_	99	0	Datum	of Organization Evenant I	-		Tav		OMB No. 1545-0047		
Form	99	0	Return	of Organization Exempt I	-rom inc	ome	lax		2020		
			Under section 501(c),	527, or 4947(a)(1) of the Internal Reve	nue Code (ex	cept p	rivate four	dations)	2020		
Depart	ment of t	he Treasury	Do not en	ter social security numbers on this for	m as it may l	be ma	de public.		Open to Public		
		le Service	► Go to t	www.irs.gov/Form990 for instructions	and the late	st info	rmation.		Inspection		
A F	or the	2020 calend	ar y <u>ear, or tax year beg</u> ir	ining	, 2020, a	nd en	ding		, 20		
B c	heck if a	pplicable:	C Name of organization	NNESOTA ONE-STOP FOR COMM	JNITIES			D Empl	oyer identification number		
<u> </u>	ddress cl	hange	Doing business as						81-4449165		
<u> </u>	lame cha	inge	Number and street (or P	O. box if mail is not delivered to street address)		Room/s	suite	E Telep	hone number		
lr	nitial retur	rn	149 Thompson A	Ave E			202				
F	inal retur	n/terminated	City or town, state or pro	vince, country, and ZIP or foreign postal code				G Gros	s receipts		
A	mended	return	Saint Paul, MM	1 55118				\$	542,944		
A	pplicatior	n pending	F Name and address of pr	incipal officer: Larene Randle Wade			H(a) Is this	a group return	for subordinates? Yes X No		
			Same as C abov	<i>7</i> e			H(b) Are a	II subordinat	es included? Yes No		
і т	ax-exem	pt status: X	501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or	527		lf "No	," attach a lis	st. See instructions		
JΛ	Vebsite:	► www	.mnonestop.org				H(c) Group	o exemption	number 🕨		
κ F	orm of or	rganization:	Corporation Trust Ass	sociation X Other > Non-Profit	L Year of formati	on: 20	17 M	State of leg	al domicile: MN		
Pa	rt I	Summar	y	<u> </u>							
	1	Briefly descr	be the organization's miss	ion or most significant activities: Min:	nesota On	e-St	op for	Commun	ities is to		
		-	-	milies and communities to	be safe,	sta	- ble, an	d heal	thy by providing		
ce		direct s									
Governance											
ver	2	Check this bo	ox ► if the organization	n discontinued its operations or disposed	of more than	25% of	its net ass	ets.			
ŝ								1	8		
లర			0 0	s of the governing body (Part VI, line 1b)					8		
ies									7		
Activities &	6		number of individuals employed in calendar year 2020 (Part V, line 2a)								
Aci			,	Part VIII, column (C), line 12							
									0		
	a	Net unrelate	d dusiness taxable income	e from Form 990-T, Part I, line 11		••••			0		
		Oraclethautie		41.)			Prior Yea	ar	Current Year		
				1h)					533,944		
nue		-	gram service revenue (Part VIII, line 2g)								
Revenue					0						
Å				nes 5, 6d, 8c, 9c, 10c, and 11e)					9,000		
				(must equal Part VIII, column (A), line 12)					542,944		
				IX, column (A), lines 1-3)	• • • • • •	•			0		
			to or for members (Part I						0		
Ś		-		e benefits (Part IX, column (A), lines 5-10	,				235,044		
Expenses			U (column (A), line 11e)		•			0		
per				lumn (D), line 25) ►							
Щ		•	· · · · · · · · · · · · · · · · · · ·	nes 11a-11d, 11f-24e)					286,140		
		•	```	equal Part IX, column (A), line 25)					521,184		
	19	Revenue les	s expenses. Subtract line	18 from line 12		•			21,760		
r Se							ginning of Cu	rrent Year	End of Year		
ets	20	Total assets	(Part X, line 16)			•	3	85,655	79,924		
Net Assets or Fund Balances	21	Total liabilitie	es (Part X, line 26)					6,881	32,173		
Funt	22	Net assets o	r fund balances. Subtract	line 21 from line 20			2	28,774	47,751		
Pa	rt II	Signatu	re Block								
				Irn, including accompanying schedules and statement (icer) is based on all information of which preparer has		of my kn	owledge and b	oelief, it is			
uue,		and complete. Det			any knowledge.						
Sig	n	Signatur	e of officer					Da	te		
Her	e	Lare	ne Randle Wade								
			print name and title								
		Print/Type pre	parer's name	Preparer's signature	Date		Chec	k if	PTIN		
Paid	k	Wesley	W Jung			mployed	P00233051				
	- parer										
	Only						Phone no.				
	y			MN 55313				612-	202-8106		

		1
May the IRS	discuss this return with the preparer shown above? (see instructions)	 X Yes
		· · · · · · · · · · · · · · · · · · ·

No

Form	990 (2020) MINNESOTA ONE-STOP FOR COMMUNITIES	81-4449165	Page 2
Pa	rt III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Minnesota One-Stop for Communities is to strengthen and support families and	communitie	s to be
	safe, stable, and healthy by providing direct support.		
	Did the same first the second state of the first second second second state of the second state of the second state of the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		w. No
	If "Yes," describe these new services on Schedule O.		<u>X</u> NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
5	services?	🗌 Yes	x No
	If "Yes," describe these changes on Schedule O.		<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$335,531 including grants of \$) (Revenue	\$)
	337 families received direct services by 8 contract members		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		·	/
4d	Other program services (Describe on Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses)	
EEA		For	m 990 (2020)
			()

	1 990 (2020) MINNESOTA ONE-STOP FOR COMMUNITIES 81-4449	.65	P	Page 3
Pa	rt IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A		X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	x	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	5		~
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
•	assessments, or similar amounts as defined in Revenue Procedure 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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110	v	
h	complete Schedule D, Part VI	11a	x	
, D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		~
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
45	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	45		
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		x
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		x
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			x
	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
20 a				x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	990 (2020) MINNESOTA ONE-STOP FOR COMMUNITIES 81-4449	165	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
04-	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		v
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			х
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
Ū	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		х
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 or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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 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	00-		
	"Yes," complete Schedule L, Part IV.	28a		
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 lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.			x x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50	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			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		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
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		х
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		х
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 in Schedule O for Part VI, lines 11b and			
Ber	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
Par	Check if Schedule O contains a response or note to any line in this Part V			
		• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,	.03	110
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	x	

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		990 (2020) MINNESOTA ONE-STOP FOR COMMUNITIES 81-444	9165	P	2age 5
2a Enter the number of employees reported on Ferm V-3. Transmittal of Wage and Tax. 2a 7 2b Enter the number of employees reported on the 2a, dot the organization file all required federal employment tax returns? 2b X b If it is east one is reported than 250, you may be required to e-file (see instructions). 3a X b If the organization have numbered and public sectors of 31.000 or more during the year? 3b X b If the organization have numbered on the 2a, dot the organization have an interest of other submitty over, a francial account in a torigin country (such as a bark account securities account of other financial accounts (FBAR). 3a X b If "Net," inst the and eff the organization file Transmittan have an interest of file organization file Transmittan have annual pross receipts that are normally greater than 310,000, and dot the organization file Transmittan for account and approx receipts that are normally greater than 310,000, and dot the organization file Transmitted accountion 27. 5a X c Tyst, "dot the organization file Transmitted account and approx receipts that are normally greater than 310,000, and dot the organization file Transmitted account and apathy for goods and services provided to the system approx in access of 375 made pathy as a contributions or affit wave or through and the organization file Transmitted account and apathy for goods and services provided to the system approx in access of 375 made pathy as a contribution of which it wave requir	Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements. Ried for the calendar year endry ear only within the year covered by this rotum 2a 7 2a 2a Note: If the sum of lines 1 a and 2a is greater than 280, your may be required to e.file (see instructions). 2b				Yes	No
b If a teast one is responded on line 2a, dot the organization file all required teeffe elemistucions. 2b x Note: If the sum of lines 1 and 2 is greater hand 20, yournay be required to effe elemistucions. 3a 0d the organization have unrelated business gross income 051000 or more duing the year?. 3a 3a X 3b If Trees', frame during the calendary year, dd the organization have an interest in, or a signature or other authority over, a framcial account? 4a x If Trees', frame the name of the forgin county. 4a x x B If Trees', frame the name of the forgin county. 5a x B If Trees' into the name of the forgin county. 5a x B If Trees' into the arganization the trees and the arge transmittion and yrite during the target of the organization have an any time during the target of the organization have annual gross provided to any the during the target of the organization have annual gross provided to any transmittions that wen or the MB80-T2. 5a X B Deat the organization have any transmittion that it was or is a party to a prohibited tax shear the stack contributions? 5a X B Deat the organization have any any receive deductible contributions and party for grogods and sences provided to the party of the value of the goods or services provided 7. 7b Tce X <td< th=""><th>2a</th><th>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax</th><th></th><th></th><th></th></td<>	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note: It is is and 2a is greater than 250, you may be required to e-file (see instructions). Image: Section 2014 30 Dut the organization have unmeaster business grows income of 310 boor more duing the system? 36 X 41 At any time during the calendary year? 1m incide account is a foreign country (such as a bark account, securities account, or other financial account)? 4a X 56 Section 501 (Bin organization that is a bark account, securities account, or other financial account)? 5a X 56 Was the organization the organization that is an orm 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 57 Was the organization the organization that is wors is a party to a prohibited tax sheller transaction? 5b X 60 Does the organization the argum algross receipts that are normally greater than \$100,000, and dult the organization that any cormula greater than \$100,000, and dult the organization that any receive deductible contributions or ging that are normally greater than \$100,000, and dult the organization the argume receive deductible contributions and party tor goods and services provided to the payor? 7a X 7 Organization the argume return deduces of 575 made party is as contributions or ging the organization the argume returns. delicity or indirectly, on a personal benefit contract? 7a X 11 "Yes, 'indicate		Statements, filed for the calendar year ending with or within the year covered by this returm 2a	7		
30 Did the organization have unrelated business gross income of \$1000 or more during the year?	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	х	
b H*vs_* has if field a Form 990-T for this year? If 'We' to into 2b, provide an explanation on Schedule 0		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
4. At any time during the coleindary year, dif the organization have an interest in, or a signature or other subholty over, a financial account)? 4. a financial account) a foring country (such as back account, soculties account, or other financial account)? 4. b W as the organization in gray to prohibit due subhet transaction at any time during the tax year? 5. b Old any taxable party notify the organization in far (FB mer 1896-71. 5. c II * Yos': to the organization in for the VE more 1896-72. 5. c II * Yos': to the organization include with every solicitation at any time during the tax year? 5. c II * Yos': to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 5. 7 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 7. 7 Organization include with every solicitation an express statement that such contributions and party for goods and services provided? 7. 7 Organization include with every solicitation an express statement that such contributions and party for goods 7. 7 Organization include with every solicitation and party for goods 7. 7. 7 Organization include with every solicitation and party for goods 7. 7. 10 the organization include with every soli	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		х
a francial account in a freeign country (such as a bark account, securities account, or other financial account? 4a x b II "Yes," enter the name of the foreign country is a prohibited tax shelter transaction at any time during the tax yeer? 5a x 50 Was the organization the organization the tax so ris a party to a prohibited tax shelter transaction? 5b x c II "Yes" to line 5a or 5b, did the organization the form 8805-72. 5b x c II "Yes" to line 5a or 5b, did the organization the form 8805-72. 6c x b II "Yes" to line 5a or 5b, did the organization the form 8805-72. 6c x b II "Yes" to line 5a or 5b, did the organization the aron maily greater than \$100,000, and did the organization includw the very actication an express statement that such contributions or gifts were not tax deductible? 6b x b II "Yes", filte the organization nevel or 50 XF made party as a contribution and partly for goods and services provided to the payor? 7a x b II "Yes", findicate the number of Forms 8282 filed during the year. 7d 7d x b II de organization nevels as profile exceed transbe payored? 7d 7d x b II de arganization nevels as rule maintime, directly or indicetly, to pay premume on a parsonal benefit contract? 7d x b II "Yes," indicate the number of Forms 8282 filed during the year? </th <td>b</td> <td>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</td> <td>. 3b</td> <td></td> <td></td>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
b If Yes," ener the name of the foreign country > See instructions for filing requirements for FinCEN FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). Sa X b Was the organization reports that file rom 2014 foreign Bark and Financial Accounts (FBAR). Sa X b Use the organization have annual goes receipts that are normally greater than \$100,000, and dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible cacherable contributions and party for goods and services that are normally greater than \$100,000, and dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible cacherable contributions and party for goods and services provided to the payor? Ga Za d I'Yes,' dd the organization notify the donor of the value of the goods or sorrivas provided? To Za d I'Yes,' indicate the number of Forms 522? lied during the yesr. To Za Za d I'Yes,' indicate us number of Form s222? lied during the yesr. To Xa To Xa d I'Yes,' indicate the number of Form s222? lied during the yesr. To Xa To Xa d I'Yes,' indicate the number of Form s222? lied during the yesr. To Xa Ya Xa <td< th=""><td>4a</td><td>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,</td><td></td><td></td><td></td></td<>	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See instructions for fling requirements for FinGEN Form 114. Report of Foreign Bark and Financial Accounts (FBAR). Sa Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa x Sa Urbs: Did any taxable party noity the organization that it was or is a party to a prohibited with shelter transaction? Sa x B Urbs: Sa organization these anrule gross receives that are normally greater than \$100,000, and dd the organization their dware not tax detuctible as chartable contributions? Ga x B Urbs: Main the organization these anrule gross receives provided? Ga x Organizations that may receive deductible contributions under section 170(c). Did the organization necelve a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor? 7a x D Urbs: Information forms 822 Hed during the year. 7d x D Urbs: Information can be any function of galified instruction, an a personal benefit contract? 7a x D Urbs: Ind the organization necelve a contribution of qualified instellectual property for which it was 7c x I Urbs: Indicate the number of Form 8282.7 77 x 7t x I Urbs: Indicate the number of Form 8282.7 7t		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		x
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 15 15 x 16 x	12a		. 12a		
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Note: See the instructions for additional information the organization must report on Schedule O. Image: Construction of the instruction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Construction of the organization of the organization of the organization of the organization receives on hand Image: Construction of the organization of the organization of the organization receives any payments for indoor tanning services during the tax year? Image: Construction of the organization of the organization of the organization receive any payments for indoor tanning services during the tax year? Image: Construction of the organization of the organization of the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Image: Construction of the organization and the organization subject to the section 4968 excise tax on net investment income? Image: Construction of the organization and the organization subject to the section 4968 excise tax on net investment income? Image: Construction of the organization of the	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i> 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		Note: See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a x 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 15 x 16 x	b	Enter the amount of reserves the organization is required to maintain by the states in which			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 15 x 16 x		the organization is licensed to issue qualified health plans			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 x If "Yes," see instructions and file Form 4720, Schedule N. 15 x 16 x	с	Enter the amount of reserves on hand			
 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		х
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	b				
excess parachute payment(s) during the year?	15				
If "Yes," see instructions and file Form 4720, Schedule N. 16 18 the organization an educational institution subject to the section 4968 excise tax on net investment income?			. 15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16		. 16		x

Form	990 (2020) MINNESOTA ONE-STOP FOR COMMUNITIES 81-4449	165	F	Page 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			1
			Yes	No
1a		3		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	5 1 1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	. 2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 70	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 appoint	70		
h	one or more members of the governing body?	. 7a		x
b		76		v
8	stockholders, or persons other than the governing body?	. 7b		x
0	the year by the following:			
а		. 8a	x	
b	Each committee with authority to act on behalf of the governing body?	. 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	. 05		
Ū	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	. 9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			- 21
			Yes	No
10a	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 chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	. 12c	x	
13	Did the organization have a written whistleblower policy?	. 13		х
14	Did the organization have a written document retention and destruction policy?	. 14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a	x	
b	Other officers or key employees of the organization	. 15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	. <u>16a</u>		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	. 16b		
-	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Minnesota			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Tamara Mattison (612)669-4037, PO Box 4988, Saint Paul, MN 55101			

Form 990 (20	20) MINNESOTA ONE-STOP FOR COMMUNITIES	81-4449165	Page 7								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employed	es, and								
	Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the											
organization's tax year.											

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

See 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.

				((C)			,,.			
(A) Name and title	(B) Average hours per week	box,	unles	eck m s per	son is	an one both ai (trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) Larene Randle Wade	40.00			x				85,000	0	0	
(2) Robert O'Connor	2.00										
Board Member		х						0	0	0	
(3) Tonya Long	2.00										
Board Member		x						0	0	0	
(4) Dolores Jauregui	2.00										
Board Member		х						0	0	0	
(5) Bao Chang	3.00										
Secretary		х						0	0	0	
(6) Susan Ault	2.00										
Board Chair		х						0	0	0	
(7) Tamara Mattison	2.00										
Treasurer		х						0	0	0	
(8) Lisa Crockett	2.00										
Board Member		x						0	0	0	
(9) Shana King	5.00										
Board Member		x						0	0	0	
(10)											
(11)											
(12)											
(13)											
(14)											
										F ame 000 (0000)	

	90 (2020) MINNESOTA ONE-STO										449165		Page 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar		_	est Co	omp	ensated Employe	es (continued	<u> </u>		
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	rson i	han one s both a /trustee)	n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) Estimated a of othe compensa from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC	C) or	rganization ated organ	n and
(15)													
<u>(</u> 16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal		• • •	•••	•••		• • •	• •					
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)			•••	•••	•••	•••	• •	85,000		0		0
2	Total (add lines in and itc)									of			0
	reportable compensation from the organization	•										Vee	
3	Did the organization list any former officer, direc	tor, trustee,	key en	nploy	yee,	or h	ighest	t cor	npensated			Yes	No
	employee on line 1a? If "Yes," complete Schedu										3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th												
	individual				••	•••					4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			-				5		x
Secti	on B. Independent Contractors	5, 00///p/010	Conca		0 101	000	ii pore		•••••	•••••			А
1	Complete this table for your five highest compensa												
	compensation from the organization. Report comp (A)	ensation for	the cal	enda	ar ye	ear e	ending	with	n or within the organ (B)	nization's tax y		C)	
	Name and business addres	s							Description of servic	es		ensation	
2	Total number of independent contractors (includin	a but not lim	ited to	thos	e lis	ted	above) wh	10				
-	received more than \$100,000 of compensation fro	-						,	-				

Form 9	90 (20	20) MINNE	SOT	A ONE-S	TOP H	FOR COMMUNITI	ES		81-44491	65 Page 9
Part	VIII	Statement of Rev								
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in thi	s Part VIII			[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
6 6	b	Membership dues	••		1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	••		1c					
, G	d	0			1d					
Gifts ar A	е	3 · · · 3 · · · (· · ·			1e	438,941				
ns, Simi	f		-							
utio		and similar amounts not i			1f	95,003				
đ	g				1 ~	¢				
and	h	lines 1a-1f Total. Add lines 1a-1f			1g		E22 044			
	n	Total. Add lines ta-ti	••		• • •	Business Code	533,944			
	2a					Busilless Code				
e	b									
ervi ue	c									
Program Service Revenue	d	-								
grai	е									
Pro	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f .	••			•••••				
	3	Investment income (includ	ing d	ividends, int	erest, a	and				
		other similar amounts) .								
	4	Income from investment of		•	•					
	5	Royalties	•••	• • • • • •		· · · · · · •				
		_		(i) Rea	al	(ii) Personal				
		Gross rents								
		Less: rental expenses	6b							
		Rental income or (loss) Net rental income or (loss)	6c	1		L				
			′ <u> </u>	(i) Securit		►				
	7a	Gross amount from sales of assets			162	(ii) Other				
		other than inventory	7a							
	b	Less: cost or other basis								
ð		and sales expenses	7b							
ent	с	Gain or (loss)								
Rev	d	Net gain or (loss)	••		. <u></u>					
Other Revenue	8a	Gross income from fundra	ising							
đ		events (not including \$_			_					
		of contributions reported c								
		1c). See Part IV, line 18								
		Less: direct expenses .								
		Net income or (loss) from		raising even	ts .	· · · · · · •				
	98	Gross income from gaming activities, See Part IV, line	-		9a					
	h	Less: direct expenses .			9b					
		Net income or (loss) from				· · · · · · ►				
			-	ng activities	,					
	10a	Gross sales of inventory, I returns and allowances .			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from								
						Business Code				
র	11a	EIDL				900099	9,000	9,000		
nou	b									
sella	c									
Miscellanous Revenue	d	All other revenue	••		••					
~		Total. Add lines 11a-11d					9,000			
	12	Total revenue. See instru	uctior	ns			542,944	9,000	0	0

Part IX

20) MINNESOTA ONE-STOP FOR COMMUNITIES Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all d	columns. All other orga	nizations must complet	e column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			X
Do r	ot include amounts reported on lines 6b, 7b,	(A) Tatal auroanaa	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	85,000		85,000	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	127,648	127,648		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	22,396	10,762	11,634	
11	Fees for services (nonemployees):				
а	Management	44,160		44,160	
b	Legal				
С	Accounting	6,000		6,000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 $$.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	75,032	75,032		
12	Advertising and promotion				
13	Office expenses				
14	Information technology	879	440	439	
15	Royalties				
16	Occupancy	103,768	89,897	13,871	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,163	4,163		
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	182		182	
23		4,412		4,412	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	10.041		10.041	
a L	Admin Expenses	19,361		19,361	
a	Bank Fees	303		303	
بہ د	Cleaning	291	08 500	291	
d	Rent Deposits	27,589	27,589		
е 25	All other expenses	F01 101	225 525	105 650	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	521,184	335,531	185,653	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)				
		1			

m 990 (202	,	8:	1-444	9165 Page 1
	Balance Sheet			_
	Check if Schedule O contains a response or note to any line in this Part X		••••	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	35,111	1	77,562
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8 9	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	2,000
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 908			
b	Less: accumulated depreciation	544	10c	362
	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
	Intangible assets		14	
	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	35,655	16	79,924
	Accounts payable and accrued expenses		17	
	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	20,000
	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	6,881	25	12,173
26	Total liabilities. Add lines 17 through 25	6,881	26	32,173
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	28,774	27	47,751
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here			
I	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	28,774	32	47,751
33	Total liabilities and net assets/fund balances	35,655	33	79,924
27 28 29 30 31 32	Net assets without donor restrictions	28,774	28 29 30 31 32	

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Form 990 (2020)

Form	990 (2020) MINNESOTA ONE-STOP FOR COMMUNITIES	81-444916	5	Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		542,	,944
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		521,	,184
3	Revenue less expenses. Subtract line 2 from line 1	. 3		21,	,760
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		28,	,774
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		(2,	,783)
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		47,	,751
Par	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: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	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 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2020)

									OMB No. 1545-0047
		OULE A 0 or 990-EZ)	P	ublic Charit	y Status and Pu	ublic S	upport	t	
(1 01		0 01 330-22)	Complete if the organiz	ation is a section 50	01(c)(3) organization or a s				
Depa	tment	of the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public
Intern	al Rev	enue Service	► Go t	o www.irs.gov/Fo	orm990 for instructions	and the l	atest info		Inspection
Name	of the	organization						Employer identifica	
	-		OP FOR COMMUNI		·			81-44491	
	rt I				rganizations must c			t.) See instruction	าร.
	orga				s 1 through 12, check onl	-			
1	Ц				urches described in sect				
2	Ц				Schedule E (Form 990 c				
3	Ц	•		•	n described in section 1				
4			• ·	rated in conjunction	on with a hospital describ	ed in sect	ion 170(b))(1)(A)(iii). Enter the	
_		•	e, city, and state:	<i>a. a n</i>					
5		-		-	university owned or opera	ated by a g	governmen	tal unit described in	
_		•)(1)(A)(iv). (Complete	,					
6		-		0	init described in section				
7	х	•	•	•	t of its support from a gov	/ernmental	unit or fro	m the general public	
			ection 170(b)(1)(A)(vi		,				
8		•	rust described in secti						
9		0	0		ion 170(b)(1)(A)(ix) ope		•	0	ege
			r a non-land-grant colle	ege of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	te of the college or	
40		university:	n that narmally rapping	a_{1} (1) mars than 2^{2}	1/20/ of its support from			archin face and gree	•
10		•	•	. ,	3 1/3% of its support from				5
				•	subject to certain excepti		,		
		•			isiness taxable income (le		,	rom businesses	
			•		section 509(a)(2). (Com		,		
11		•	•	-	test for public safety. Se				~~
12		•	•		the benefit of, to perform				
				-	bed in section 509(a)(1)				
	2		•		ne type of supporting orga vised, or controlled by its				•
	а				appoint or elect a major		•		ling
					IV, Sections A and B.				
	b	•		•	ontrolled in connection w	ith ite euror	orted orac	anization(s) by bayin	a
	b			•	on vested in the same pe		-	.,	-
			on(s). You must com					nanage the supported	1
	с	5		· · · · · · · · · · · · · · · · · · ·	anization operated in cor	anection w	ith and fu	nctionally integrated	with
	C				u must complete Part l				with i,
	d	_			g organization operated i				ion(c)
	u				generally must satisfy a d				.,
				•	e Part IV, Sections A a		•		5
	е		. ,	•	determination from the IF			Type II. Type III	
	C	—	•		ntegrated supporting orga		sa rype i,	турсп, турсп	
	f		per of supported organ	-					
	g		lowing information abo						••••
) Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(.	, name of supported	organization	(1) 2111	(described on lines 1-10		ir governing	support (see	other support (see
					above (see instructions))	docum	ient?	instructions)	instructions)
						Yes	No	1	
(A)									
(B)									
(C)									

(D)

(E)

	rt II Support Schedule for Organiz	ations Desci		ons 170(b)(1			/i)
	(Complete only if you checked th						fy under
0	Part III. If the organization fails to	o quality unde	er the tests list	ed below, ple	ease complete	e Part III.)	
	ction A. Public Support	()	(1) a a (() == (=	()) = = (= =	()	
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")		280,667	317,801	329 , 878	533,944	1,462,290
2	Tax revenues levied for the						
	organization'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		280,667	317,801	329,878	533,944	1,462,290
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						345,095
6	Public support. Subtract line 5 from line 4						1,117,195
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4		280,667	317,801	329,878	533,944	1,462,290
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
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.)						
11	Total support. Add lines 7 through 10.						1,462,290
	Gross receipts from related activities, etc. (s	ee instructions	;)			12	
	First five years. If the Form 990 is for the or		•				(3)
	organization, check this box and stop here	•			•	• • •	
Se	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 6, c			column (f))		14	76.40 %
	Public support percentage from 2019 Sched						65.00 %
	33 1/3% support test - 2020. If the organization						
	box and stop here. The organization qualifie						
ŀ	33 1/3% support test - 2019. If the organization	• •	••••				
•	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	•	• • •	•			
170	10% or more, and if the organization meets	•					
	Part VI how the organization meets the facts				-		
	organization			•		• • • •	_
ŀ	0 10%-facts-and-circumstances test - 2019.						
C		•					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fa			•			_
40	organization						· · · · ►
10	Private foundation. If the organization did r						
	instructions		••••	• • • • • • • • •			<u></u> ► □

Sche	, , , , , , , , , , , , , , , , , , ,		FOR COMMUNI			81-4	449165	Page 3
Pa	rt III Support Schedule for Organiz							
	(Complete only if you checked the	he box on lin	e 10 of Part I	or if the orga	nization failed	l to qua	lify under	Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part I	l.)		
See	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 20	20	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513.							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
Ũ	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and 3							
74	received from disqualified persons							
h	Amounts included on lines 2 and 3							
b	received from other than disqualified							
	-							
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
_								
-	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
	ction B. Total Support	() 00 (0	(1) 00 (7	() 00/0	(1) 00 (0	() 00		(n) — ()
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 20	020	(f) Total
	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for the orga	nization's first,	second, third,	fourth, or fifth	tax year as a se	ection 50	D1(c)(3)	
	organization, check this box and stop here							▶ 🗌
See	ction C. Computation of Public Suppor							
	Public support percentage for 2020 (line 8, c			column (f)) .		15		%
	Public support percentage from 2019 Sched		-			16		%
	ction D. Computation of Investment Inc							,,,
	Investment income percentage for 2020 (line		-	ine 13. column	(f))	17		%
18	Investment income percentage from 2019 So					18		%
-	33 1/3% support tests - 2020. If the organiz					-	1/3% and	
150	17 is not more than 33 1/3%, check this box							
h	33 1/3% support tests - 2019. If the organiz							
U	line 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did n	-	-				-	
~0	i mate reanaation. It the organization ulu h		. on mie 14, 18			300 113		<u>·· - L</u>

Part	e A (Form 990 or 990-EZ) 2020 MINNESOTA ONE-STOP FOR COMMUNITIES 81-44491			age
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	I, com	plete	
ect	ion A. All Supporting Organizations	1 411 1	· .)	
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
5	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
102	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
iva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
h		TUa		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	404		
-	determine whether the organization had excess business holdings.)	10b	or 990-E	

edule A (Form 990 or 990-EZ) 2020 MINNESOTA ONE-STOP FOR COMMUNITIES 81-44491		Р	age 5
Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in line	es 11b and		
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 1	11c, provide		
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership	p of one or		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the 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 governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 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 in 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.

1

2

1

Yes No

hedule A (Form 990 or 990-EZ) 2020 MINNESOTA ONE-STOP FOR COMMUNITIES		81-444	9 165 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			
instructions. All other Type III non-functionally integrated supporting orga	nizations	s must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
		()	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
emergency temporary reduction (see instructions).	6		
		ated Type III supporting	organization
		ated Type III supporting	organization

Schedule A (Form 990 or 990-EZ) 2020

Schedu	le A (Form 990 or 990-EZ) 2020 MINNESOTA ONE-STOP FOR CO	MMUNITIES	81-4	14491	.65 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued	d)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
<u> i</u>	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
-	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
EEA			:	Schedul	e A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990

OMB No. 1545-0047

Pa		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					2020	
			 Attach to Form 990. 				Open to	Public
•	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Forms		e latest information	1.		Inspecti	
	of the organization					ntification		
	-	OP FOR COMMUNITIES			81-44	449165		
		tions Maintaining Donor Advised Fu	unds or Other Similar Fu	unds or Accounts				
		if the organization answered "Yes" on						
	·	•	(a) Donor advised fu		(b) Funds an	d other accour	its
1	Total number at en	nd of year						
2	Aggregate value of	f contributions to (during year)						
3	Aggregate value of	f grants from (during year)						
4	Aggregate value at	tend of year						
5	Did the organizatio	n inform all donors and donor advisors in w	riting that the assets held in a	donor advised				
	funds are the organ	nization's property, subject to the organizati	on's exclusive legal control?				Yes	No
6	Did the organizatio	on inform all grantees, donors, and donor ad	visors in writing that grant fur	ids can be used				
		purposes and not for the benefit of the dono					_	_
_		ssible private benefit?			••••		Yes	No
Pa		vation Easements.		_				
	· · · · · · · · · · · · · · · · · · ·	e if the organization answered "Yes" o		7.				
1		servation easements held by the organizatio		D <i>i i i i</i>				
	_	f land for public use (e.g., recreation or edu	cation)	Preservation of a hi				a
	Protection of n			Preservation of a ce	ininea n	IISTOLIC ST	ucture	
2	Preservation o	n open space nrough 2d if the organization held a qualified	conconvation contribution in	the form of a concor	nation			
2	•	ast day of the tax year.		the form of a conser			- Fuel of th	- T V
а					2a	Held at t	ne End of th	e lax fear
b					2b			
c	-	vation easements on a certified historic struc			2c			
d		vation easements included in (c) acquired a	()					
					2d			
3		vation easements modified, transferred, rele	ased, extinguished, or termir	nated by the organiza	ation du	ring the		
	tax year 🕨							
4	Number of states v	where property subject to conservation ease	ement is located					
5	Does the organizat	tion have a written policy regarding the period	odic monitoring, inspection, h	andling of				
	violations, and enfo	prcement of the conservation easements it h	nolds?				Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and enfo	rcing conservation e	asemen	ts during	the year	
	▶							
7		es incurred in monitoring, inspecting, handlir	ng of violations, and enforcing	g conservation easer	nents dı	uring the	year	
	▶ \$							
8		vation easement reported on line 2(d) above						Π.
•	and section 170(h)						Yes	No
9	-	be how the organization reports conservation		•		41		
		include, if applicable, the text of the footnot	e to the organization's financ	iai statements that de	scribes	the		
Pa		ounting for conservation easements. zations Maintaining Collections	of Art Historical Tre	asures or Othe	r Sim	ilar As	sote	
Га	U	te if the organization answered "Yes" of			I SIIII		5013.	
1a		elected, as permitted under FASB ASC 958			co shoo'	tworks		
iu	•	asures, or other similar assets held for publi	•					
		Part XIII the text of the footnote to its finan			5, 500			
b		elected, as permitted under FASB ASC 958			heet wo	rks of		
~	-	ures, or other similar assets held for public e						
		ng amounts relating to these items:						
	•	ded on Form 990, Part VIII, line 1				▶ \$		
		d in Form 990, Part X						
2		received or held works of art, historical trea						
		required to be reported under FASB ASC 9		2				

a Revenue included on Form 990, Part VIII, line 1 > \$

▶ \$

Sched	ule D (Form 990) 2020 MINNESOTA ONE-S	TOP FOR COMM	UNITIES				81-44491	L65	Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Otl	her Similar Ass	sets (cor	ntinued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchange pi	rogram	S		
b	Scholarly research		е [Other					
с	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain	how they fu	rther the c	organization's e	exempt	purpose in Part		
	XIII.								
5	During the year, did the organization solicit or r	eceive donations of	art, historic	al treasure	es, or other sin	nilar			
	assets to be sold to raise funds rather than to l	be maintained as pa	art of the org	anization	's collection?.			Yes	No
Pa	Part IV Escrow and Custodial Arrangements.								
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line 9	, or re	ported an amou	unt on Fo	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contrib	outions or	other assets r	not			
	included on Form 990, Part X?							. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing table:						
							Amo	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Forr	n 990, Part X, line 2	21, for escro	w or custo	odial account li	iability?		Yes	No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the ex	planation ha	s been pr	ovided on Part	t XIII .			
Pa	rt V Endowment Funds.								
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line 1	0.			
	_	(a) Current year	(b) Prio	r year	(c) Two years b	back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	t year end balance	(line 1g, col	umn (a)) I	held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment)							
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the possess	sion of the organizat	tion that are	held and	administered f	or the		_	
	organization by:							Y	'es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations					• • •		3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Sche	dule R?.				3b	
4	Describe in Part XIII the intended uses of the o	-	wment funds	3.					
Pa	rt VI Land, Buildings, and Equipr		_						
	Complete if the organization a	nswered "Yes"	on Form	990, Pa	art IV, line 1	1a. Se	ee Form 990, P	art X, line	e 10.
	Description of property	(a) Cost or oth		• •	r other basis	.,	Accumulated	(d) Book v	alue
		(investm	ent)	(0	other)	de	preciation		
1a	Land	•							
b	Buildings	•							
С	Leasehold improvements	•							
d	Equipment	•			908		546		362
e	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	rt X, columr	n (B), line	10.c.,)				362

Schedule D (Form 990) 2020

EEA

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on For	m 990 Part IV li	ne 11b. See Form	990 Part X line 12		
	(a) Description of security or category (including name of security)		(b) Book value	(0	Method of valuation: r end-of-year market value		
(1) Financial d					end-or-year market value		
.,	ld equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12						
Part VIII	Investments - Program Related.	.)					
i art viii	Complete if the organization answered	l "Yes" on For	m 990 Part IV li	ne 11c See Form	000 Part X line 13		
	· · ·						
	(a) Description of investment		(b) Book value		c) Method of valuation: r end-of-year market value		
<u>(1)</u> (2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 13						
Part IX	Other Assets.	.)					
Turtix	Complete if the organization answered	l "Yes" on For	m 990 Part IV li	ne 11d See Form	990 Part X line 15		
			in 550, i ait iv, ii		(b) Book value		
(1)	(a) De	escription			(b) BOOK Value		
-							
(2)							
(3)							
(4)							
(5)							
(6)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 15	.)					
Part X	Other Liabilities.						
	Complete if the organization answered	d "Yes" on For	m 990, Part IV, li	ne 11e or 11f. See	e Form 990, Part X,		
	line 25.						
1.	(a) Description of liability	(b) Book v	alue				
(1) Federal ir	ncome taxes						
(2)Payroll	Taxes Payable		12,173				
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	b) must equal Form 990, Part X, col. (B) line 25.) . ►		12,173				
	uncertain tax positions. In Part XIII, provide the tex	t of the footnote to		nancial statements that	reports the		
-	liability for uncertain tax positions under FASB AS		-		·		
	nability for uncertain lax positions under FASE AS						

MINNESOTA ONE-STOP FOR COMMUNITIES

81-4449165

Page 3

Schedule D (Form 990) 2020

Sched	ule D (Form 990) 2020 MINNESOTA ONE-STOP FOR COMMUNITIES	81-4449165	Page 4			
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	. 1				
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					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	. 2e				
3	Subtract line 2e from line 1	. 3				
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.)					
С	Add lines 4a and 4b					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).					
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	. 1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1	. 3				
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					
b	Other (Describe in Part XIII.)					
C	Add lines 4a and 4b					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5				
Part XIII Supplemental Information.						

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

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2020
Open to Public

Employer identification number

MINNESOTA ONE-STOP FOR COMMUNITIES

81-4449165

01. Governing body meeting documentation (Part VI, line 8a)

The powers to govern and guide the overall direction of this organization shall be vested

in a Board of Directors. The adopt rules and procedures, Such as the use of Robert's rules

of order, to guide in the smooth flow of the meeting. Regular Board meetings may be held

at such time and place as the Board shall determine. The Board shall designate one meeting

each year as an annual meeting, where the Board elections will take place. A majority of

the Directors shall constitute a quorum for the transaction of all business. Board will

approve the operating budget for the next year.

02. Form 990 governing body review (Part VI, line 11)

Form 990 will be emailed to all Board members prior to mailing to all tax authorities as

required. The Board will discussed, reviewed, and approve the filing of Form 990 including

all required schedules.

03. Conflict of interest policy compliance (Part VI, line 12c)

Board of Directors and Key employees are require to fill out an completed conflict of

interest form once a year. All required directors and key members are required to inform

the company in any changes immediately.

04. CEO, executive director, top management comp (Part VI, line 15a)

The Board may select and employ the Executive Director and will review, determine, and

approve/deny all salary and wage increases for the upcoming calender year for all

employees according to a budget prepared my the management staff.

05. Other officer or key employee compensation (Part VI, line 15b

 The Board may select and employ the Executive Director and will review, determine, and

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

 EEA

Schedule O (Form 990 or 990-EZ) (2020)	Page 2					
Name of the organization MINNESOTA ONE-STOP FOR COMMUNITIES	Employer identification number 81-4449165					
approve/deny all salary and wage increases for the upcoming calender year	IOT AII					
employees according to a budget prepared my the management staff.						
06. Governing documents, etc, available to public (Part VI, line 19)						
All governing documents are available upon request to the Executive Director.						
07. List of other fees for services expenses (Part IX, line 11g)						
Program Expenses						
<u>- Parent Mentors \$ 39,429</u>						
- Mileage Reimbursements \$ 531						
- Phone reimbursements \$ 1,200						
- Marketing Consulting \$ 18,169						
- Program Materials \$ 15,703						
Management Expenses						
- Administration Services \$ 13,749						