.

# Subsequent Events

The Organization has evaluated the effect that subsequent events would have on the financial statements through September 13, 2022, which is the date financial statements were available to be issued.

# 2. Uncertainties and Contingencies

The COVID-19 outbreak in the United States has caused business disruption through both mandated and voluntary suspension of operations. While many of the closings have re-opened, there are still uncertainties if there will be future disruptions due to additional outbreaks. Therefore, the Organization expects this matter may impact its operating results, but reasonable estimates cannot be made at this time.

# 3. Conditional Grant Award

The Organization has a conditional grant award that is paid quarterly to grantees upon maintaining employment eligibility. The program was paused in 2020 and will resume in 2022.

# 4. Investments

The Organization held the following investments as of:

		Decem	ber 31,	
	20	21	20	)20
		Market		Market
	Cost	Value	Cost	Value
Money Market Funds	\$ 106,915	\$ 106,915	\$ 99,250	\$ 99,250
Mutual Funds	235,727	253,021	235,727	248,850
	<u>\$ 342,642</u>	<u>\$ 359,936</u>	<u>\$ 334,977</u>	\$ 348,100

Investment Income consisted of the following amounts as of:

	 Decemb					
	2021		2020			
Interest and Dividend Income	\$ 9,281	\$	7,756			
Unrealized Gain	 4,488	_	4,380			
	\$ 13,769	\$	12,136			

# 5. Net Assets with Donor Restrictions

Net assets with donor restrictions consisted of amounts for the following as of December 31:

		2021	2020		
Restrictions that Expire:					
Purpose Restrictions:					
Graduates of Mitchell Hamline School of Law	\$	89,839	\$	70,839	
Graduates of University of Minnesota Law School		32,486		24,486	
Restrictions in Perpetuity:					
Endowment		129,952		129,952	
	\$	252,277	\$	225,277	

# 6. Fair Value

The Organization adopted Financial Accounting Standards Board Accounting Standards Codification Topic 820 Fair Value Measurements and Disclosures ("ASC 820"). In accordance with ASC 820, "fair value" is defined as the price that an organization would receive upon selling an investment in an orderly transaction to an independent buyer in the principal or most advantageous market for the investment. Various inputs are used in determining the value of investments. ASC 820 established a three-tier hierarchy of inputs to establish a classification of fair value measurements for disclosure purposes. The three-tier hierarchy of inputs is summarized in the three broad levels listed below:

- Level 1 Quoted prices in active markets for identical investments.
- Level 2 Other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.)
- Level 3 Significant unobservable inputs.

The following is a summary of the inputs used to determine the fair value of the investments at:

December 31, 2021:

	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 106,915	\$	\$ 🖘	\$ 106,915
Mutual Funds	253,021	· · · ·	<b>3</b> 2	253,021
Total	<u>\$ 359,936</u>	<u>\$ -</u>	<u>\$</u>	<u>\$    359,936</u>
December 31, 2020:				
	Level 1	Level 2	Level 3	Total
Money Market Funds	\$ 99,250	\$ -	\$	\$ 99,250
Mutual Funds	248,850	-	¥1.	248,850
Total	<u>\$    348,100</u>	<u>\$</u>	<u>\$</u>	<u>\$ 348,100</u>

# 7. <u>Retirement Plan</u>

The Organization maintains a 403(b) retirement plan for all employees meeting eligibility requirements. Retirement expense was \$0 and \$0 for the years ended December 31, 2021 and 2020, respectively.

# 8. Endowment Funds

Description

Endowment funds consist of donor restricted funds established for this purpose:

Donor restricted funds are to be held for those donor specified purposes.

As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

# 8. Endowment Funds (continued)

Interpretation of relevant law:

The Board of Directors has interpreted the Minnesota Uniform Prudent Management of Institution Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift, as of the gift date, of the donor-restricted long-term investment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with donor restrictions (a) the original value of gifts donated to the perpetual endowment, (b) the original value of subsequent gifts to the perpetual endowment, and (c) accumulations to the perpetual endowment at the time the accumulation is added to the fund. In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted long-term investment funds:

- 1. The duration and preservation of the fund
- 2. The purpose of the Organization and the donor-restricted long-term investment funds
- 3. General economic conditions
- 4. The expected total return from income and the appreciation of investments
- 5. Other resources of the Organization
- 6. Investment policies of the Organization

# Endowment Net Asset Composition by Type of Fund

December 31, 2021	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total
Donor Restricted	<u>\$</u>	<u>\$ 129,952</u>	<u>\$ 129,952</u>
December 31, 2020	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total
Donor Restricted	<u>\$</u>	<u>\$ 129,952</u>	<u>\$    129,952</u>

# 8. Endowment Funds (continued)

# Changes in Endowment Net Assets

	Without Donor <u>Restrictions</u>		•••	ith Donor strictions	Total		
December 31, 2019	\$	-	\$	129,952	\$	129,952	
Contributions	·	111	-	2	-	-	
December 31, 2020	\$	<b>2</b> 1	\$	129,952	\$	129,952	
Contributions		<u></u>	1		-		
December 31, 2021	<u>\$</u>	-	<u>\$</u>	129,952	<u>\$</u>	129,952	

# 9. Liquidity and Availability

The following represents the Organization's financial assets as of:

0 -1	December 31,					
	_	r 31,				
		2021	-	2020		
Financial Assets:						
Cash	\$	258,979	\$	177,864		
Grants Receivable		42,806		52,131		
Investments		359,936		348,100		
Total Financial Assets		661,721		578,095		
Less: Assets not available to be used within one year:						
Net Assets With Donor Restrictions		252,277		225,277		
Net Assets With Restrictions to be met within a year		(37,000)	-	(37,000)		
Total Assets not available to be used within one year	-	215,277	2	188,277		
Financial assets available for general expenditures within one year	<u>\$</u>	446,444	<u>\$</u>	389,818		

The Organization has certain net assets with donor restrictions limited to use which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the qualitative information above for financial assets to meet general expenditures within one year. As part of the Organization's liquidity plan, the Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.

# 10. Cash Flow Operating Adjustments

Adjustments to reconcile Change in Net Assets to Net Cash Provided (Used) by Operating Activities were as follows as of:

	December 31,					
	2021					
Unrealized (Gain) on Investments	\$	(4,488)	\$	(4,380)		
Increases (Decreases) in Current Liabilities:						
Accrued Salaries and Vacation Payable		432		(892)		
Funds Held for Others		(203)		(976)		
(Increases) Decreases in Current Assets:						
Grants Receivable		9,325		(52,131)		
Prepaid Expense		(30)	_	(83)		
Total Adjustments	<u>\$</u>	5,036	\$	<u>(58,462</u> )		

# Loan Repayment Assistance Program of Minnesota, Inc.

Minneapolis, Minnesota

Financial Statements Independent Accountant's Review Report For the Years Ended December 31, 2022 and 2021



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Independent Accountant's Review Report

Board of Directors Loan Repayment Assistance Program of Minnesota, Inc. Minneapolis, Minnesota

We have reviewed the accompanying statements of financial position of Loan Repayment Assistance Program of Minnesota, Inc. as of December 31, 2022 and 2021, and the related statements of activities, functional expense, and cash flows for the years then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of the Organization's management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

# Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement whether due to fraud or error.

# Accountant's Responsibility

Our responsibility is to conduct the reviews in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of Loan Repayment Assistance Program of Minnesota, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

# Accountant's Conclusion

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United State of America.

**Certified Public Accountants** 

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022						2021					
	Wit	nout Donor	out Donor With Donor			Wit	nout Donor	With Donor				
	Restrictions		Restrictions		Total		Restrictions		Re	strictions	Total	
Support and Revenue:												
Contributions of Financial Assets	\$	104,482	\$	27,000	\$	131,482	\$	123,512	\$	27,000	\$	150,512
Contributions of Nonfinancial Assets		3,920		-		3,920		3,920		-		3,920
Investment Income (Loss)		(17,082)		-		(17,082)		11,848		-		11,848
Other Income		6,885		-		6,885		94		-		94
Net Assets Released from Restrictions:												
None		-		-		-				-		-
Total Support and Revenue		98,205		27,000		125,205		139,374		27,000		166,374
Expense:												
Program Services		41,311		-		41,311		40,506		-		40,506
Support Services:												
Management and General		16,243		-		16,243		16,246		-		16,246
Fundraising		24,444		-		24,444		26,195		-		26,195
Total Support Services		40,687		-		40,687		42,441		-		42,441
Total Expense		81,998		-		81,998		82,947		-		82,947
Change in Net Assets		16,207		27,000		43,207		56,427		27,000		83,427
Net Assets - Beginning of Year		392,378		252,277		644,655		335,951		225,277		561,228
Net Assets - End of Year	\$	408,585	\$	279,277	\$	687,862	\$	392,378	\$	252,277	\$	644,655

See accompanying Notes to Financial Statements and Independent Accountant's Review Report.

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENT OF FUNCTIONAL EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2022 WITH COMPARATIVE TOTALS FOR 2021

		2022										2021
					Suppo	ort Services						
		Total						Total	Total		Total	
	Р	rogram	Mar	agement			S	upport	All		All	
	S	ervices	&	General	Fundraising		Services		Services		Services	
Personnel Costs	\$	37,184	\$	6,523	\$	21,527	\$	28,050	\$	65,234	\$	61,756
Professional Fees		-		6,300		-		6,300		6,300		6,300
Occupancy		1,089		544		1,088		1,632		2,721		2,721
Miscellaneous		952		476		952		1,428		2,380		8,467
Insurance		-		2,218		-		2,218		2,218		1,279
Office Expense		596		182		877		1,059		1,655		2,305
Awards		1,490		-		-		-		1,490		-
Advertising		-		-		-		-		-		119
Total Expense	\$	41,311	\$	16,243	\$	24,444	\$	40,687	\$	81,998	\$	82,947

EXHIBIT B

See accompanying Notes to Financial Statements and Independent Accountant's Review Report.

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENT OF FUNCTIONAL EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2021

		Total					Total	Total		
	Р	rogram	n Management			5	Support		All	
	S	ervices	&	General	Fundraising		S	Services	Services	
Personnel Costs	\$	35,201	\$	6,176	\$	20,379	\$	26,555	\$	61,756
Professional Fees		-		6,300		-		6,300		6,300
Occupancy		1,089		544		1,088		1,632		2,721
Miscellaneous		3,387		1,693		3,387		5,080		8,467
Insurance		-		1,279		-		1,279		1,279
Office Expense		829		254		1,222		1,476		2,305
Advertising		-		-		119		119		119
Total Expense	\$	40,506	\$	16,246	\$	26,195	\$	42,441	\$	82,947

See accompanying Notes to Financial Statements and Independent Accountant's Review Report.

EXHIBIT C

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2022 AND 2021

	 2022	 2021
ASSETS		
Current Assets:		
Cash	\$ 365,137	\$ 258,979
Grants Receivable	-	42,806
Prepaid Expense	 172	1,044
Total Current Assets	365,309	302,829
Investments	 341,764	 359,936
TOTAL ASSETS	\$ 707,073	\$ 662,765
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accrued Salaries Payable	\$ 6,251	\$ 5,150
Funds Held for Others	12,960	 12,960
Total Current Liabilities	19,211	18,110
Net Assets:		
Without Donor Restrictions	408,585	392,378
With Donor Restrictions	279,277	 252,277
Total Net Assets	 687,862	 644,655
TOTAL LIABILITIES AND NET ASSETS	\$ 707,073	\$ 662,765

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022			2021		
Increase (Decrease) in Cash						
Cash Flows from Operating Activities:						
Change in Net Assets	\$	43,207	\$	83,427		
Total Adjustments		70,936		5,036		
Net Cash Provided by Operating Activities		114,143		88,463		
Cash Flows from Investing Activities:						
Proceeds from Sale of Investments		29,318		-		
Purchase of Investments		(37,303)		(7,348)		
Net Cash (Used) by Investing Activities		(7,985)		(7,348)		
Cash Flows from Financing Activities:						
None		-		-		
Net Increase in Cash		106,158		81,115		
Cash - Beginning of Year		258,979		177,864		
Cash - End of Year	\$	365,137	\$	258,979		

# 1. <u>Summary of Significant Accounting Policies</u>

# **Organizational Purpose**

Loan Repayment Assistance Program of Minnesota, Inc. (the Organization) is a nonprofit corporation organized under the laws of the State of Minnesota. The purpose is to provide support for lawyers who are in public service positions by assisting them in repaying their student loans. The Organization awards loan repayment assistance to individuals each spring and fall.

# Fund Accounting

In order to observe the limitations and restrictions placed on resources available to the Organization, the accounts are maintained in accordance with the principles of fund accounting. This is the procedure whereby resources are classified for accounting and reporting purposes into net asset groupings established according to their nature and restriction. A description of the groupings is as follows:

<u>Net Assets without Donor Restrictions</u> – Net assets available for use in general operations and not subject to donor-imposed restrictions. These net assets include both board designated and undesignated amounts.

<u>Net Assets with Donor Restrictions</u> – Net assets subject to donor-imposed restrictions. Some donorimposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. The Organization reports contributions restricted by donors as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

# New Accounting Pronouncements

In 2022, the Organization adopted Accounting Standards Update (ASU) No. 2016-02, *Leases*, which requires lessees to recognize leases on the statement of financial position and disclose key information about leasing arrangements. The Organization elected not to restate the comparative period (2021). It also elected not to reassess at adoption (i) expired or existing contracts to determine whether they are or contain a lease, (ii) the lease classification of any existing leases, or (iii) initial direct costs for existing leases. The Organization had no leases that met the criteria of ASU 2016-02.

The Organization has also has adopted Accounting Standards Update (ASU) 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets,* as management believes the standards improve the usefulness and understandability of the Organization's financial reporting. The ASU has been applied retrospectively for the periods ended December 31, 2022 and 2021, as required.

# 1. <u>Summary of Significant Accounting Policies (continued)</u>

# <u>Leases</u>

The Organization determines if an arrangement is or contains a lease at inception. Leases are included in right-of-use (ROU) assets and lease liabilities in the statement of financial position. ROU assets and lease liabilities reflect the present value of the future minimum lease payments over the lease term. The operating lease expense is recognized on a straight-line basis over the lease term. The Organization does not report ROU assets and lease liabilities for its short-term leases (leases with a term of 12 months or less). Instead, the lease payments of those leases are reported as lease expense on a straight-line basis over the lease sterm. Based on the length of the leases the Organization has determined their leases are short-term leases and the difference with operating leases is not material.

# Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

# Promises-To-Give (Pledges Receivable)

Unconditional promises-to-give are recognized in the period the promises are made. Conditional promises-to-give are recognized when the conditions on which they depend are substantially met, that is, when the conditional promise becomes unconditional.

# Investments

The Organization carries its investments at market value.

# **Property**

All major expenditures for equipment are capitalized at cost in excess of \$500. Depreciation is provided through the use of the straight-line method. No property is held as of December 31, 2022 and 2022, respectively.

# Revenue and Revenue Recognition

The Organization recognizes contributions when cash, securities or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give - that is, those with a measurable performance or other barrier and a right of return - are not recognized until the conditions on which they depend have been met.

The Organization records contributions of nonfinancial assets at fair market value at date of donation. The Organization's policy related to contributions of nonfinancial assets is to utilize the assets given to carry out the mission of the organization. If an asset is provided that does not allow the Organization to utilize it in its normal course of business, the asset will be sold at its fair market value as determined by appraisal or specialist.

# 1. <u>Summary of Significant Accounting Policies (continued)</u>

# Functional Allocation of Expense

Salaries and related expenses are allocated on job descriptions and the best estimates of management. Expenses, other than salaries and related expenses, which are not directly identifiable by program or supporting service, are allocated based on the best estimates of management.

# Income Tax

The Organization has a tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and has adopted *Accounting for Uncertainty in Income Taxes*, ASC 740-10. The Organization's policy is to evaluate uncertain tax positions, at least annually, for the potential for income tax exposure from unrelated business income or from loss of nonprofit status. The Organization continues to operate consistent with its original exemption application and each year takes the necessary actions to maintain its exempt status. It has been classified as an organization that is not a private foundation under the Internal Revenue Code and charitable contributions by donors are tax deductible. In compliance with its exempt status, the Organization annually files a Return of Organization Exempt From Income Tax (Form 990).

# Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

# Subsequent Events

The Organization has evaluated the effect that subsequent events would have on the financial statements through October XX, 2023, which is the date financial statements were available to be issued.

# 2. <u>Conditional Grant Award</u>

The Organization makes conditional grant awards that are paid quarterly to grantees upon maintaining employment eligibility. The program was paused in 2020 and will resume in 2023.

# 3. <u>Retirement Plan</u>

The Organization maintains a 403(b) retirement plan for all employees meeting eligibility requirements. No contributions were made for the years ended December 1, 2022 and 2021, respectively.

# 4. Investments

The Organization held the following investments as of:

	December 31,				
	20	)22	20	21	
		Market		Market	
	Cost	Value	Cost	Value	
Money Market Funds	\$ 114,880	\$ 114,880	\$ 106,915	\$ 106,915	
Mutual Funds	243,441	226,884	235,727	253,021	
	<u>\$ 358,321</u>	<u>\$ 341,764</u>	<u>\$ 342,642</u>	<u>\$    359,936</u>	

Investment Income (Loss) consisted of the following amounts as of:

	December 31,			
		2022		2021
Interest and Dividend Income	\$	10,956	\$	9,281
Realized Gain		7,699		-
Unrealized Gain/ (Loss)		(33 <i>,</i> 856)		4,488
Investment Fees		(1,881)		(1,921)
	<u>\$</u>	<u>(17,082)</u>	\$	11,848

# 5. Fair Value

The Organization adopted Financial Accounting Standards Board Accounting Standards Codification Topic 820 Fair Value Measurements and Disclosures ("ASC 820"). In accordance with ASC 820, "fair value" is defined as the price that an organization would receive upon selling an investment in an orderly transaction to an independent buyer in the principal or most advantageous market for the investment. Various inputs are used in determining the value of investments. ASC 820 established a three-tier hierarchy of inputs to establish a classification of fair value measurements for disclosure purposes. The three-tier hierarchy of inputs is summarized in the three broad levels listed below:

- Level 1 Quoted prices in active markets for identical investments.
- Level 2 Other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.)
- Level 3 Significant unobservable inputs.

The following is a summary of the inputs used to determine the fair value of the investments at:

December 31, 2022:

		Level 1	Lev	el 2	Lev	el 3	 Total
Money Market Funds	\$	114,880	\$	-	\$	-	\$ 114,880
Mutual Funds		226,884		-		-	 226,884
Total	<u>\$</u>	341,764	<u>\$</u>	-	<u>\$</u>	-	\$ 341,764

# 5. Fair Value (continued)

December 31, 2021:

		Level 1	Le	vel 2	Lev	/el 3		Total
Money Market Funds	\$	106,915	\$	-	\$	-	\$	106,915
Mutual Funds		<u>253,021</u>		-		-		253,021
Total	<u>\$</u>	359,936	\$	-	<u>\$</u>	-	<u>\$</u>	359,936

# 6. Net Assets with Donor Restrictions

Net assets with donor restrictions consisted of amounts for the following as of December 31:

		2022		2021
Restrictions that Expire:				
Subject to Expenditures for a Specified Purpose:				
Graduates of Mitchell Hamline School of Law	\$	108,839	\$	89 <i>,</i> 839
Graduates of University of Minnesota Law School		40,486		32,486
Restrictions in Perpetuity:				
Endowment		129,952		129,952
	<u>\$</u>	279,277	<u>\$</u>	252,277

# 7. Endowment Funds

Endowment funds consist of a single individual fund established to provide resources for the Organization's programs and is included in investments in the statement of financial position. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

# Interpretation of Relevant Law:

The Board of Directors has interpreted the Minnesota Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift, as of the gift date, of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with donor restrictions to be held in perpetuity (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in net assets with donor restrictions to be held in perpetuity is classified as net assets with time or programmatic restrictions until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

# 7. Endowment Funds (continued)

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- 1. The duration and preservation of the fund
- 2. The purposes of the Organization and the donor-restricted endowment fund
- 3. General economic conditions
- 4. The possible effect of inflation and deflation
- 5. The expected total return from income and the appreciation of investments
- 6. Other resources of the Organization
- 7. The investment policies of the Organization

# Endowment Net Asset Composition by Type of Fund

December 31, 2022	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total
Donor Restricted	<u>\$ -</u>	<u>\$ 129,952</u>	<u>\$ 129,952</u>
December 31, 2021	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total
Donor Restricted	<u>\$ -</u>	<u>\$ 129,952</u>	<u>\$ 129,952</u>
<u>C</u>	hanges in Endowmer	nt Net Assets	
	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total
December 31, 2020	\$-	\$ 129,952	\$ 129,952
Contributions			
December 31, 2021	\$-	\$ 129,952	\$ 129,952
Contributions			
December 31, 2022	<u>\$ -</u>	<u>\$ 129,952</u>	<u>\$ 129,952</u>

#### 8. Contributions of Nonfinancial Assets

Contributions of nonfinancial assets consisted of amounts for the following in the years ended December 31:

		2022	 2021
Occupancy	\$	2,721	\$ 2,721
Office Expense		1,199	 1,199
	<u>\$</u>	3,920	\$ <u>3,920</u>

Contributed nonfinancial assets were utilized for programs and had no donor restrictions. Values were used based on the current market rates the Organization would have paid for the items if they were not donated.

#### 9. Liquidity and Availability

The following represents the Organization's financial assets as of:

		Dece	mbei	r 31,
		2022		2021
Financial Assets:				
Cash	\$	365,137	\$	258,979
Grants Receivable		-		42,806
Investments		341,764		359,936
Total Financial Assets		706,901		661,721
Less: Assets not available to be used within one year:				
Net Assets With Donor Restrictions		279,277		252,277
Net Assets With Restrictions to be met within a year		(37,000)		(37,000)
Total Assets not available to be used within one year		242,277		215,277
Financial assets available for general expenditures within one year	¢	464 624	¢	446 444
Total Financial Assets Less: Assets not available to be used within one year: Net Assets With Donor Restrictions Net Assets With Restrictions to be met within a year	 	706,901 279,277 (37,000)	 	359,93 661,72 252,27 (37,00

The Organization has certain net assets with donor restrictions limited to use which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the qualitative information above for financial assets to meet general expenditures within one year. As part of the Organization's liquidity plan, the Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.

#### 10. Cash Flow Operating Adjustments

Adjustments to reconcile Change in Net Assets to Net Cash Provided by Operating Activities were as follows as of:

		Decem	ber 3	1,
		2022		2021
Unrealized (Gain)/ Loss on Investments	\$	33,856	\$	(4,488)
Realized (Gain) on Investments		(7 <i>,</i> 699)		-
Increases (Decreases) in Current Liabilities:				
Accrued Salaries Payable		1,101		432
Funds Held for Others		-		(203)
(Increases) Decreases in Current Assets:				
Grants Receivable		42,806		9,325
Prepaid Expense		872		<u>(30</u> )
Total Adjustments	<u>\$</u>	70,936	<u>\$</u>	5,036

#### Loan Repayment Assistance Program of Minnesota, Inc.

Minneapolis, Minnesota

Financial Statements Independent Accountant's Review Report For the Years Ended December 31, 2023 and 2022



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#### Independent Accountant's Review Report

**Board of Directors** Loan Repayment Assistance Program of Minnesota, Inc. Minneapolis, Minnesota

We have reviewed the accompanying statements of financial position of Loan Repayment Assistance Program of Minnesota, Inc. as of December 31, 2023 and 2022, and the related statements of activities, functional expense, and cash flows for the years then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of the Organization's management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement whether due to fraud or error.

#### Accountant's Responsibility

Our responsibility is to conduct the reviews in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of Loan Repayment Assistance Program of Minnesota, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

#### Accountant's Conclusion

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United State of America.

Carpenter, Evel al Associates, Ltd. Certified Public Accountants

Minneapolis, Minnesota September 10, 2024

**EXHIBIT A** 

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

				2023						2022		
	With	Without Donor	N.	With Donor			With	Without Donor	Ň	With Donor		
	Res	Restrictions	Res	Restrictions		Total	Be	Restrictions	Re	Restrictions		Total
Support and Revenue:												
Contributions of Financial Assets	Ŷ	104,164	Ŷ	27,000	ŝ	131,164	Ŷ	104,482	∿	27,000	ა	131,482
Grants from Governmental Agencies		50,000		R		50,000				0		U.
Contributions of Nonfinancial Assets		3,920		ï		3,920		3,920		ĸ		3,920
Investment Income (Loss)		35,140		Si.		35,140		(17,082)		ł		(17,082)
Other Income		ł		510		(0		6,885		x		6,885
Satisfaction of Purpose Restrictions		14,425		(14,425)		(0)		1		3		,
Total Support and Revenue		207,649		12,575		220,224		98,205		27,000		125,205
Expense:												
Program Services		115,705		ac		115,705		41,311		x		41,311
Support Services:												
Management and General		16,346		r		16,346		16,243		1(10)		16,243
Fundraising		27,150		a		27,150		24,444				24,444
Total Support Services		43,496		940		43,496		40,687				40,687
Total Expense		159,201		e		159,201		81,998		a		81,998
Change in Net Assets		48,448		12,575		61,023		16,207		27,000		43,207
Net Assets - Beginning of Year		408,585		279,277		687,862		392,378		252,277		644,655
Net Assets - End of Year	Ŷ	457,033	ŝ	291,852	s	748,885	Ś	408,585	ŝ	279,277	ŝ	687,862

See accompanying Notes to Financial Statements and Independent Accountant's Review Report.

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EXHIBIT B

## LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENT OF FUNCTIONAL EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2023 WITH COMPARATIVE TOTALS FOR 2022

2022		Total	AII	Services	65,234	1,490	6,300	2,721	2,380	1,655	2,218	81,998
				S	ş							ŝ
		Total	All	Services	73,952	71,101	6,500	2,721	1,845	1,735	1,347	159,201
				S	ŵ							ŝ
		Total	Support	ervices	31,799	a:	6,500	1,632	1,107	1,111	1,347	43,496
			S	Ŵ	ş							Ś
2023	Support Services			Fundraising	24,404	(10)	к.	1,088	738	920	(1)	27,150
	Suppo			Fur	ŝ							ş
			Management	and General	7,395	<b>a</b> (	6,500	544	369	191	1,347	16,346
			Man	and	ş							ŝ
		Total	Program	ervices	42,153	71,101	×	1,089	738	624		115,705
ļ			٩	S	۰.						ļ	ş

**Professional Fees** 

Grant Awards

Personnel Costs

Total Expense

Office Expense

Insurance

Occupancy Miscellaneous and Independent Accountant's Review Report. -3-

See accompanying Notes to Financial Statements

# LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENT OF FUNCTIONAL EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2022

	Total	AII	Services	65,234	1,490	6,300	2,721	2,380	1,655	2,218	81,998	
				ŝ							ν	
	Total	Support	Services	28,050	ì	6,300	1,632	1,428	1,059	2,218	40,687	
		0,	0,	ŝ							ഹ	
Support Services			Fundraising	21,527	a	900	1,088	952	877	-	24,444	
Supp			Fui	Ŷ							ŝ	
		Management	and General	6,523	30	6,300	544	476	182	2,218	16,243	
		Man	and	Ŷ		R.					s	
	Total	otal gram vices	Program Services		37,184	1,490	, î	1,089	952	596	6	41,311
		Pr	S	Ŷ							s	
				Personnel Costs	Grant Awards	Professional Fees	Occupancy	Miscellaneous	Office Expense	Insurance	Total Expense	

See accompanying Notes to Financial Statements and Independent Accountant's Review Report. -4-

#### LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2023 AND 2022

		2023	 2022
ASSETS			
Current Assets: Cash Prepaid Expense Total Current Assets	\$	395,455 <u>172</u> 395,627	\$ 365,137 <u>172</u> 365,309
Investments	-	372,469	 341,764
TOTAL ASSETS	\$	768,096	\$ 707,073
LIABILITIES AND NET ASSETS			
Current Liabilities: Accrued Salaries Payable Funds Held for Others Total Current Liabilities	\$	6,251 12,960 19,211	\$ 6,251 12,960 19,211
Net Assets:			
Without Donor Restrictions With Donor Restrictions Total Net Assets		457,033 291,852 748,885	 408,585 279,277 687,862
TOTAL LIABILITIES AND NET ASSETS	\$	768,096	\$ 707,073

See accompanying Notes to Financial Statements and Independent Accountant's Review Report.

#### LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA, INC. STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

		2023		2022
Increase (Decrease) in Cash				
Cash Flows from Operating Activities:				
Change in Net Assets	\$	61,023	\$	43,207
Unrealized (Gain) Loss on Investments		(27,327)		33,856
Realized (Gain) Loss on Investments		7,320		(7,699)
Increases (Decreases) in Current Liabilities:				
Accrued Salaries Payable				1,101
Funds Held for Others				1. <del>*</del> :
Decreases (Increases) in Current Assets:				
Prepaid Expense		6 <b>4</b>		872
Grants Receivable		0.20		42,806
Net Cash Provided by Operating Activities		41,016		114,143
Cash Flows from Investing Activities:				
Proceeds from Sale of Investments		19,680		29,318
Purchase of Investments		(30,378)		(37,303)
Net Cash (Used) by Investing Activities	-	(10,698)	-	(7,985)
Cash Flows from Financing Activities:				
None				=
	-			
Net Increase in Cash		30,318		106,158
Cash - Beginning of Year		365,137		258,979
Cash - End of Year	ć	205 455	ć	265 127
	ې 	395,455	\$ 	365,137

See accompanying Notes to Financial Statements and Independent Accountant's Review Report.

#### 1. Summary of Significant Accounting Policies

#### **Organizational Purpose**

Loan Repayment Assistance Program of Minnesota, Inc. (the Organization) is a nonprofit corporation organized under the laws of the State of Minnesota. The purpose is to provide support for lawyers who are in public service positions by assisting them in repaying their student loans. The Organization awards loan repayment assistance to individuals each spring and fall.

#### Fund Accounting

In order to observe the limitations and restrictions placed on resources available to the Organization, the accounts are maintained in accordance with the principles of fund accounting. This is the procedure whereby resources are classified for accounting and reporting purposes into net asset groupings established according to their nature and restriction. A description of the groupings is as follows:

<u>Net Assets without Donor Restrictions</u> – Net assets available for use in general operations and not subject to donor-imposed restrictions. These net assets include both board designated and undesignated amounts.

<u>Net Assets with Donor Restrictions</u> – Net assets subject to donor-imposed restrictions. Some donorimposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. The Organization reports contributions restricted by donors as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

#### Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

#### Promises-To-Give (Grants Receivable)

Unconditional promises-to-give are recognized in the period the promises are made. Conditional promises-to-give are recognized when the conditions on which they depend are substantially met, that is, when the conditional promise becomes unconditional.

#### Investments

The Organization carries its investments at market value.

#### 1. <u>Summary of Significant Accounting Policies (continued)</u>

#### Property

All major expenditures for equipment are capitalized at cost in excess of \$500. Depreciation is provided through the use of the straight-line method. No property is held as of December 31, 2023 and 2022.

#### Revenue and Revenue Recognition

The Organization recognizes contributions when cash, securities or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give - that is, those with a measurable performance or other barrier and a right of return - are not recognized until the conditions on which they depend have been met.

A portion of the Organization's revenue is derived from governmental grants, which are conditioned upon certain performance requirements and/ or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met those performance requirements or incurred expenditures in compliance with specific contract or grant provisions. Amounts received in advance are reported as refundable advances in the statement of financial position. No amounts have been received in advance for governmental grants.

The Organization records contributions of nonfinancial assets at fair market value at date of donation. The Organization's policy related to contributions of nonfinancial assets is to utilize the assets given to carry out the mission of the Organization. If an asset is provided that does not allow the Organization to utilize it in its normal course of business, the asset will be sold at its fair market value as determined by appraisal or specialist.

#### Functional Allocation of Expense

Salaries and related expenses are allocated on job descriptions and the best estimates of management. Expenses, other than salaries and related expenses, which are not directly identifiable by program or supporting service, are allocated based on the best estimates of management.

#### Income Tax

The Organization has a tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and has adopted *Accounting for Uncertainty in Income Taxes*, ASC 740-10. The Organization's policy is to evaluate uncertain tax positions, at least annually, for the potential for income tax exposure from unrelated business income or from loss of nonprofit status. The Organization continues to operate consistent with its original exemption application and each year takes the necessary actions to maintain its exempt status. It has been classified as an organization that is not a private foundation under the Internal Revenue Code and charitable contributions by donors are tax deductible. In compliance with its exempt status, the Organization annually files a Return of Organization Exempt From Income Tax (Form 990).

#### 1. Summary of Significant Accounting Policies (continued)

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Subsequent Events

The Organization has evaluated the effect that subsequent events would have on the financial statements through September 10, 2024, which is the date financial statements were available to be issued.

#### 2. Concentrations of Credit Risk Arising from Cash Deposits in Excess of Insured Limits

At December 31, 2023 and 2022 the Organization held funds at a local financial institution in excess of federally insured limits.

#### 3. Grant Awards

The Organization makes conditional grant awards that are paid quarterly to grantees upon maintaining employment eligibility. The program was paused in 2020 and resumed in October 2023.

#### 4. Investments

The Organization held the following investments as of:

		Decem	ber 31,	
	20	23	20	)22
		Market		Market
	Cost	Value	Cost	Value
Mutual and ETF Funds	\$ 322,499	\$ 333,269	\$ 243,441	\$ 226,884
Money Market Funds	39,200	39,200	114,880	114,880
	<u>\$ 361,699</u>	<u>\$ 372,469</u>	\$ 358,321	\$ 341,764

Investment Income (Loss) consisted of the following amounts as of:

	2023	 2022
Interest and Dividend Income	\$ 17,008	\$ 10,956
Realized Gain (Loss)	(7,320)	7,699
Unrealized Gain (Loss)	27,327	(33,856)
Investment Fees	(1,875)	 (1,881)
	\$ 35 140	\$ (17.082)

December 31,

#### 5. Fair Value

The Organization adopted Financial Accounting Standards Board Accounting Standards Codification Topic 820 Fair Value Measurements and Disclosures ("ASC 820"). In accordance with ASC 820, "fair value" is defined as the price that an organization would receive upon selling an investment in an orderly transaction to an independent buyer in the principal or most advantageous market for the investment. Various inputs are used in determining the value of investments. ASC 820 established a three-tier hierarchy of inputs to establish a classification of fair value measurements for disclosure purposes. The three-tier hierarchy of inputs is summarized in the three broad levels listed below:

- Level 1 Quoted prices in active markets for identical investments.
- Level 2 Other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.)
- Level 3 Significant unobservable inputs.

The following is a summary of the inputs used to determine the fair value of the investments at:

December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual and ETF Funds	\$ 333,269	\$ =	\$ =	\$ 333,269
Money Market Funds	39,200	. <u></u>		39,200
Total	\$ 372,469	<u>\$</u> -	<u>\$</u>	<u>\$ 372,469</u>
December 31, 2022:	Turnel d			<b>T</b> 1
	Level 1	Level 2	Level 3	Total
Mutual and ETF Funds	\$ 226,884	\$	\$ =	\$ 226,884
Money Market Funds	114,880	· · · · · · · · · · · · · · · · · · ·	×	114,880
Total	<u>\$ 341,764</u>	\$ -	<u>\$</u>	<u>\$ 341,764</u>

#### 6. Net Assets with Donor Restrictions

Net assets with donor restrictions consisted of amounts for the following as of December 31:

	-	2023	_	2022
Restrictions that Expire:				
Subject to Expenditures for a Specified Purpose:				
Graduates of Mitchell Hamline School of Law	\$	121,414	\$	108,839
Graduates of University of Minnesota Law School		40,486		40,486
Restrictions in Perpetuity:				
Endowment	-	129,952	-	<u>129,952</u>
	<u>\$</u>	291,852	<u>\$</u>	279,277

#### 7. Endowment Funds

Endowment funds consist of a single individual fund established to provide resources for the Organization's programs and is included in investments in the statement of financial position. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law:

The Board of Directors has interpreted the Minnesota Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift, as of the gift date, of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with donor restrictions to be held in perpetuity (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in net assets with donor restrictions to be held in perpetuity is classified as net assets with time or programmatic restrictions until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- 1. The duration and preservation of the fund
- 2. The purposes of the Organization and the donor-restricted endowment fund
- 3. General economic conditions
- 4. The possible effect of inflation and deflation
- 5. The expected total return from income and the appreciation of investments
- 6. Other resources of the Organization
- 7. The investment policies of the Organization

#### Endowment Net Asset Composition by Type of Fund

December 31, 2023	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total
Donor Restricted	<u>\$</u>	<u>\$ 129,952</u>	<u>\$ 129,952</u>
December 31, 2022	Without Donor <u>Restrictions</u>	With Donor <u>Restrictions</u>	Total
Donor Restricted	<u>\$</u>	<u>\$ 129,952</u>	<u>\$ 129,952</u>

#### 7. Endowment Funds (continued)

#### Changes in Endowment Net Assets

	Without <u>Restric</u>			ith Donor strictions		Total
December 31, 2021	\$	×	\$	129,952	\$	129,952
Contributions		-	_		:	
December 31, 2022		(H):		129,952		129,952
Contributions		-	_		-	
December 31, 2023	\$	<u></u>	\$	129,952	\$	<u>129,952</u>

#### 8. <u>Contributions of Nonfinancial Assets</u>

Contributions of nonfinancial assets consisted of amounts for the following in the years ended December 31:

	 2023		2022	
Occupancy	\$ 2,721	\$	2,721	
Office Expense	 1,199		1,199	
	\$ 3,920	\$	3,920	

Contributed nonfinancial assets were utilized for programs and had no donor restrictions. Values were used based on the current market rates the Organization would have paid for the items if they were not donated.

#### 9. <u>Retirement Plan</u>

The Organization maintains a 403(b) retirement plan for all employees meeting eligibility requirements. No contributions were made for the years ended December 31, 2023 and 2022.

#### 10. Liquidity and Availability

The following represents the Organization's financial assets as of:

	December 31,			
	2023 2022		2022	
Financial Assets:				
Cash	\$	395,455	\$	365,137
Investments	_	372,469	÷—	341,764
Total Financial Assets		767,924		706,901
Less: Assets not available to be used within one year:				
Net Assets With Donor Restrictions		291,852		279,277
Net Assets With Restrictions to be met within a year	_	(37,000)	_	(37,000)
Total Assets not available to be used within one year	-	254,852		242,277
Financial assets available for general expenditures within one year	\$	513,072	\$	464,624

The Organization has certain net assets with donor restrictions limited to use which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the qualitative information above for financial assets to meet general expenditures within one year. As part of the Organization's liquidity plan, the Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.

### The most recent annual report The organization does not produce an annual report.

#### A complete list of names and addresses of the Board of Directors and all financial compensation they received for the past three years

Board members are not compensated.

Anna Beadle Minnesota Justice Foundation 229 19th Avenue South Minneapolis, MN 55455

Annie Gemmell Mitchell Hamline School of Law 875 Summit Avenue Saint Paul, MN 55105

Cindy McGrath University of Saint Thomas School of Law 1000 LaSalle Avenue Minneapolis, MN 55403

Daniel Brown Dorsey & Whitney LLP 50 South Sixth Street, Suite 1500 Minneapolis, MN 55402

Elizabeth Fors Robins Kaplan LLP 800 LaSalle Avenue, Suite 2800 Minneapolis, MN 55402

James Forman James L. Forman Law LLC 1517 Lincoln Avenue St. Paul, MN 55105 Kristin Stock Blattner Company 392 County Road 50 Avon, MN 56310

Lisa Hollingsworth Southern Minnesota Regional Legal Services 55 East Fifth Street, Suite 800 St. Paul, MN 55101

Peter Hennigan Maslon LLP 225 South Sixth Street, Suite 2900 Minneapolis, MN 55402

Ruth Isaacson University of Minnesota Law School 229 19th Avenue South Minneapolis, MN 55455

Valerie Herring Taft Stettinius & Hollister LLP 2200 IDS Center 80 South Eighth Street Minneapolis, MN 55402

### A complete list of all current employees, and their annual salaries (who are listed on the 990 form)

There is one employee.

Dee Baskin Current Salary: \$75,800

## Last three years of ALL revenue from ALL sources – public and private

#### **GOVERNMENT SOURCES**

Funding is received from OHE near the end of the contract term.

	2022	2023	2024
MN OHE	\$0	\$50,000	\$0
Legal Services Advisory Committee ( <u>https://www.mncourts.gov/lsac</u> )	\$24,000	\$25,000	\$55,000

#### NONGOVERNMENT SOURCES

The organization does not have revenue from commercial activity.

	2022	2023	2024
Law Schools	\$45,000	\$46,000	\$46,000
	425.000	425.000	425.000
Mitchell Hamline School of Law	\$25,000	\$25,000	\$25,000
University of Minnesota Law School	\$14,000	\$15,000	\$15,000
University of St. Thomas School of Law	\$6,000	\$6,000	\$6,000
Law Firms	\$24,000	\$34,000	\$29,000
Faegre Drinker Foundation	\$2,000	\$2,000	\$0
Fredrikson & Byron Foundation	\$8,500	\$10,000	\$9,500
Robins Kaplan Foundation	\$0	\$7,500	\$7,500
Lathrop GPM Foundation	\$0	\$1,000	\$4,000
Dorsey & Whitney Foundation	\$2,500	\$2,500	\$3,000
Taft Stettinius & Hollister Foundation	\$5,000	\$5,000	\$5,000
Stinson Leonard Street Foundation	\$6,000	\$6,000	\$0
Individuals	\$15,077.02	\$9,629.97	\$4,762.52
mannadals	<i>913,077.02</i>	\$5,025.57	φ <del>τ</del> ,702.52
Bar Associations Total	\$16,228.26	\$16,600	\$15,000
Minnesota State Bar Foundation	\$10,000	\$10,000	\$10,000
Ramsey County Bar Foundation	\$4,500	\$4,500	\$4,500

3rd District Bar Association	\$478.26	\$0	\$0
12th District Bar Association	\$0	\$750	\$0
14th District Bar Association	\$250	\$300	\$250
16th District Bar Association	\$200	\$250	\$0
18th District Bar Association	\$800	\$800	\$0
Xcel Energy	\$71.79	\$182.91	\$245
Foundation	\$11.15	γ102.71	-γ <b>2</b> 4J
Interest Income	\$188.26	\$641.43	\$527.52