	000
Form	<b>990</b>

## \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

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



<u>A</u>	For th	e 2021 calendar year, or tax year beginning MAY 1, 2021 and	ending A	PR 30, 2022	
Β	Check if applicab	e: C Name of organization		D Employer identifi	cation number
	Addre	le ST PAUL NEIGHBORHOOD NETWORK			
	Name Chang	e Doing business as		41-1500773	
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return		170	(651)224-515	3
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,004,402.
	Amen	ST. PAUL, MN SSII4		H(a) Is this a group re	
	Applio tion pendi	F Name and address of principal officer: MARIIN LODDEN		for subordinates	? Yes X No
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527	1 '	list. See instructions
				H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1984	A State of legal domicile: MN
Pa	art I	Summary			
ĕ	1	Briefly describe the organization's mission or most significant activities:		VOICES AND	
Governance		STORIES FROM OUR COMMUNITY AND EMPOWERS PEOPLE TO USE MEDIA			
ērn	2	Check this box <b>b</b> if the organization discontinued its operations or dispos			sets.
200	3				10
ح ح	4	Number of independent voting members of the governing body (Part VI, line 1b)			66
ties	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			40
Activities &	70	Total number of volunteers (estimate if necessary)			0.
Ac	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,658,931.	1,688,956.
nue	9	Program service revenue (Part VIII, line 2g)		390,033.	314,880.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		223.	234.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	332.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,049,187.	2,004,402.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	74,387.
	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)		1,201,878.	1,057,142.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ed X	. ь	Total fundraising expenses (Part IX, column (D), line 25)	014.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		612,528.	742,992.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,814,406.	1,874,521.
		Revenue less expenses. Subtract line 18 from line 12		234,781.	129,881.
S OL			Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		1,558,630.	1,575,682.
it As	1	Total liabilities (Part X, line 26)		607,907.	495,078.
-Since		Net assets or fund balances. Subtract line 21 from line 20		950,723.	1,080,604.
Pa	art II	Signature Block			

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

Sign	Signature of officer		Date	9
Here	MARTIN LUDDEN, EXECUTIVE DIRECTOR			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	ASHLEY REHN, CPA	ASHLEY REHN, CPA	03/13/23	self-employed P00965922
Preparer	Firm's name 🕞 REDPATH AND COMPANY, LLC		Firm	's EIN ▶ 92-0370318
Use Only	Firm's address 🕨 4810 WHITE BEAR PARKWAY			
	WHITE BEAR LAKE, MN 5511	0	Pho	ne no.(651)426-7000
May the II	RS discuss this return with the preparer shown abov	ve? See instructions		X Yes No
132001 12-0	B-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2021) ST PAUL NEIGHBORHOOD NETWORK	41-1500773	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SPNN AMPLIFIES VOICES AND STORIES FROM OUR COMMUNITY AND EMPOWERS		
	PEOPLE TO USE MEDIA AND COMMUNICATIONS TO MAKE BETTER LIVES, USE		
	AUTHENTIC VOICE, AND BUILD COMMON UNDERSTANDING. WE ACCOMPLISH THIS		
	MISSION BY TEACHING MEDIA AND LEADERSHIP SKILLS TO YOUTH; TRAINING		
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	XNo
	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? $\dots$	Yes	XNo
	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 m	easured 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, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$639,941. including grants of \$0. ) (Revenue	\$211	. <u>,</u> 450.)
	COMMUNITY TECHNOLOGY EDUCATION PROJECT (CTEP) - A NATIONALLY UNIQUE		
	PROGRAM TO COMBAT THE DIGITAL DIVIDE, CTEP AMERICORPS PLACES 35 MEMBERS		
	AT COMMUNITY SITES THROUGHOUT THE TWIN CITIES. THESE MEMBERS ASSIST NEW		
	AMERICANS AND LOW INCOME COMMUNITIES HOW TO USE TECHNOLOGY TO BETTER		
	ACCESS SOCIAL, CIVIC, EDUCATIONAL, AND ECONOMIC OPPORTUNITIES. MEMBERS		
	RUN OPEN COMMUNITY COMPUTER LABS AND TEACH BASIC DIGITAL JOB SKILLS,		
	MEDIA MAKING, AND DIGITAL STORYTELLING. IN ADDITION, SPNN PROVIDES		
	SIGNIFICANT PROFESSIONAL DEVELOPMENT AND TRAINING FOR THE COHORT OF		
	CTEP AMERICORPS MEMBERS. LAST YEAR, OUR PARTICIPANTS TRAINED OVER 2,400		
	JOB SEEKERS AND HELPED ALMOST 650 SECURE NEW OR BETTER EMPLOYMENT.		
4b	(Code:         ) (Expenses \$588,643.         including grants of \$74,387.         ) (Revenue)	\$12	. <u>,</u> 390.)
	PROGRAMS - SPNN SERVES AS THE PUBLIC AND EDUCATIONAL ACCESS FACILITY		
	AND COMMUNITY MEDIA CENTER FOR THE CITY OF SAINT PAUL. THE PROGRAMS		
	TEAM OFFERS ACCESS TO EQUIPMENT, COMPUTERS, PROFESSIONAL MEDIA SOFTWARE		
	AND TELEVISION STUDIO SPACE FOR COMMUNITY MEMBERS, EDUCATIONAL AND		
	COMMUNITY PARTNERS AND LOCAL NONPROFIT ORGANIZATIONS TO PRODUCE MEDIA		
	CONTENT. THE PROGRAMS TEAM ALSO HOUSES MEDIA ACTIVE AND CREATECH, TWO		
	YOUTH MEDIA PROGRAMS. MEDIA ACTIVE PROVIDES YOUTH WITH VALUABLE WORK		
	EXPERIENCE IN MEDIA FIELDS VIA FEE FOR SERVICE VIDEO PRODUCTION. UNDER		
	THE SUPERVISION OF AN ADULT MENTOR, YOUTH PRODUCE HIGH-QUALITY VIDEO		
	MEDIA FOR NONPROFIT, CORPORATE, AND GOVERNMENT CLIENTS. CREATECH IS A		
	DROP-IN MEDIA MAKER SPACE HOSTED AT SPNN WHERE YOUTH CAN EXPLORE		
	TECHNOLOGY AND MEDIA.		
4c		90	954.)
	PRODUCTION - THE SPNN PRODUCTION TEAM HELPS EXPAND THE REACH OF		
	NON-PROFIT ORGANIZATIONS THROUGH LOW-COST MEDIA SERVICES AND BY		
	COVERING MANY IMPORTANT COMMUNITY ISSUES AND EVENTS THROUGH PROGRAMS		
	PRODUCED IN-HOUSE. PRODUCING AND DISTRIBUTING HUNDREDS OF HOURS OF		
	CONTENT A YEAR, THE SPNN PRODUCTION TEAM CURATES 30 YEARS OF CULTURAL,		
	CIVIC AND ARTS PROGRAMS. IN ADDITION TO PRODUCTION AND LIVE EVENT		
	DUTIES, THIS TEAM ALSO PROGRAMS FOUR NON-COMMERCIAL CHANNELS ON THE		
	CITY CABLE SYSTEM WITH CONTENT 24/7. CHANNELS 14 AND 15 ARE OFFERED FOR		
	PUBLIC ACCESS AND AIR PROGRAMS PRODUCED OR SPONSORED BY LOCAL COMMUNITY		
	MEMBERS. CHANNEL 16 IS DEDICATED TO EDUCATIONAL CONTENT PRODUCED BY THE		
	CITY SCHOOL SYSTEM AND SPNN YOUTH. FINALLY, CHANNEL 19 IS DEDICATED TO		
	SPNN PRODUCTIONS, WHICH COVER A WIDE VARIETY OF IMPORTANT CULTURAL,		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	86.)	
4e	Total program service expenses 1,640,720.		

Form 990 (2021) ST PAUL NEIGHBORHOOD NETWORK
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		х
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> </u>		
Ũ	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	<u> </u>		
5	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	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,		v	
	Part VI	<u>11a</u>	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		
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	х	

Form **990** (2021)

ST PAUL NEIGHBORHOOD NETWORK

			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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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		x
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		X
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	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 1a 69			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (	(2021) ST PAUL NEIGHBORHOOD NETWORK 41-15007	73	Р	age <b>5</b>
	rt V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			0
				Yes	No
2a	Ente	r 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 66	;		
b		least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note	e: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did t	the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	lf "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
		ny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	finan	ncial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	lf "Ye	es," enter the name of the foreign country 🕨			
	See	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was	the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	lf "Ye	es" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does	s the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
		contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	lf "Ye	es," did the organization include with every solicitation an express statement that such contributions or gifts			
		e not tax deductible?	6b		
7	•	anizations that may receive deductible contributions under section 170(c).			
а		he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b		es," did the organization notify the donor of the value of the goods or services provided?	7b		
С		the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
		e Form 8282?	7c		X
d		es," indicate the number of Forms 8282 filed during the year 7d	-		v
e		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t		the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g		e organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	-	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	-	nsoring organization have excess business holdings at any time during the year?	8		
9	-	nsoring organizations maintaining donor advised funds. the sponsoring organization make any taxable distributions under section 4966?	9a		
a b			9b		
10		tion 501(c)(7) organization make a distribution to a donor, donor advisor, or related person?	50		
		ation fees and capital contributions included on Part VIII, line 12			
		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11		tion 501(c)(12) organizations. Enter:			
a		ss income from members or shareholders			
b		ss income from other sources. (Do not net amounts due or paid to other sources against			
		unts due or received from them.)			
12a		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the year 12b			
13		tion 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the	e organization licensed to issue qualified health plans in more than one state?	13a		
	Note	e: See the instructions for additional information the organization must report on Schedule O.			
b	Ente	r the amount of reserves the organization is required to maintain by the states in which the			
	orga	nization is licensed to issue qualified health plans			
с		r the amount of reserves on hand 13c			
14a		the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	lf "Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
		ess parachute payment(s) during the year?	15		x
		es," see the instructions and file Form 4720, Schedule N.			
16	Is the	e organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	lf "Ye	es," complete Form 4720, Schedule O.			
17		tion 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activ	vities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	lf "Ye	es," complete Form 6069.			

Form	990 (2021) ST PAUL NEIGHBORHOOD NETWORK		41-15007		P	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" i	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.				•	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	2		
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
0	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)			
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		a filina a tha a farman O	10b	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Defor	e filing the form?	<u>11a</u>	~	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>			120		
С		,		12c	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	x	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval			17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<i>by</i>				
а	The organization's CEO, Executive Director, or top management official			15a	х	
b	Other officers or key employees of the organization			15b		x
	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 arrangem	ient w	ith a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MM					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X         Own website         X         Upon request         Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records 🕨			
	THE ORGANIZATION - (651)224-5153					
	550 VANDALIA STREET, 170, ST PAUL, MN 55114					

Form 990 (2		41-1500773	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensa	ted	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or with	nin 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)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	) than d		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus T	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	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		voldr	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARTIN LUDDEN	40.00				-					
EXECUTIVE DIRECTOR		1		x				81,934.	0.	4,100.
(2) WESLEY FARROW	1.00									
PRESIDENT		х		х				0.	0.	0.
(3) MEAGAN PICK	1.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(4) SARAH REICHLING	1.00									
TREASURER		х		x				0.	0.	0.
(5) PHASOUA VANG	1.00									
SECRETARY	0.50	х		x	<u> </u>			0.	0.	0.
(6) ASHLEY ARAM	0.50								_	
BOARD MEMBER	0.50	X						0.	0.	0.
(7) AQIULA COLLINS	0.50									
BOARD MEMBER	0.50	Х						0.	0.	0.
(8) ANGIE LYNCH	0.50								•	
BOARD MEMBER (9) KYLE MAREK-SPARTZ	0.50	Х						0.	0.	0.
BOARD MEMBER	0.50	x						0.	0.	0.
(10) SIMONA ZAPPAS	0.50	~			<u> </u>			· · ·	0.	<u>v.</u>
BOARD MEMBER	0.50	x						0.	0.	0.
(11) ROBIN HICKMAN	0.50	л						0.	•.	••
AT LARGE	0.30	x						0.	0.	0.
									••	••
		1								
				-		<u> </u>				
		•								
	1		I	1	1	1	1	1		000

	990 (2021) ST PAUL NEIGH	IBORHOOD NE	TWO	RK						41-15	0077	3	P	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	(do box	not cl , unles	(C Pos heck i ss per	<b>C)</b> ition more rson i		one 1 an	<b>(D)</b> Reportable compensation from	(E) Reportable compensatio from related	n		<b>(F)</b> stimate nount other	of
		(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)	organization (W-2/1099-MIS 1099-NEC)	s	fr org an	pensa rom th anizat d relat anizati	ation e tion ted
С	Subtotal Total from continuation sheets to Part VI	, Section A							81,934. 0.		0. 0. 0.			100.
d 2	Total (add lines 1b and 1c)							o re	81,934. eceived more than \$100,	000 of reportable			<u>    4</u> ,	100.
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on	[			
	line 1a? If "Yes," complete Schedule J for s	uch individual							· · · ·	-		3		х
4	For any individual listed on line 1a, is the su 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," <i>com</i>										<u></u>	5		x
	tion B. Independent Contractors	managet ad ind		ndor					at reactived more than t	100 000 of comm		tion fr		
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax ye					
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	C	<b>(C</b> compe	nsatio	n
2	Total number of independent contractors (ir	-	ot lin	nitec	d to f		se lis 0	ted	above) who received mo	ore than				

ar	990 t <b>VI</b>		Statement of Re				D NETWORK			41-150077	3 Pa
			Check if Schedule O			onse	or note to any line	e in this Part VIII			
					·			<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue exclu from tax un sections 512 -
ŝ	1 a	I Fe	ederated campaigns		1a						
and Other Similar Amounts			Iembership dues								
<b>Am</b>	c	; Fi	undraising events		1c						
ar /	c	I R	Related organizations		1d						
mi	e	G	overnment grants (contr	ibuti	ons) <b>1e</b>		311,839.				
S	f	A	Il other contributions, gifts,	grant	ts, and						
the		si	imilar amounts not included	abov			1,377,117.				
0 p	ç	No	oncash contributions included in	lines 1	la-1f <b>1g</b>	\$					
an	h	I T	otal. Add lines 1a-1f			<u></u>	►	1,688,956.			
							Business Code				
	2 a		TEP PARTNER FEES				517000	211,450.	211,450.		
е	b	· —	RODUCTION SERVICES				517000	72,975.	72,975.		
ent.	C	´ _	ENTAL INCOME	<b></b>			531190	13,119.	13,119.		
Revenue	c		DUCATION AND TRAIN	ING			611430	12,360.	12,360.		
	e	_						4 000	4.000		
			Il other program service					4,976.	4,976.		
+	<u> </u>							314,880.			
	3		vestment income (includ	Ŭ				234.			
			ther similar amounts)					231.			
	4 5		ncome from investment o		-	-	Г				
	5	П	loyalties		(i) Rea		(ii) Personal				
	6 -		aross rents	6a	() 1104						
			ess: rents	6b							
	с С		Rental income or (loss)	6c							
	c		let rental income or (loss)								
			ross amount from sales of	/ <u></u>	(i) Securi	ies	(ii) Other				
			ssets other than inventory	7a							
	b		ess: cost or other basis								
<u>p</u>			nd sales expenses	7b							
	c		ain or (loss)	7c							
			let gain or (loss)				▶				
		G	ross income from fundraisin	ng ev	ents (not						
			ontributions reported on								
			Part IV, line 18		-	8a					
	b		ess: direct expenses			8b					
	c	: N	let income or (loss) from	fund	raising ever	nts					
	9 a		cross income from gamin				7				
		Ρ	Part IV, line 19			9a					
	b		ess: direct expenses			9b					
			let income or (loss) from			s	►				
•	10 a		aross sales of inventory, I								
			nd allowances			10a					
			ess: cost of goods sold			10b					
	c	; N	let income or (loss) from	sales	s of invento	ry	····· ►				
							Business Code				
Revenue	11 a	_									
(ent	b	) _									
Bev	C	_					000000		222		
7			Il other revenue				900099	332.	332.		
	-	. т.	otal. Add lines 11a-11d					332.			

ST PAUL NEIGHBORHOOD NETWORK

41-1500773 Page 10

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (A) (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 65,837 65,837 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 8,550, 8,550, 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 83,640 trustees, and key employees 33,456. 33,456. 16,728. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 810,751. 789,786. Other salaries and wages 12,529. 8,436. 7 8 Pension plan accruals and contributions (include 503. section 401(k) and 403(b) employer contributions) 6,522 4.874. 1,145 88,890 83,955, 4,056 879. Other employee benefits 9 67,339 61,175. 4,239 1,925. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 201 201. Legal b 62,746. 62,746, С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 179,008 180,853 -1,246 3,091. column (A), amount, list line 11g expenses on Sch 0.) 1,085 51 1,034 Advertising and promotion 12 1,095. 47,018. 37,261. 8,662. Office expenses 13 224,810, 261,810, 26,460 10,540. Information technology 14 15 Royalties 16 Occupancy 1,072. 1,072, 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 17,300. 2,203. 15,063. Conferences, conventions, and meetings ..... 34. 19 21,609. 17,200, 3,384 1,025. 20 Interest Payments to affiliates 21 87,894 75,680, 7,876 4,338. Depreciation, depletion, and amortization ..... 22 22,983. 2,180 19,633. 1,170. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) EQUIPMENT RENTAL, REPAI 23,788, 22,668, 870 250. а TRAINING AND DEVELOPMEN 8,607 8,607. 0. Ο. b 6,026. DUES AND MEMBERSHIPS 4,894, 1,132. Ο. С d All other expenses е 1,874,521 183,787 50,014. Total functional expenses. Add lines 1 through 24e 1,640,720 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2		 PAUL	NEIGHBORHOOD	NETWORK
Part X	Balance Sheet			

41-1500773 Page **11** 

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			361,418.	1	298,189.
	2	Savings and temporary cash investments			143,423.	2	204,849.
	3				410,867.	3	459,216.
	4		es and grants receivable, net				25,175.
	5						
		trustee, key employee, creator or founder, subs	antial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
	9	<b>_</b>			29,359.	9	29,650.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,199,707.			
	b	Less: accumulated depreciation		683,567.	573,926.	10c	516,140.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	32,106.	15	42,463.		
	16	Total assets. Add lines 1 through 15 (must equ	1,558,630.	16	1,575,682.		
	17	Accounts payable and accrued expenses			66,806.	17	63,743.
	18	Grants payable		18			
	19	Deferred revenue	174,244.	19	126,939.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ß	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
liqu		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela	-		363,258.	23	300,797.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-	F			
		parties, and other liabilities not included on lines					
		of Schedule D			3,599.	25	3,599.
	26	Total liabilities. Add lines 17 through 25			607,907.	26	495,078.
		Organizations that follow FASB ASC 958, che	ck here	X			
es		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			893,657.	27	863,706.
Bal	28	Net assets with donor restrictions			57,066.	28	216,898.
g		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
P	29	Capital stock or trust principal, or current funds		[		29	
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			950,723.	32	1,080,604.
~	33	Total liabilities and net assets/fund balances			1,558,630.	33	1,575,682.

Form **990** (2021)

Form	1990 (2021) ST PAUL NEIGHBORHOOD NETWORK	41-150077	3	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				2
	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	2	,004,	402.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,874,	521.
3	Revenue less expenses. Subtract line 2 from line 1	3		129,	881.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		950,	723.
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	1	,080,	604.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	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 Sin	gle Audit			ĺ
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

### N

Nam	e of t	the organization						Employer	identification number
		ST PAUL NEIGHBORHOOD NETWORK 41-1500773					41-1500773		
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	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	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general j	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma							
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor	-						
11		An organization organized a	•		•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						check the box on
	_	lines 12a through 12d that	• •					-	-1.4
а		<b>Type I.</b> A supporting orga		-	•	-			
		the supported organization			majority o	it the aired	tors or trustee	es of the su	ipporting
h		organization. You must o	-		ion with it	oupporte	d organizatio	a(a) by bay	ing
b		_ Type II. A supporting org control or management o	-				•		-
		organization(s). You mus			ame perso	ns that co		je trie supp	Joned
с		Type III functionally inte			in connect	ion with a	and functional	lv integrate	d with
Ŭ		its supported organization						ly integrate	a with,
d		<b>Type III non-functionally</b>	.,.,	•			-	ted organiz	vation(s)
u		that is not functionally int						-	
		requirement (see instructi			-		-		
е		Check this box if the orga						II. Type III	
		functionally integrated, or					JI 7 JI	, ,,	
f	Ente	er the number of supported c		, , , , , , , , , , , , , , , , , , , ,	0 0				
g	Prov	vide the following information	about the supporte	d organization(s).					
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Tota	I						1		1

OMB No. 1545-0047

2021

**Open to Public** 

. Inspection

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.")	1,620,536.	1,458,930.	1,518,081.	1,658,931.	1,688,956.	7,945,434.
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	1,620,536.	1,458,930.	1,518,081.	1,658,931.	1,688,956.	7,945,434.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						7,945,434.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,620,536.	1,458,930.	1,518,081.	1,658,931.	1,688,956.	7,945,434.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,857.	1,660.	3,537.	223.	234.	8,511.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						

Part II	Support Schedule	for C	rgan
Schedule	A (Form 990) 2021	ST	PAUL

Section A. Public Support

ST PAUL NEIGHBORHOOD NETWORK

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

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

7	Amounts from line 4	1,620,536.	1,458,930.	1,518,081.	1,658,931.	1,688,956.	7,945,434.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,857.	1,660.	3,537.	223.	234.	8,511.
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.)					332.	332.
11	Total support. Add lines 7 through 10						7,954,277.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	1,858,583.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.89 %
15	Public support percentage from 2020	Schedule A, Part	I, line 14			15	99.89 %
<b>16</b> a	1 33 1/3% support test - 2021. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>X</b>
k	<b>33 1/3% support test - 2020.</b> If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶∟
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	0		, ,,	•		
k	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	., 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

41 - 1500773

# Schedule A (Form 990) 2021 ST PAUL NEIGHBORHOOD NETWORK Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	<b>(c)</b> 2019	(d) 2020	(e) 202	1 (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						
<b>5</b> 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>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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	(-) 0017	(1-) 0010	(-) 0010	(-1) 00000	(-) 000	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
<ul> <li>9 Amounts from line 6</li> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> </ul>						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
<b>12</b> 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.)				<u> </u>		
14 First 5 years. If the Form 990 is for the check this box and stop here	0	rst, second, third, '	-	-		·
Section C. Computation of Publi						
15 Public support percentage for 2021 (I			column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Invest						
17 Investment income percentage for 20			ne 13. column (f))		17	%
<b>18</b> Investment income percentage for					18	%
19a 33 1/3% support tests - 2021. If the			on line 14 and line		· · · · · · · · · · · · · · · · · · ·	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the	-	•				/3%, and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						<b>&gt;</b>

1

2

3a

Yes

No

## 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.)

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

Yes

1

2

No

No

		Yes	No
1 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>b</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			
detail in Part VI.	11c		

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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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. Section C. Type II Supporting Organizations

			Yes	
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(c)	1		

110 30			
Section D	). All Type II	I 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 <b>Part VI</b> 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? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization</i> '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 Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *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.*

Yes No

Type III Non-Functionally Integrated 509(a)(3) Supporting Orgar         Check here if the organization satisfied the Integral Part Test as a qualifying trust on All other Type III non-functionally integrated supporting organizations must complete         A - Adjusted Net Income       1         at short-term capital gain       1         at short-term capital gain       1         at short-term capital gain       2         her gross income (see instructions)       3         id lines 1 through 3.       4         appreciation and depletion       5         ortion of operating expenses paid or incurred for production or       6         her expenses (see instructions)       7         tjusted Net Income       7         tjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         B - Minimum Asset Amount       1         regregate fair market value of all non-exempt-use assets (see       1         structions for short tax year or assets held for part of year):       1         regrege monthly value of securities       1         ir market value of other non-exempt-use assets (see       1         structions for bord tax year or assets held for part of year):       1         regrege monthly cash balances       1         ir market value of other non-exempt-use assets       2	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instruction (B) Current Year (optional) (B) Current Year (optional) (B) Current Year (optional) (C) Current Year (optional)
All other Type III non-functionally integrated supporting organizations must complete         A - Adjusted Net Income         at short-term capital gain       1         accourses of prior-year distributions       2         her gross income (see instructions)       3         Id lines 1 through 3.       4         opreciation and depletion       5         ortion of operating expenses paid or incurred for production or llection of gross income or for management, conservation, or aintenance of property held for production of income (see instructions)       6         her expenses (see instructions)       7         Ijusted Net Income       8         B - Minimum Asset Amount       8         Igregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year): erage monthly cash balances       1a         ir market value of other non-exempt-use assets       1c         tal (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors (plain in detail in Part VI): equisition indebtedness applicable to non-exempt-use assets       2         ubtract line 2 from line 1d.       3       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         uitiply line 5 by 0.035. <th>Sections A through E. (A) Prior Year</th> <th>(B) Current Year (optional)</th>	Sections A through E. (A) Prior Year	(B) Current Year (optional)
A - Adjusted Net Income         at short-term capital gain         at short-term capital gain         ber gross income (see instructions)         her gross income (see instructions)         at lines 1 through 3.         appreciation and depletion         of operating expenses paid or incurred for production or         llection of gross income or for management, conservation, or         aintenance of property held for production of income (see instructions)         her expenses (see instructions)         figusted Net Income (subtract lines 5, 6, and 7 from line 4)         B - Minimum Asset Amount         agregate fair market value of all non-exempt-use assets (see         structions for short tax year or assets held for part of year):         rerage monthly value of securities         trait (add lines 1a, 1b, and 1c)         scount claimed for blockage or other factors         applain in detail in Part VI):         requisition indebtedness applicable to non-exempt-use assets         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,         e instructions).       4         at value of non-exempt-use assets (subtract line 4 from line 3)         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,         e instructions).       4         at value of non-exempt-use assets (subtract li	(A) Prior Year	(optional)
at short-term capital gain       1         accoveries of prior-year distributions       2         her gross income (see instructions)       3         Id lines 1 through 3.       4         appreciation and depletion       5         ortion of operating expenses paid or incurred for production or       5         llection of gross income or for management, conservation, or       6         aintenance of property held for production of income (see instructions)       6         her expenses (see instructions)       7         ljusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         B - Minimum Asset Amount       8         gregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):       1         erage monthly value of securities       1a         ir market value of other non-exempt-use assets       1c         tat (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors       2         ubtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ubtract line 5 by 0.035.       6         coveries of prior-year distributions		(optional)
accoveries of prior-year distributions       2         her gross income (see instructions)       3         Id lines 1 through 3.       4         spreciation and depletion       5         ortion of operating expenses paid or incurred for production or       5         llection of gross income or for management, conservation, or       6         aintenance of property held for production of income (see instructions)       6         her expenses (see instructions)       7         ljusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         B - Minimum Asset Amount       7         agregate fair market value of all non-exempt-use assets (see       1         structions for short tax year or assets held for part of year):       1         rerage monthly value of securities       1         ir market value of other non-exempt-use assets       1         scount claimed for blockage or other factors       1         scount claimed for blockage or other factors       2         subtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ubtract line 5 by 0.035.       6         coveries of prior-year distributions <t< th=""><th>(A) Prior Year</th><th></th></t<>	(A) Prior Year	
her gross income (see instructions)       3         Id lines 1 through 3.       4         spreciation and depletion       5         ortion of operating expenses paid or incurred for production or       5         llection of gross income or for management, conservation, or       6         her expenses (see instructions)       6         her expenses (see instructions)       7         ljusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         B - Minimum Asset Amount       8         agregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):       1a         rerage monthly value of securities       1a         rerage monthly cash balances       1b         ir market value of other non-exempt-use assets       1c         scount claimed for blockage or other factors gplain in detail in Part VI):       1d         requisition indebtedness applicable to non-exempt-use assets       2         aibtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         att value of non-exempt-use assets (subtract line 4 from line 3)       5	(A) Prior Year	
Id lines 1 through 3.       4         spreciation and depletion       5         ortion of operating expenses paid or incurred for production or       5         llection of gross income or for management, conservation, or       6         aintenance of property held for production of income (see instructions)       6         her expenses (see instructions)       7         Ijusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         B - Minimum Asset Amount       8         Igregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):       1a         rerage monthly value of securities       1a         rerage monthly cash balances       1b         ir market value of other non-exempt-use assets       1c         stal (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors       2         ubtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         utiply line 5 by 0.035.       6         coveries of prior-year distributions       7	(A) Prior Year	
spreciation and depletion       5         oppreciation of operating expenses paid or incurred for production or       6         llection of gross income or for management, conservation, or       6         aintenance of property held for production of income (see instructions)       6         her expenses (see instructions)       7 <b>Ijusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)       8 <b>B</b> - Minimum Asset Amount       8         gregate fair market value of all non-exempt-use assets (see       1         structions for short tax year or assets held for part of year):       1         rerage monthly cash balances       1         ir market value of other non-exempt-use assets       1         ir market value of other non-exempt-use assets       1         ir market value of oblockage or other factors       1         sequain in detail in Part VI):       1         equisition indebtedness applicable to non-exempt-use assets       2         ubtract line 2 from line 1d.       3         ush deemed held for exempt use. Enter 0.015 of	(A) Prior Year	
protein to any expension of a property held for incurred for production or         llection of gross income or for management, conservation, or         aintenance of property held for production of income (see instructions)         her expenses (see instructions)         tijusted Net Income (subtract lines 5, 6, and 7 from line 4)         B - Minimum Asset Amount         tigregate fair market value of all non-exempt-use assets (see         structions for short tax year or assets held for part of year):         rerage monthly value of securities         transfer value of other non-exempt-use assets         time (add lines 1a, 1b, and 1c)         struct line 2 from line 1d.         tash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).         et value of non-exempt-use assets (subtract line 4 from line 3)         tatul use 5 by 0.035.         for coveries of prior-year distributions	(A) Prior Year	
Illection of gross income or for management, conservation, or       6         aintenance of property held for production of income (see instructions)       7         her expenses (see instructions)       7         ijjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         B - Minimum Asset Amount       8         gregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):       1a         rerage monthly value of securities       1a         ir market value of other non-exempt-use assets       1c         that (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors       2         abtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         attiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7	(A) Prior Year	
aintenance of property held for production of income (see instructions)       6         her expenses (see instructions)       7         Ijusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         B - Minimum Asset Amount       8         Igregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):       1a         rerage monthly value of securities       1a         ir market value of other non-exempt-use assets       1c         that (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors       2         ubtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ubtiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7	(A) Prior Year	
her expenses (see instructions)       7         Ijusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         B - Minimum Asset Amount       8         agregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):       1a         rerage monthly value of securities       1a         rerage monthly cash balances       1b         ir market value of other non-exempt-use assets       1c         otal (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors       2         abtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ultiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7	(A) Prior Year	
ijjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         ijusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         B - Minimum Asset Amount       9         igregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):       1         ierage monthly value of securities       1a         irerage monthly cash balances       1b         ir market value of other non-exempt-use assets       1c         otal (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors       1         aplain in detail in Part VI):       2         abtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ultiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7	(A) Prior Year	
B - Minimum Asset Amount         Igregate fair market value of all non-exempt-use assets (see structions for short tax year or assets held for part of year):         rerage monthly value of securities         rerage monthly cash balances         1b         ir market value of other non-exempt-use assets         1c         total (add lines 1a, 1b, and 1c)         scount claimed for blockage or other factors <i>cplain in detail in Part VI</i> ):         requisition indebtedness applicable to non-exempt-use assets         2         abtract line 2 from line 1d.         assh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).         4         et value of non-exempt-use assets (subtract line 4 from line 3)         5         ultiply line 5 by 0.035.         6         ecoveries of prior-year distributions	(A) Prior Year	
agregate fair market value of all non-exempt-use assets (see         structions for short tax year or assets held for part of year):         rerage monthly value of securities         terage monthly cash balances         ir market value of other non-exempt-use assets         terage monthly cash balances         ir market value of other non-exempt-use assets         terage monthly cash balances         ir market value of other non-exempt-use assets         terage monthly cash balances         ir market value of other non-exempt-use assets         terage monthly cash balances         terage monthly cash balances         ir market value of other non-exempt-use assets         terage monthly cash balances         terage monthly cash balan	(A) Prior Year	
structions for short tax year or assets held for part of year):       1a         rerage monthly value of securities       1a         rerage monthly cash balances       1b         ir market value of other non-exempt-use assets       1c         otal (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors       1d         squain in detail in Part VI):       2         abtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ultiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7		
terage monthly value of securities       1a         rerage monthly cash balances       1b         ir market value of other non-exempt-use assets       1c         otal (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors       1d         scount claimed for blockage or other factors       2         obtact line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ultiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7		
gerage monthly cash balances       1b         ir market value of other non-exempt-use assets       1c         tatal (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors       1d         scount claimed for blockage or other factors       2         scount claimed for exempt use.       3         sch deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ultiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7		
ir market value of other non-exempt-use assets       1c         ir market value of other non-exempt-use assets       1c         ital (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors       1c <i>xplain in detail in</i> Part VI):       2         ibtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ultiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7		
tal (add lines 1a, 1b, and 1c)       1d         scount claimed for blockage or other factors       1d         scount claimed for blockage or other factors       1         scount claimed for blockage or other factors       2         scount claimed for exemption       2         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,       3         e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ultiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7		
scount claimed for blockage or other factors       Image: scount claimed for blockage or other factors         aplain in detail in Part VI):       Image: scount claimed for blockage or other factors         aquisition indebtedness applicable to non-exempt-use assets       Image: scount claimed for blockage or other factors         abtract line 2 from line 1d.       Image: scount claimed for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       Image: scount claimed for exempt-use assets (subtract line 4 from line 3)         at value of non-exempt-use assets (subtract line 4 from line 3)       Image: scource for the form line 3 for greater amount, for claimed for exempt-use assets (subtract line 4 from line 3)         at value of non-exempt-use assets (subtract line 4 from line 3)       Image: scource for the form line 3 for greater amount, for claimed for exempt-use assets (subtract line 4 from line 3)         at value of non-exempt-use assets (subtract line 4 from line 3)       Image: scource for the form line 3 for greater amount, for claimed for exempt-use assets (subtract line 4 from line 3)         attract line 5 by 0.035.       Image: scource for the form line 3 for greater amount, for claimed for exempt use assets (subtract line 4 from line 3)         attract line 5 by 0.035.       Image: scource for the form line 3 for greater amount, for claimed for exempt use assets (subtract line 4 from line 3)		
Applain in detail in Part VI):       2         Equisition indebtedness applicable to non-exempt-use assets       2         abtract line 2 from line 1d.       3         ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         atiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7		
independence     2       independence     2       independence     3       independence     4       independence     4       independence     4       independence     5       independence     6       independence     7		
abtract line 2 from line 1d.     3       ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, e instructions).     4       et value of non-exempt-use assets (subtract line 4 from line 3)     5       ultiply line 5 by 0.035.     6       ecoveries of prior-year distributions     7		
ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,         e instructions).       4         et value of non-exempt-use assets (subtract line 4 from line 3)       5         ultiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7		
e instructions).4et value of non-exempt-use assets (subtract line 4 from line 3)5ultiply line 5 by 0.035.6ecoveries of prior-year distributions7		
at value of non-exempt-use assets (subtract line 4 from line 3)       5         ultiply line 5 by 0.035.       6         ecoveries of prior-year distributions       7		
ultiply line 5 by 0.035.     6       ecoveries of prior-year distributions     7		
ecoveries of prior-year distributions 7		
nimum Asset Amount (add line 7 to line 6) 8		
C - Distributable Amount		Current Year
ljusted net income for prior year (from Section A, line 8, column A)		
ter 0.85 of line 1. 2		
nimum asset amount for prior year (from Section B, line 8, column A) 3		
ter greater of line 2 or line 3. 4		
come tax imposed in prior year 5		
stributable Amount. Subtract line 5 from line 4, unless subject to		
nergency temporary reduction (see instructions). 6		
Check here if the current year is the organization's first as a non-functionally integrat		anization (see

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	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 ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne 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) Underdistributior Pre-2021	าร	(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:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

**Current Year** 

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

Schedule A (Form 990) 2021

Section D - Distributions

Schedule A	(Form 990) 2021 ST PAUL NEIGHBORHOOD NETWORK	41-1500773	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a o Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	۱C,

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

* *	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

2021

Employer identification number

41-	1500	773

ST	PAUL	NEIGHBORHOOD	NETWORK

	·
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (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

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  $\dots$   $\blacktriangleright$  \$

**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) (2021)

Name of o	rganization		Employer identification number
ST PAUL	NEIGHBORHOOD NETWORK		41-1500773
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Dns Type of contribution
1		\$	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
2		\$842	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) Dns Type of contribution
		\$	Person          Payroll          Noncash          (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
		\$	Person       Payroll         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ons Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page **2** 

Schedule B (Form 990) (2021)

ame of or	ganization	Employer identification number	
r PAUL	NEIGHBORHOOD NETWORK		41-1500773
Part II	Noncash Property (see instructions). Use duplicate copies of P	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.)	
		\$	

Schedule B (Form 990) (2021)

Schedule B	(Form 990)	(2021)

Name of or	rganization			Employer identification number				
ST PAUL	NEIGHBORHOOD NETWORK			41-1500773				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line e charitable, etc., contributions of <b>\$1,000</b> of	entry For organizations	that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of g						
-	Transferee's name, address, ar			ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-	Transferee's name, address, ar	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of g	 					
-	Transferee's name, address, ar		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
	Transferee's name, address, ar	(e) Transfer of g		ansferor to transferee				
-								

(Form 990)	For Org	anizations Exempt From Income	Tax Under section 5	- 01(c) and section 5	27	2021
Department of the Treasury Internal Revenue Service	Open to Public Inspection					
<ul> <li>Section 501(c)(3) org</li> <li>Section 501(c) (other</li> <li>Section 527 organization answ</li> <li>Section 501(c)(3) org</li> <li>Section 501(c)(3) org</li> <li>If the organization answ</li> <li>Tax) (See separate instance)</li> </ul>	panizations: Com r than section 50 ations: Complete wered "Yes," on panizations that h panizations that h wered "Yes," on ructions), then	Form 990, Part IV, line 3, or Form plete Parts I-A and B. Do not comp 01(c)(3)) organizations: Complete Part Part I-A only. Form 990, Part IV, line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy 1 ions: Complete Part III.	blete Part I-C. arts I-A and C below. I <b>m 990-EZ, Part VI, lin</b> er section 501(h)): Cor a under section 501(h))	Do not complete Par e 47 (Lobbying Act nplete Part II-A. Do r ): Complete Part II-B	t I-B. ivities), the not comple . Do not co n 990-EZ, I	<b>en</b> ite Part II-B. omplete Part II-A.
		IGHBORHOOD NETWORK				41-1500773
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 52	27 organ	ization.
<ul> <li>2 Political campaign a</li> <li>3 Volunteer hours for</li> <li>Part I-B Completion</li> <li>1 Enter the amount of</li> <li>2 Enter the amount of</li> <li>3 If the organization in</li> </ul>	activity expendit political campai ete if the org f any excise tax f any excise tax ncurred a sectio	ation's direct and indirect political ures gn activities a <b>nization is exempt under</b> incurred by the organization under incurred by organization managers n 4955 tax, did it file Form 4720 fo	section 501(c)(3) section 4955 under section 4955 r this year?	).	►\$	YesNo
b If "Yes," describe ir	n Part IV.	anization is exempt under				
1 Enter the amount d	irectly expended	by the filing organization for section	on 527 exempt functio	on activities	▶\$	
	f the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527	• •	
	on expenditures	. Add lines 1 and 2. Enter here and	I on Form 1120-POL,			
4 Did the filing organi	zation file <b>Form</b>	1120-POL for this year?			· •	Yes No
5 Enter the names, as made payments. For contributions receive	ddresses and em or each organiza ved that were pro	nployer identification number (EIN) tion listed, enter the amount paid for omptly and directly delivered to a s additional space is needed, provide	of all section 527 polit rom the filing organiza eparate political orgar	tical organizations to ttion's funds. Also er nization, such as a se	which the nter the am	ount of political
<b>(a)</b> Name	3	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's co er-0 c	(e) Amount of political ntributions received and promptly and directly delivered to a separate political organization. If none, enter -0

OMB No. 1545-0047

SCHEDULE C

chedule C (Form 990) 2021 Part II-A Complete if the org	ST PAUL NEIGHBO		501(c)(3) and file		500773 Page <b>2</b> ction under
section 501(h)).					
Check 🕨 📄 if the filing organiza	tion belongs to an a	ffiliated group (and list in	Part IV each affiliated g	roup member's name	, address, EIN,
expenses, and shar	e of excess lobbying	g expenditures).			
Check 🕨 📄 if the filing organiza	tion checked box A	and "limited control" pro-	visions apply.		
	ts on Lobbying Exp ditures" means amo	enditures ounts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinior	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ					
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure				1,874,521.	
e Total exempt purpose expenditure				1,874,521.	
f Lobbying nontaxable amount. Ente				243,726.	
If the amount on line 1e, column (a) o		obbying nontaxable amo			
Not over \$500,000		of the amount on line 1e.			
Over \$500,000 but not over \$1,000		000 plus 15% of the exce	ess over \$500.000.		
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exce			
Over \$1,500,000 but not over \$17,					
Over \$17,000,000		\$1,000,000.			
		_,			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			60,932.	
h Subtract line 1g from line 1a. If zer	,	less, enter -0-			
i Subtract line 1f from line 1c. If zero					
reporting section 4911 tax for this		, <b>,</b>		Г	Yes No
		veraging Period Under			
(Some organizations the second s		501(h) election do not h	• •	the five columns be	low.
	See the sep	arate instructions for lin	es 2a through 2f.)		
	Lobbying Exp	enditures 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	250,615	5. 242,955.	240,720.	243,726.	978,016
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,467,024
c Total lobbying expenditures					
d Grassroots nontaxable amount	62,654	60,739.	60,180.	60,932.	244,505
e Grassroots ceiling amount (150% of line 2d, column (e))					366,758

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 e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	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)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	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	n 501(c)(ť	ō), 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					
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."	'No" OR	(b) Part I	II-A, line	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			
	Carryover from last year					
	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
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					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions					
Par						
Provi	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	list); Part II-	A, lines 1 a	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SC	HEDULE D	Supplementa			;		OMB No.	545-0047
(Forr	(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				<b>)</b> .		20	21
	ment of the Treasury I Revenue Service		Attach to Form 990	).			Open t Inspec	o Public tion
-	e of the organizati					Employ	er identification	
_		ST PAUL NEIGHBORHOOD NETWOR					41-150077	
Pa		ations Maintaining Donor Advised		er Similar Funds (	or Ac	counts.	Complete if	:he
	organizatio	on answered "Yes" on Form 990, Part IV, lin		dvised funds		h) Funde a	and other acco	unte
4	Total number at o	nd of year			,		and other acco	
1 2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5		on inform all donors and donor advisors in v	writing that the asse	ts held in donor advise	ed fund	s		
	are the organization	on's property, subject to the organization's	exclusive legal contr	ol?			🗌 Yes	No No
6	0	on inform all grantees, donors, and donor a	0	0		,		
		poses and not for the benefit of the donor of	,	, , ,		0		<b>—</b>
Pa	impermissible priv	vate benefit? vation Easements. Complete if the org					Yes	NoNo
1		servation easements held by the organization			art iv,			
•		n of land for public use (for example, recreat	· · ·	Preservation of	a histo	rically imp	ortant land are	a
		of natural habitat		Preservation of				~
		n of open space						
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation co	ntribution in the form o	of a cor	servation	easement on t	he last
	day of the tax yea	r.				He	ld at the End of t	he Tax Year
а	Total number of c	onservation easements				2a		
b	•					2b		
С		vation easements on a certified historic stru				2c		
d		vation easements included in (c) acquired a						
•		nal Register				2d		
3	vear	vation easements modified, transferred, rele	eased, extinguisned	, or terminated by the	organiz	ation duri	ng the tax	
4		where property subject to conservation eas	sement is located					
5		ation have a written policy regarding the per		pection, handling of				
	•	forcement of the conservation easements it					Yes	No No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,						/ear
	►							
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conservat	on eas	ements di	uring the year	
	▶\$							
8		vation easement reported on line 2(d) above		•		•	<b>—</b>	<u> </u>
•		)(4)(B)(ii)? be how the organization reports conservation					Yes	└── No
9		•					e the	
		d include, if applicable, the text of the footn counting for conservation easements.	iote to the organizat	ION S III ANCIAI STATETHE	ทเร เทล	l describe		
Pa		ations Maintaining Collections of	Art, Historical	Treasures, or Otl	ner Si	milar A	ssets.	
		f the organization answered "Yes" on Form	•	-				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement ar	nd bala	nce sheet	works	
	of art, historical tr	easures, or other similar assets held for pub	olic exhibition, educa	tion, or research in fu	theran	ce of publ	ic	
	service, provide in	Part XIII the text of the footnote to its finan	ncial statements that	describes these items	6.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and b	alance	sheet wo	rks of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education	n, or research in furth	erance	of public	service,	
	provide the follow	ing amounts relating to these items:						

	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						
	the following amounts required to be reported under FASB ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		\$			
b	Assets included in Form 990, Part X		\$			

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

Schedule D (Form 990) 2021

Sche		IGHBORHOOD NETW						41-150		P	Page <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, or	r Othe	r Sim	ilar Asset	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	make s	ignifica	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange progra	am					
b	Scholarly research	e	e 🗌 (	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizatio	n's exer	mpt pu	rpose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	torical trea	sures, or othe	er similar	r assets	6			
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	on answered '	'Yes" or	Form	990, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodi		liany for c	ontribution	s or other ass	ete not	include	d			
Ia	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							∟			
D		and complete the lo	nowing ta	abie.					Amour		
~	Reginning balance						1	<u>^</u>	,		
	Beginning balance							d			
e	Additions during the year										
f	Distributions during the year							lf			
' 2a	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par											
		(a) Current year	1	rior year				ee years back	(e) Fou	r vears	back
1a	Beginning of year balance		(-)	,	(-)		(,		(-,		
b	Contributions										
с С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
C											
f	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the curr	rent year end balanc	l e (line 1 a	column (a	)) held as:						
2 a	Board designated or quasi-endowment	•	%	, column (a	jji nelu as.						
b	Permanent endowment	%	/0								
	· · · · · · · · · · · · · · · · · · ·	%									
U	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse		ation that	are held a	nd administer	ed for th	no oran	nization			
ou	by:						ic orga	Inzation		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		<u> </u>
h	If "Yes" on line 3a(ii), are the related organizations										<u> </u>
4	Describe in Part XIII the intended uses of the										<u> </u>
	t VI Land, Buildings, and Equipm			und3.							
	Complete if the organization answere		D. Part IV	. line 11a. S	See Form 990	. Part X.	line 10	).			
	Description of property	(a) Cost or c	-		t or other		Accumu		(d) Boc		
	Description of property	basis (investr			(other)	• • •	preciat			it valu	
19	Land		7		· · /						
	Land										
	BuildingsLeasehold improvements				766,961.		32	28,431.		438	,530.
					432,746.			55,136.			, <u>550.</u> ,610.
	EquipmentOther				, • •			, = = • •			
	. Add lines 1a through 1e. (Column (d) must e		V colum	(D) 1: 1	( <u>)</u>					516	,140.
rota	. Aud lines ta through te. (Column (d) must e	equal Form 990, Part	л, colum	<u>п (в). Iine 1</u>	<u>UC.)</u>		<u></u>			,	

Schedule D (Form 990) 2021

Schedule D (Form 990) 20	021 ST	PAUL	NEIGHBORHOOD	NETWORK

41-1500773 Page **3** 

Part VII Investments - Other Securities.		11b Cas Farm 000 Part V line 10	
Complete if the organization answered "Yes" o	(b) Book value	(c) Method of valuation: Cost or end-	of voor markat valua
(a) Description of security or category (including name of security)	(b) BOOK value	(c) Method of Valdation. Cost of end-	or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)	(		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD ON BEHALF OF OTHERS			3,599.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line .	25.)		3,599.

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

X

Sche	dule D (Form 990) 2021 ST PAUL NEIGHBORHOOD NETWORK	41-1500773	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,105,549.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b101,147.		
с	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	101,147.
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,004,402.
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 <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	2,004,402.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,975,668.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 101,147.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	101,147.
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,874,521.
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 <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)	5	1,874,521.
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 X, LINE 2:

A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN INCOME TAX POSITION (INCLUDING

TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIKELY THAN NOT

THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING

AUTHORITIES. MANAGEMENT BELIEVES SPNN HAS NO UNCERTAIN INCOME TAX

POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR BENEFIT UNDER THE

MORE LIKELY THAN NOT STANDARD.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service			Go to www.ir	Attach to For s.gov/Form990 fo		nation		Open to Public Inspection
Name of the organization	ON ST PAUL NEIGHI	BORHOOD NETWOR						Employer identification number 41-1500773
Part I General In	formation on Grants a	nd Assistance						
criteria used to a	ation maintain records t ward the grants or assis IV the organization's pro	stance?	-			-		
Part II Grants and	d Other Assistance to I nat received more than \$	Domestic Organiz	ations and Domestic	<b>Governments.</b> C	Complete if the org	anization answered "Y	′es" on Form 990, Parl	IV, line 21, for any
	dress of organization rernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LISTEN UP YOUTH R 550 VANDALIA STRE SAINT PAUL, MN 55	ET SUITE 170	86-1623276	IRC 501(C)(3)	65,837.	0.			SUPPORT THE ORGANIZATION IN PROVIDING YOUTH ACCESS TO RADIO AND DIGITAL MEDIA. TOOLS TO BUILD
	er of section 501(c)(3) a			e line 1 table				<u>1.</u>
	er of other organizations Reduction Act Notice,							Schedule I (Form 990) 2021

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
NONVIOLENT PEACE FORCE	1	8,550.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LISTEN UP YOUTH RADIO INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE ORGANIZATION IN

PROVIDING YOUTH ACCESS TO RADIO AND DIGITAL MEDIA, TOOLS TO BUILD

COMMUNITY THROUGH MEDIA JUSTICE AND OPPORTUNITIES TO AMPLIFY VOICE AND

LEADERSHIP.

SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No. 1545-0047
Internal Revenue Service Name of the organizatio	Go to www.irs.gov/Form990 for the latest information.	Employer	Inspection identification number
	ST PAUL NEIGHBORHOOD NETWORK		00773
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
COMMUNICATIONS TO	MAKE BETTER LIVES, USE AUTHENTIC VOICE, AND BUILD		
COMMON UNDERSTANDI	NG. WE ACCOMPLISH THIS MISSION BY TEACHING MEDIA AND		
LEADERSHIP SKILLS	TO YOUTH; TRAINING ADULTS IN BASIC AND ADVANCED		
CAMERA, EDITING, L	IGHTING, AND SOUND TECHNIQUES; PROVIDING FOUR CABLE		
CHANNELS PROGRAMME	D WITH LOCALLY PRODUCED CONTENT; AND TEACHING DIGITAL		
LITERACY COURSES 1	O YOUTH, ADULTS, AND NEW IMMIGRANTS FROM ACROSS THE		
TWIN CITIES.			
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
ADULTS IN BASIC AN	D ADVANCED CAMERA, EDITING, LIGHTING, AND SOUND		
TECHNIQUES; PROVID	ING FOUR CABLE CHANNELS PROGRAMMED WITH LOCALLY		
PRODUCED CONTENT;	AND TEACHING DIGITAL LITERACY COURSES TO YOUTH,		
ADULTS, AND NEW IM	MIGRANTS FROM ACROSS THE TWIN CITIES.		
FORM 990, PART III	, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:		
CIVIC AND INFORMAT	IONAL ACTIVITIES IN THE SAINT PAUL COMMUNITY.		
FORM 990, PART VI,	SECTION A, LINE 1A:		
AT TIMES THE BOARD	DELEGATES TASKS TO THE EXECUTIVE COMMITTEE TO ACT ON		
ACTION THAT NEEDS	TO TAKE PLACE IN BETWEEN BOARD MEETINGS. IN THIS FISCAL		
YEAR, THERE WERE N	O INSTANCES OF THE EXECUTIVE COMMITTEE APPROVING		
SIGNIFICANT ACTION	IN THE TIME BETWEEN BOARD MEETINGS.		

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

FINANCE COMMITTEE AND EXECUTIVE DIRECTOR REVIEW A DRAFT OF THE 990. UPON

Schedule O (Form 990) 2021	Page
Name of the organization ST PAUL NEIGHBORHOOD NETWORK	Employer identification number 41-1500773
REVIEW, AN UPDATED DRAFT IS FORWARDED TO THE ENTIRE BOARD FOR APPROVAL.	·
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST FORMS ARE FILLED OUT EVERY JUNE AND ARE MONITORED BY	
THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT/EXECUTIVE COMMITTEE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
GOVERNANCE COMMITTEE ASSIGNED BY BOARD REVIEWS COMPARABLE EXECUTIVE	
COMPENSATION DATA, EVALUATES JOB PERFORMANCE ON FEEDBACK FROM STAFF AND	
PARTNERS, REVIEWS BUDGET PARAMETERS AND MAKES RECOMMENDATION FOR FULL BOARD	
APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, INCLUDING ARTICLES AND BYLAWS ARE PUBLIC ARTICLES ON	
FILE WITH THE MN SECRETARY OF STATE. ANNUAL AUDITED FINANCIALS ARE	
AVAILABLE UPON REQUEST AND ARE ON FILE WITH THE MINNESOTA ATTORNEY	
GENERAL'S OFFICE. SPNN DOES NOT CURRENTLY MAKE ITS CONFLICT OF INTEREST	
POLICY AVAILABLE TO THE PUBLIC. THE CONFLICT OF INTEREST POLICY HAS BEEN	
REVIEWED BY THE MINNESOTA CHARITIES REVIEW COUNCIL.	