Form	g	g	N
FOUL	J	J	U

Department of the Treasury Internal Revenue Service

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

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

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

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



MINNEAPOLIS, MN 55407 H(a) Is this a group return for subordinates included? Agended perform F Name and address of principal officer: ELENA GAARDER SAME AS C ABOVE I Tax-exempt status: \$\status: \$\	АГ	or the	e 2021 calendar year, or tax year beginning and	ending		
□ brance	B C a	pplicabl	^e METROPOLITAN CONSORTIUM OF COMMUNITY		D Employer identific	cation number
□ Doing Dusiness as 41-1636634 □ Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number □ 13.37 CHICAGO AVENUE S Room/suite E Telephone number □ Armended 11.7 CHICAGO AVENUE S G Oros receipts 3 14,747,82: □ Armended F Name and address of principal officer: ELENA GAARDER G Oros receipts 3 14,747,82: □ Armended SAME AS C ABOVE H(b) Are all subordinates? Ves X) I Tax exempt status: X 501(c)(3) 501(c) () < 4047(a)(1) or 527 H(b) Are all subordinates? Ves X) Website: WWWW.ACCDMN.ORG H(b) Are all subordinates included? Ves X) H(b) Are all subordinates? Ves X) Participal Istretty describe the organization's mission or most significant activities: WORK TO BUILD STRONG COMMUNITIES By LEVERAGING RESOURCES FOR THE DEVELOPMENT OF PEOPLE AND PLACES. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 2 2 4 Number of individuals e		chang	e DEVELOPERS			
Image: Second Street (of PL) Dox imails not delivered to street address) Hoom/suite E Telephone number Image: Second Street (of PL) Dox imails not delivered to street address) Hoom/suite E Telephone number Image: Second Street (of PL) Dox imails not delivered to street address) G 2 - 789 - 7337 City or town, state or province, country, and ZIP or foreign postal code G creasr eccepts 1 14,747,82: Image: Second Street (S) MINNEAPOLIS, MN 55407 H(a) Is this a group return Applieb SAME AS C ABOVE H(b) Are all subcontates include? Yes Image: New Street (S) I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.MCCDMN.ORG H(b) Are all subcontates include? Yes Image: New Street (N) Yes Image: New Street (N) Y Eart I Summary 1 Briefly describe the organization's mission or most significant activities: WORK TO BUILD STRONG COMMUNITIES BY LEVERAGING RESOURCES FOR THE DEVELOPMENT OF PEOPLE AND PLACES. 2 C Check this box ▶ I if the organization discontinue its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 4 Number of independent voting members of the governing body (Part VI, line 1a)		chang	e Doing business as		41-165865	54
Image: Section 2 City or town, state or province, country, and ZIP or foreign postal code G. Gross receipts \$ 14,747,82: MINNEAPOLIS, MN 55407 F Name and address of principal officer: ELENA GAARDER H(a) Is this a group return for subordinates? Yes <		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
areaded City or town, state or province, country, and 2IP or foreign postal code If across receipts \$ 14, 747, 64. MINNEAPOLIS, MN 55407 F Name and address of principal officer: ELENA GAARDER H(a) Is this a group return SAME AS C ABOVE H(b) Are all subordinates included? Yes X I I racevering t status: X 501(c)(3) 501(c)(-) (insert no.) 4947(a)(1) or 527 J website: WWW.MCCDMN.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 1989 M State of legal domicile: Part I Summary 1 Briffy describe the organization's mission or most significant activities: WORK TO BUILD STRONG COMMUNITIES BY LEVERAGING RESOURCES FOR THE DEVELOPMENT OF PEOPLE AND PLACES. 3 3 3 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voling members of the governing body (Part VI, line 1a) 4 4 2 4 Number of volunteers (estimate if necessary) 6 6 6 7 a Total number of volunteers (estimate if necessary) 6 6 7 7 1 6		_l return.			612-789-7	
Image: Application Image: Application Image: Application Image: Application Application F Name and address of principal officer: ELENA GAARDER Image: Application		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,747,823.
Image and address of principal officer: EJELIAR GRANDER for subordinates / , , , , , , , , , , , , , , , , , ,		return	MINNEAPOLIS, MN 55407		H(a) Is this a group re	
SARIE AS C ABOVE H(b) Are all subordinates included? _YesI 1 Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? _YesI 1 Website: WWW. MCCDMN.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ L Year of formation; 1989 M State of legal domicile: I Part I Summary 1 Briefly describe the organization's mission or most significant activities: WORK TO BUILD STRONG COMMUNITIES BY LEVERAGING RESOURCES FOR THE DEVELOPMENT OF PEOPLE AND PLACES. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3		tion	F Name and address of principal officer: ELENA GAARDER		for subordinates	? Yes X No
J Website: WWW.MCCDMN.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1989 M State of legal domicile: Part I Summary I Briefly describe the organization's mission or most significant activities: WORK TO BUILD STRONG COMMUNITIES By LEVERAGING RESOURCES FOR THE DEVELOPMENT OF PEOPLE AND PLACES. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2021 (Part VI, line 1a) 4 3 2 4 Number of individuals employed in calendar year 2021 (Part VI, line 2a) 5 5 2 5 Total number of individuals employed in calendar year 2021 (Part VI, line 2a) 6 6 4 6 Otal number of volunteers (estimate if necessary) 7a 7a 7a 7a 7 Total number of volunteers vervue from Part VIII, column (C), line 12 7a 7a 14,685,678. 13,109,430 9 Program service revenue (Part VIII, line 1h) Prior Year Current Year 9 Program service revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,137. <		-	SAME AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No
K Form of organization: X Corporation Trust Association Other ► L Year of formation: 1989 M State of legal domicile: Part I Summary I Briefly describe the organization's mission or most significant activities: WORK TO BUILD STRONG COMMUNITIES BY LEVERAGING RESOURCES FOR THE DEVELOPMENT OF PEOPLE AND PLACES. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 2 4 Number of individuals employed in calendar year 2021 (Part V, line 2a) 6 4 2 6 Total number of volunteers (estimate if necessary) 7a 6 4 4 7a Total unrelated business revenue from Form 990-T, Part I, line 11 7a 7a 0 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 14, 685, 678. 13, 109, 430 13, 734, 900. 11, 462, 163 10 Investment income (Part VIII, column (A), lines 1.3) 13, 734, 900. 11, 462, 163 13, 734, 900. 11, 462, 163 14 Benefits paid to or for members (Part IX, column (A), lines 1.3)				or 527	If "No," attach a	list. See instructions
Part I Summary 1 Briefly describe the organization's mission or most significant activities: WORK TO BUILD STRONG COMMUNITIES BY LEVERAGING RESOURCES FOR THE DEVELOPMENT OF PEOPLE AND PLACES. 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Total number of individuals employed in calendar year 2021 (Part VI, line 2a) 6 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ta b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year 8 Contributions and grants (Part VIII, line 1h) 14, 685, 678. 13, 109, 433 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 4, 060. 1, 306 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12, 137. 5, 084 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13, 734, 900. 11, 462, 163 14 Gerants and similiar amounts paid (Par	_					
9000000000000000000000000000000000000				L Year	of formation: 1989 N	State of legal domicile: MN
BY LEVERAGING RESOURCES FOR THE DEVELOPMENT OF PEOPLE AND PLACES. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1a) 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a Total unrelated business revenue from Form 990-T, Part I, line 11 7b 7a Total unrelated business revenue from Form 990-T, Part I, line 11 7c 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14, 685, 678. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12, 137. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3) 13, 734, 900. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1, 490, 954. 1, 544, 195 16 Professional fundraising fees (Part IX, column (A), line 11e) <th>Ра</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Ра					
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 14,685,678. 13,109,430 9 Program service revenue (Part VIII, column (A), lines 2g) 2,444,877. 1,632,003 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,137. 5,084 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 100,001. 0. 0.	e					
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 14,685,678. 13,109,430 9 Program service revenue (Part VIII, column (A), lines 2g) 2,444,877. 1,632,003 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,137. 5,084 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 100,001. 0. 0.	anc					
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 14,685,678. 13,109,430 9 Program service revenue (Part VIII, column (A), lines 2g) 2,444,877. 1,632,003 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,137. 5,084 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 100,001. 0. 0.	ern					
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 14,685,678. 13,109,430 9 Program service revenue (Part VIII, column (A), lines 2g) 2,444,877. 1,632,003 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,137. 5,084 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 100,001. 0. 0.	Š					<u> 10</u> 10
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 14,685,678. 13,109,430 9 Program service revenue (Part VIII, column (A), lines 2g) 2,444,877. 1,632,003 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,137. 5,084 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 100,001. 0. 0.	8				·····	21
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 14,685,678. 13,109,430 9 Program service revenue (Part VIII, column (A), lines 2g) 2,444,877. 1,632,003 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,137. 5,084 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 100,001. 0. 0.	ies					40
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 14,685,678. 13,109,430 9 Program service revenue (Part VIII, column (A), lines 2g) 2,444,877. 1,632,003 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,137. 5,084 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 25) 100,001. 0. 0.	tivit					<u> </u>
Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 14,685,678. 13,109,430 9 Program service revenue (Part VIII, line 2g) 2,444,877. 1,632,003 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,060. 1,306 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,137. 5,084 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,146,752. 14,747,823 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,490,954. 1,544,199 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 100,001. 100,001. 100,001. 100,001. 100,001. 100,001. 100,001. 100,001. 100,001. 100,001. 100,001. 100,001. 100,001.	Act				·····	0.
8 Contributions and grants (Part VIII, line 1h) 14,685,678. 13,109,430 9 Program service revenue (Part VIII, line 2g) 2,444,877. 1,632,003 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,060. 1,306 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,137. 5,084 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,146,752. 14,747,823 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 1,490,954. 1,544,199 16a Professional fundraising fees (Part IX, column (A), line 25) 100,001. 0. 0.		D	Net unrelated business taxable income from Form 990-1, Part I, line 11	<u></u>		
9 Program service revenue (Part VIII, line 2g) 2,444,877. 1,632,003 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,060. 1,306 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,137. 5,084 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,146,752. 14,747,823 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 1,490,954. 1,544,199 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 100,001. 100,001.		0	Contributions and grants (Part)/III line 1h)			
11 Other revenue (Part VIII, column (A), lines 5, 86, 86, 96, 106, and 116) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17, 146, 752. 14, 747, 823 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13, 734, 900. 11, 462, 163 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 1, 490, 954. 1, 544, 199 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 100, 001. 100.	Iue					
11 Other revenue (Part VIII, column (A), lines 5, 86, 86, 96, 106, and 116) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17, 146, 752. 14, 747, 823 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13, 734, 900. 11, 462, 163 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 1, 490, 954. 1, 544, 199 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 100, 001. 100.	ver	-			, ,	1,306.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,146,752. 14,747,823 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 1,490,954. 1,544,199 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 100,001. 100,001.	Re					5,084.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,734,900. 11,462,163 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,490,954. 1,544,199 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 100,001. 100.001.						14,747,823.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,490,954. 1,544,199 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 100,001. 1000,001.						11,462,163.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,490,954. 1,544,199 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 100,001. 1000,001.						0.
Image: Bar Bar Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 100,001.	s	15			1,490,954.	1,544,199.
b Total fundraising expenses (Part IX, column (D), line 25) ► 100,001. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,842,303. 22,009	Ise	16a				0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,842,303 22,009	per	b	Total fundraising expenses (Part IX, column (D), line 25) 100,0	01.		
	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,842,303.	22,009.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17,068,157. 13,028,371					17,068,157.	13,028,371.
					78,595.	1,719,452.
ਠਿਊਂ Beginning of Current Year End of Year	or					
월월 20 Total assets (Part X, line 16) 13,157,511 · 14,565,346	sets ilanc	20	Total assets (Part X, line 16)			14,565,346.
	t Ast d Bá	21	Total liabilities (Part X, line 26)			9,712,741.
² ■ 22 Net assets or fund balances. Subtract line 21 from line 20 3,133,153, 4,852,605	Eun	22	Net assets or fund balances. Subtract line 21 from line 20		3,133,153.	4,852,605.

Part II Signature Block

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

		Cignoturo of	officer					Data	
Sign		Signature of	onicer					Date	
Here		ELENA	GAARDER,	CHIEF	EXECUTIVE	OFFICER			
		Type or prin	t name and title						
	Prin	t/Type prepare	er's name		Preparer's signat	ture	Date	Check	PTIN
Paid	BRI	JCE THI	EL		BRUCE TH	IEL	11/08		P00526510
Preparer		i's name 🕒		, LLC				Firm's EIN 🕨 34	-1873282
Use Only	Firm	's address 🕨	222 SOUTH	H 9TH S	STREET, SU	ITE 1000			
			MINNEAPO	LIS, MN	1 55402			Phone no.612-	339-7811
May the IF	RS dis	scuss this re	turn with the prep	arer shown a	bove? See instruct	ions			X Yes No
132001 12-0	9-21	LHA For	Paperwork Redu	ction Act No	otice, see the sepa	arate instructions.			Form 990 (2021)

	METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS rt III Statement of Program Service Accomplishments	41-1658654	Page 2
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO WORK COLLECTIVELY TO BUILD STRONG, STABLE COMMUNITIES RESOURCES FOR THE DEVELOPMENT OF PEOPLE AND PLACES.		X NG
2	Did the organization undertake any significant program services during the year which were not listed on the		
3	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		X No
	If "Yes," describe these changes on Schedule O.		22 NU
4	Describe the organization's program service accomplishments for each of its three largest program services, as a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		d
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$12,489,635. SMALL BUSINESS SUPPORT - SEE SCHEDULE O	ue\$1,184,6	6 47.)
4b	(Code:) (Expenses \$ 285,868. including grants of \$) (Revenue of \$ _	ue \$5 , :	<u>100.</u>)
4c	(Code:) (Expenses \$331,164. including grants of \$) (Reven	ue\$447,3	3 40.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e		/	
132002	2 12-09-21	Form 9	90 (2021)

2021.05000 METROPOLITAN CONSORTIUM O 139509_1

Form 990 (2021) DEVELOPERS
Part IV Checklist of Required Schedules

DEVELOPERS

41-1658654	Page 3
------------	--------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		
10		10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V			Δ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17		17		x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
132003	3 12-09-21	Form	990	(2021)

3

DEVELOPERS

Form 990 (2021)

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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes." <i>complete</i>			
		23	х	
.	Schedule J			
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			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24 b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		1	
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	
		26		x
07				
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% controll			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28 a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes." complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UL.		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		20		x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
•	Part V, line 1		X	├──
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?		
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	·		
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1.0	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	662		
b		0		
		—		
С		4.		
400	(gambling) winnings to prize winners?	1c	1 990	
13200	12-09-21	Form	1000	(2021)

17351108 143399 139509

4 2021.05000 METROPOLITAN CONSORTIUM O 139509_1

DEVELOPERS

Form 990 (2021)

41-1658654 Page	5
-----------------	---

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 21	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	·			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	ices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	by the			
	sponsoring organization have excess business holdings at any time during the year?	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
4a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment i	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	iny			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
	12-09-21 5			200	(202

17351108 143399 139509

METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS

Form 990 (2021)

41-1658654 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

				[Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with ar	ny other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	[4		X X
	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			Γ			
	more members of the governing body?				7a	Х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·····			
					7b		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			·····	15		
		-	-		8a	Х	
	The governing body? Each committee with authority to act on behalf of the governing body?				8b	X	
	Each committee with authority to act on behalf of the governing body?			·····	00	- 23	
					9		х
loct	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>				9		Δ
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue C</u>	;ode.)			Ma a	
0-				Г	40 -	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			····· -	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
				····· F	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	filing the fo	rm?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," des	scribe				
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	Х	
4	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 approva	l by inde	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization			Γ	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha				
	taxable entity during the year?				16a		Х
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·····			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-				
	exempt status with respect to such arrangements?				16b		
	ion C. Disclosure				100		
	List the states with which a copy of this Form 990 is required to be filed						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar		(coction 50	1(c)(3)c	only	availat	
	for public inspection. Indicate how you made these available. Check all that apply.	10 330-1	(3601011-30	51(0)(0)3	Offiy)	avanar	JIC
		<u> </u>					
0			,	iou and	finan	ial	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict of	interest pol	icy, and	TINANO	ai	
	statements available to the public during the tax year.						
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records	►			
	$\frac{\text{TRISH DEANDA} - 612 - 789 - 7337}{2137}$						
	3137 CHICAGO AVENUE, MINNEAPOLIS, MN 55407					000	
	· · ·				E	990	ſ

METROPOLITAN CONSORTIUM OF COMMUNITY	ζ
--------------------------------------	---

DEVELOPERS

41-	16	586	54	Page 7

Т

(_)

Form 990 (2	021) DEVELOPERS	41 - 16
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	sated
	Employees, and Independent Contractors	

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

(D)

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

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

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

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

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

()

(D)

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

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

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

(. .

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s botł	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolq r	t con	_	1099-1420)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) ELENA GAARDER	40.00	_	_		-					
CEO				x				145,946.	0.	14,760.
(2) TRISH DEANDA	40.00									
DIRECTOR OF FINANCE & OPER				Х				135,908.	0.	6,795.
(3) GENE GELGELU	0.50									
DIRECTOR		Х						0.	0.	0.
(4) WARREN MCLEAN	0.50									
SECRETARY		Х		Х				0.	0.	0.
(5) JEFF WASHBURNE	0.50									
DIRECTOR		Х						0.	0.	0.
(6) WILL DELANEY	0.50									
DIRECTOR		Х						0.	0.	0.
(7) NASIBU SAREVA	0.50									
VICE CHAIR	0 50	Х		X				0.	0.	0.
(8) JIM ERCHUL	0.50								0	0
TREASURER		X		X				0.	0.	0.
(9) LAURA ZABEL	0.50	v		x				0.	0	0
BOARD CHAIR (10) KATHY WETZEL-MASTEL	0.50	Х		A				0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(11) CHRIS WILSON	0.50	^						0.	0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(12) ASALESOL YOUNG	0.50							Ŭ.		U
DIRECTOR		x						0.	0.	0.
132007 12-09-21										Form 990 (2021)

7

132007 12-09-21

Form 990 (2021)

17351108 143399 139509

Form 990 (2021) METROPOL		ISC	RT	UI	Μ	OF	C	COMMUNITY	41-1	658	651	D	age 8
Form 990 (2021) DEVELOPER Part VII Section A. Officers, Directors, Trus		nlov	005	and	1 111	ahos	+ 0	Compensated Employee		100	0.04	Г	age O
(A) Name and title	(B) Average hours per week	(do box	not c , unle:	Pos heck i ss per	C) itior more rson i		one 1 an	(D) Reportable compensation	(E) (E) Reportable compensatio from related	on	am	(F) timate ount o	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)		comp fro orga anc	oensa om the anizati I relate nizatio	e ion ed
		-											
		-											
		-											
											0.1		
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								281,854. 0. 281,854.		0.0.		L, 5:	55. 0. 55.
2 Total number of individuals (including but n compensation from the organization ►							o re	· ·	000 of reportable				2
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-		-	•	•				•		3		х
4 For any individual listed on line 1a, is the su	m of reportab	le co	mpe	ensa	tion	and	otl	her compensation from t	he organization				
and related organizations greater than \$1505 Did any person listed on line 1a receive or a											4	X	
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest control the organization. Report compensation for the organization for the organization compensation for the organization for the org										Jensat	tion fro	m	
(A) Name and business				0				(B) Description of s		С	(C comper		n
ROBERT HALF/ACCOUNTEMPS PO BOX 743295, LOS ANGELE	IS, CA 9	000	74	- 3	29	5		CONTRACT WOR	KERS		156	5,5	35.
 Total number of independent contractors (ii \$100,000 of compensation from the organized) 	•	ot lir	niteo	d to t	thos 1		ted	above) who received mo	ore than				
	···· 7				_						Form S	990 (2	2021)

132008 12-09-21

			DEVELOPERS				41-1658	654 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(=)	(-)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
			<u> </u>					sections 512 - 514
ts t	1	а	Federated campaigns 1a					
ar our		b	Membership dues 1b					
Am 0,0		С	Fundraising events 1c					
lar Iar		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e	12,416,709.				
rior S		f	All other contributions, gifts, grants, and					
ţ			similar amounts not included above 1f	692,721.				
ti po		-	Noncash contributions included in lines 1a-1f					
<u>ų č</u>		h	Total. Add lines 1a-1f		13,109,430.			
				Business Code	1 104 645	1 104 645		
ice	2	а	OTHER PROGRAM & SERVICE REVENUE	522291	1,184,647.	1,184,647.		
Program Service Revenue		b	LOAN REVENUE	522291	442,256.	442,256. 5,100.		
n S /eni		c	MEMBERSHIP DUES	522291	5,100.	5,100.		
grai Rev		d						
roç		e						
-			All other program service revenue		1,632,003.			
	3	g	Total. Add lines 2a-2f Investment income (including dividends, intere		1,032,003.			
	3		other similar amounts)		1,306.			1,306.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	Ŭ		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	-		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
evenue		с	Gain or (loss)					
Be		d	Net gain or (loss)	►				
Other R	8	а	Gross income from fundraising events (not					
ð			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	▶				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	····· ►				
	10	а	Gross sales of inventory, less returns					
		L	and allowances 10a Less: cost of goods sold 10k					
			•	-				
\rightarrow		C	Net income or (loss) from sales of inventory	Business Code				
sn	11	2	OTHER REVENUE	522291	5,084.	5,084.		
neo Tue		a b	· · · · · · · · · · · · · · · · · · ·					
ella <u>ver</u>		c						
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d	····· •	5,084.			
	12		Total revenue. See instructions		14,747,823.	1,637,087.	0.	1,306.
132009	9 12	-09-	21					Form 990 (2021)

9

METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS

Form 990 (2021) Part IX Statement of Functional Expenses

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

0001	Ohasta if Cahadula O santaina a marang				
	Check if Schedule O contains a respon	se or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	0 000 517			
	and domestic governments. See Part IV, line 21	9,208,517.	9,208,517.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,253,646.	2,253,646.		
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	303,409.	83,888.	157,039.	62,482.
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	967,153.	771,802.	179,276.	16,075.
8	Pension plan accruals and contributions (include	•			•
-	section 401(k) and 403(b) employer contributions)	38,504.	38,050.	454.	
9	Other employee benefits	138,473.	117,720.	19,299.	1,454.
10	Payroll taxes	96,660.	64,785.	26,219.	<u>1,454.</u> 5,656.
11	Fees for services (nonemployees):				
	Management	4,980.	2,980.	1,750.	250.
	Legal	3,095.	1,853.	1,088.	<u>250.</u> 154.
	Accounting	46,914.	28,087.	16,487.	2,340.
	Lobbying				_,
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
' g					
y	column (A), amount, list line 11g expenses on Sch 0.)	281,375.	258,488.	20,794.	2,093.
10		9,838.	9,136.	702.	2,055.
12	Advertising and promotion	96,284.	60,834.	30,668.	4,782.
13	Office expenses	J0,204•	00,0340	50,000.	4,702.
14	Information technology				
15	Royalties	27,224.	17,193.	8,598.	1,433.
16		1,579.	1,575.	4.	I,455.
17	Travel	I,J/J.	т, 575.	4.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	29,251.	24,009.	4,651.	591.
19	Conferences, conventions, and meetings			4,051.	591.
20	Interest	126,068.	126,068.		
21	Payments to affiliates	17 610	11 100	E ECO	0.07
22	Depreciation, depletion, and amortization	17,612. 20,576.	<u>11,123.</u> 12,996.	5,562.	927.
23		20,5/6.	12,996.	6,497.	1,083.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	C0 10C		0.000	200
а		68,106.	65,124.	2,602.	380.
b		16,682.	14,040.	2,341.	301.
С	LOAN PROGRAM AND TECHNI	3,881.	3,881.		
d		-731,456.	-731,456.		
е	All other expenses	10 000 001		404 001	100 001
25	Total functional expenses. Add lines 1 through 24e	13,028,371.	12,444,339.	484,031.	100,001.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21	10			Form 990 (2021)

2021.05000 METROPOLITAN CONSORTIUM 0 139509_1

10

Form 990 (2021)
Part X Balance Sheet

DEVELOPERS

		Check if Schedule O contains a response or no			(A)		(B)	
	-				Beginning of year		End of year	
	1	Cash - non-interest-bearing			4,947,834.	1	7,297,104	
	2	Savings and temporary cash investments			644,464.	2	670,267	
	3	Pledges and grants receivable, net		160,000.	3	150,000		
	4			153,234.	4	510,246		
	5	Loans and other receivables from any current of	or former	officer, director,				
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%				
		controlled entity or family member of any of the	ese perso	าร		5		
	6	Loans and other receivables from other disqua	lified pers	ons (as defined				
		under section 4958(f)(1)), and persons describe	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
ts	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
Ä	9	Prepaid expenses and deferred charges			4,294.	9		
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	353,591. 82,345.				
	b	Less: accumulated depreciation	10b	82,345.	275,535.	10c	271,246	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line		r		12		
	13	Investments - program-related. See Part IV, line	11		6,972,150.	13	5,666,483	
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must eq		13,157,511.	16	14,565,346		
	17	Accounts payable and accrued expenses	985,732.	17	412,647			
	18	Grants payable		18	38,500			
	19	Deferred revenue				19	975,315.	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
es	22	Loans and other payables to any current or for						
oiliti		trustee, key employee, creator or founder, sub-						
Liabilities		controlled entity or family member of any of the				22		
-	23	Secured mortgages and notes payable to unre			9,038,626.	23	8,286,279.	
	24	Unsecured notes and loans payable to unrelate		ſ	9,030,020.	24	0,200,279	
	25	Other liabilities (including federal income tax, p						
		parties, and other liabilities not included on line	es 17-24).	Complete Part X		0.5		
	26	of Schedule D		•••••••••••••••••••••••••••••••••••••••	10,024,358.	25 26	9,712,741.	
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch	ook horo	► Y	10,024,330.	20	9,112,141	
Se			eck nere					
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			3,024,224.	27	4,618,676.	
ala	28		108,929.	28	233,929			
d B	20	Net assets with donor restrictions Organizations that do not follow FASB ASC	100,525.	20	255,525			
Net Assets or Fund Balances		and complete lines 29 through 33.						
P	29	Capital stock or trust principal, or current funds			29			
ets	30	Paid-in or capital surplus, or land, building, or e		30				
Ass	31	Retained earnings, endowment, accumulated i		ſ		31		
let /	32	Total net assets or fund balances		F	3,133,153.	32	4,852,605.	
Z	33				13,157,511.	33	14,565,346	

Form 990 (2021)

132011 12-09-21

METROPOLITAN	CONSORTIUM	OF	COMMUNITY

Form	1 990 (2021) DEVELOPERS	41-16	58654	Page 12				
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,747					
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,028					
3	Revenue less expenses. Subtract line 2 from line 1	3		,452.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	4,852	<u>,605.</u>				
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII			X				
				Yes No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>				
	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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form 990 (2021)

132012 12-09-21

(Form S	EDULE A 990) t of the Treasury venue Service	Co	Public Cha omplete if the organ 494 ► Go to www.irs.gov		OMB No. 1545-0047							
Name o	f the organizati	on METR	OPOLITAN CO	ONSORTIUM OF	COMMU	JNITY		Employer	r identification number			
			LOPERS						1-1658654			
Part I	Reason	or Public (Charity Status.	(All organizations must c	omplete tr	nis part.) S	ee instructior	IS.				
The orga	anization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)						
1	A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)							
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
_	city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	7		Complete Part II.)									
6 L		-	-	nental unit described in								
7 X	0		•	ntial part of its support fr	om a gove	ernmental	unit or from ti	ne general	public described in			
o [¬ ·		omplete Part II.)									
8 9	- ·			(1)(A)(vi). (Complete Parl		ad in aanii	nation with a	land aront				
9	-	-	-	in section 170(b)(1)(A)(i ulture (see instructions).		-		-	•			
	university:	n a non-land-g	grant conege of agric			name, ony	, and state of	the college				
10	- · —	on that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	in fees, and	d aross receipts from			
	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment											
				(less section 511 tax) fro					-			
			mplete Part III.)	. ,		•	, ,					
11	An organizati	on organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).					
12	An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or			
	more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section	509(a)(3).	Check the box on			
_	lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.				
a	Type I. A si	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving			
	the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting			
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.								
b _			-	or controlled in connect			-		-			
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted			
Г			t complete Part IV,									
c L		-	• • • •	g organization operated				lly integrate	ed with,			
a [0	.,.). You must complete F				tod organi-	ration(a)			
d L				oorting organization oper ation generally must sati								
			•	nplete Part IV, Sections	•		•	an allenin	Veness			
e			-	written determination from				II. Type III				
U L		•		nally integrated supportir			iype i, iype	n, rype m				
f Er	ter the number											
			n about the supporte									
	(i) Name of suppo	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o	-	(vi) Amount of other			
	organization			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)			
									ļ			
Total												

Sch		ETROPOLIT. EVELOPERS	AN CONSORT	TIUM OF C	OMMUNITY	41-16	58654 Page 2				
	rt II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) and	I 170(b)(1)(A)	(vi)				
	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I or	if the organizatio	n failed to qualify u	under Part III. If t	he organization				
	fails to qualify under the tests	listed below, plea	se complete Part II	I.)							
Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	177,103.	503,665.	375,820.	14685678.	13109430	.28851696.				
2	Tax revenues levied for the organ- ization's benefit and either paid to			-							
	or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to										
	the organization without charge	1				1	00054606				
	Total. Add lines 1 through 3	177,103.	503,665.	375,820.	14685678.	13109430	.28851696.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
-	column (f)						<u>197,575.</u> 28654121.				
	Public support. Subtract line 5 from line 4.						20034121.				
		(a) 2017 177,103.	(b) 2018 503,665.	<u>(c) 2019</u>	(d) 2020	(e) 2021	(f) Total 28851696.				
	Amounts from line 4 Gross income from interest,	177,103.	505,005.	575,020.	14003070.		.20031050.				
0	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	1,644.	2,425.	10,105.	4,060.	1,306	. 19,540.				
٩	Net income from unrelated business		2,1231	10,1000	1,0001						
5	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
10	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						28871236.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	8,830,422.				
13	First 5 years. If the Form 990 is for th	-				· · ·	• •				
	organization, check this box and stor										
Sec	ction C. Computation of Publi						·				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.25 %				
15	Public support percentage from 2020					15	96.11 %				
16a	33 1/3% support test - 2021. If the c						box and				
	stop here. The organization qualifies										
b	33 1/3% support test - 2020. If the c	organization did no	ot check a box on li								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion							
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c								
	and if the organization meets the facts										
	meets the facts-and-circumstances te			-							
b	10% -facts-and-circumstances test	-									
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	k this box and s	top here. Explain i	n Part VI how th	e				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation					
18	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions D										

Schedule A (Form 990) 2021

132022 01-04-22

METROPOLITAN CONSORTIUM OF COMMUNIT	METROPOLITAN	CONSORTIUM	OF	COMMUNITY
-------------------------------------	--------------	------------	----	-----------

Schedule A (Form 990) 2021

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		_				
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and lir	ne 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation	
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organizat	ion ▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
132023 01-04-22					Schedu	ıle A (Form 990) 2021
		15)			

2021.05000 METROPOLITAN CONSORTIUM 0 139509_1

METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS

Schedule A (Form 990) 2021

41-1658654 Page 4

Yes No

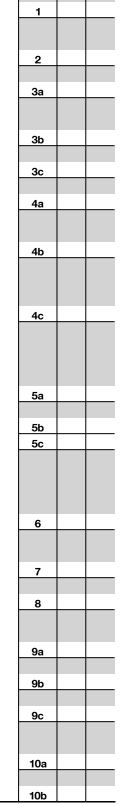
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21



Schedule A (Form 990) 2021

16

Sche	edule A (Form 990) 2021 DEVELOPERS	41-165865	5 4 Pa	age 5
Ра	rt IV Supporting Organizations (continued)			_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of 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 support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	fficers,		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used to	satisfy the Integral Part 1	Test during the year	(see instructions).
•	CHECK THE DOX HEAT TO THE HIELITOU		salisiy line initegral i art i	csi uunny inc ycar	1000 1100 0000

- The organization satisfied the Activities Test. Complete line 2 below. а
- 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 governmental entity (see instruction <u>s).</u>
-----	--	--

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

the supported organization(s).

Section D. All Type III Supporting Organizations

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

2a 2b 3a 3b

Schedule A (Form 990) 2021

Yes No

1

132025 01-04-22

17351108 143399 139509

17 2021.05000 METROPOLITAN CONSORTIUM 0 139509_1

	METROPOLITAN CONSORTIUM	OF C	COMMUNITY	
Sche	edule A (Form 990) 2021 DEVELOPERS			41-1658654 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (<i>explain</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ted Type III supporting o	organization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS

	dule A (Form 990) 2021 DEVELOPERS			4	1-1658654 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

		METROPOLITAN DEVELOPERS	CONSORTIUM	OF C	COMMUNITY	
Part VI	line 1; Part IV, Section D,	nation. Provide the exp 2, 3b, 3c, 4b, 4c, 5a, 6, 9a	a, 9b, 9c, 11a, 11b, an ion E, lines 1c, 2a, 2b,	d 11c; P 3a, and	Part IV, Section B, lin 3b; Part V, line 1; Pa	es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
132028 01-04-2	22					Schedule A (Form 990) 2021

20 2021.05000 METROPOLITAN CONSORTIUM O 139509_1

Schedule B	Schedule of Contributor
(Form 990)	Attach to Form 990 or Form 990-PF.
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest info
Name of the organization	n
	METROPOLITAN CONSORTIUM OF COMMUNITY

DEVELOPERS

S

rmation.

2021

OMB No. 1545-0047

Employer identification number

41-1658654	4
------------	---

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

PUBLIC DISCLOSURE COPY

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

General Rule

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

Special Rules

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

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

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

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

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

	POLITAN CONSORTIUM OF COMMUNITY		Employer identification number
DEVELO	OPERS		41-1658654
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
<u> 1</u>		\$ <u>780,0</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
2		\$ <u>10,857,3</u>	24. Person X Payroll Image: Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)	
Name of organization	

Page 2 Employer identification number

(a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

22 2021.05000 METROPOLITAN CONSORTIUM O 139509_1

17351108 143399 139509

Schedule E	3 (Form 990) (2021)		Page 3
Name of or			Employer identification number
METROI DEVEL	POLITAN CONSORTIUM OF COMMUNITY		41-1658654
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	•
			J.
(a) No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate	e) Dete received
Part I		(See instructions	.)
		\$	
(a)	6 .)	(c)	(.))
No. from	(b) Description of noncash property given	FMV (or estimate	
Part I		(See instructions	.)
		\$	
(a) No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate (See instructions	e) Data received
Part I		(See Instructions	.)
		\$	
(0)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate (See instructions	e) Data received
Part I			,
		\$	
(a)			
No.	(b)	(c) FMV (or estimate	e) (d)
from Part I	Description of noncash property given	(See instructions	
		¢	
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate	
Part I	Description of noncash property given	(See instructions	
		\$	

Schedule B (Form 990) (2021)

17351108 143399 139509

23 2021.05000 METROPOLITAN CONSORTIUM O 139509_1

Schedule B	(Form 990) (2021)			Page 4
Name of org	-		Employer identification nur	nber
DEVELO	OLITAN CONSORTIUM OF CO	DMMUNTIY	41-1658654	
Part III	Exclusively religious, charitable, etc., contributi) through (e) and the following line entropy of the charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the	-
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I				
		(e) Transfer of gift		
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift	I :	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
—		(e) Transfer of gift		
-	Transferee's name, address, a	., .	Relationship of transferor to transferee	
(a) No. from	(b) Purpose of gift		(d) Description of how gift is held	
Part I	(b) Fulpose of gift			
		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
123454 11-11-2	21		Schedule B (Form 990)) (2021)

24 2021.05000 METROPOLITAN CONSORTIUM O 139509_1

SCHEDULE C	SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047			
(Form 990)				2021					
For Organizations Exempt From Income Tax Under section 501(c) and section 527					ZUZ I				
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public			
Internal Revenue Service	Inspection								
•	f the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.								
		•		De not complete Der	+ 1 D				
 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. 									
•	•	Form 990, Part IV, line 4, or For	m 990-FZ. Part VI. lin	e 47 (Lobbying Acti	vities), th	ien			
		nave filed Form 5768 (election und							
	•	nave NOT filed Form 5768 (electior		•					
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form	990-EZ,	Part V, line 35c (Proxy			
Tax) (See separate inst									
	-	ions: Complete Part III.							
Name of organization		LITAN CONSORTIUM	OF COMMUNIT	Y		er identification number			
Part I-A Compl	DEVELOP	ERS anization is exempt under	section 501(c) o	r is a section 50		41-1658654			
	ete il the org				a organ				
 Drovido o docovintir 	an of the evenin	ation's direct and indirect political	compaign activition in						
 Provide a description Political campaign 	0	ation's direct and indirect political ures			▶ €				
3 Volunteer hours for	, ,								
	pontiour oumpui								
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3).					
1 Enter the amount o	f any excise tax i	incurred by the organization under	section 4955		. ► \$				
2 Enter the amount o	f any excise tax i	incurred by organization managers	under section 4955		. ► \$				
		n 4955 tax, did it file Form 4720 fo				Yes No			
						Yes No			
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c)	except section A	501(2)(3)	1			
-		-	• •	-					
		by the filing organization for secti ization's funds contributed to othe			. 🏴 🖣 🔡				
exempt function ac			-		▶\$				
•		. Add lines 1 and 2. Enter here and			••				
-	-				▶\$				
		1120-POL for this year?				Yes No			
		ployer identification number (EIN)				e filing organization			
		ion listed, enter the amount paid f							
		omptly and directly delivered to a s		•	eparate se	egregated fund or a			
		additional space is needed, provid	1	1					
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid filing organizatio		(e) Amount of political ontributions received and			
				funds. If none, ent	er -0	promptly and directly			
						delivered to a separate political organization.			
						If none, enter -0			
E. D	an Ast Nation			1	0.1	a dula () (Earma () () () () () ()			

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

Schedule C (Form 990) 2021

132041 11-03-21

	METROI DEVEL(N CONSORTIU	M OF COMMUNI		.658654 Page 2
Part II-A Complete if the org section 501(h)).			npt under section	1 501(c)(3) and file		
	tion belong	gs to an affil	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar		5	•			, , ,
B Check 🕨 🗌 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		
		oying Exper eans amou	nditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience publ	ic opinion (g	grassroots lobbying)			
b Total lobbying expenditures to influ	ience a leg	jislative bod	ly (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a anc	11b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Ente		unt from the	e following table in both	n columns.		
If the amount on line 1e, column (a) o	r (b) is:		bying nontaxable am	ount is:		
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000	,		00 plus 15% of the exce			
Over \$1,000,000 but not over \$1,50	,		00 plus 10% of the exce	· · · · ·		
Over \$1,500,000 but not over \$17,	000,000		00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
a Crassrate pentavable amount (an	tor 25% of	line 1f)				
g Grassroots nontaxable amount (enh Subtract line 1g from line 1a. If zero		,				<u> </u>
i Subtract line 1f from line 1c. If zero		-1 0				
j If there is an amount other than zer			line 1i did the organiza			
reporting section 4911 tax for this					[Yes No
(Some organizations th	nat made a	a section 50	eraging Period Under 01(h) election do not l ate instructions for lir	have to complete all o	f the five columns be	elow.
	Lobb	oying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

132042 11-03-21

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	X	X		
	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
-	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		10	,000.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X X		
	Other activities?		Δ	1.0	,000.
	Total. Add lines 1c through 1i		x	10	,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	n 501(c)(5), or sec		3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).	cai			
-			2a		
	Current year Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Prov instru	t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II-	A, lines 1 a	nd 2 (See	
ON	BEHALF OF OUR MEMBERS AND IN PARTNERSHIP WITH COAL	TIONS	AT TH	2	
LOC	CAL AND STATE LEVEL, MCCD WORKED TO INCREASE INVEST	IENTS,	POLIC	Y	
CHZ	NGES AND BUILD SUPPORT FOR COMMUNITY DEVELOPMENT (A	FFORD	ABLE H	DUSING	
ANI	COMMUNITY ECONOMIC DEVELOPMENT) DURING THE 2021 LE	GISLA	TIVE		
SES	SION. THE COVID-19 GLOBAL PANDEMIC CONTINUED TO HAV	VE AN I		ON	000) 2021

132043 11-03-21

Schedule C (Form 990) 2021

METROPOLITAN CONSORTIUM OF COMMUNITY
Schedule C (Form 990) 2021 DEVELOPERS 41-1658654 Page 4
Part IV Supplemental Information (continued)
MCCD'S POLICY WORK AND ADVOCACY REMAINED REMOTE AS THE CAPITOL WASN'T
OPEN TO THE PUBLIC. DURING THE 2021 LEGISLATIVE SESSION MCCD LED
ADVOCACY EFFORTS TO SECURE \$100 MILLION IN BONDS TO DEVELOP AND
PRESERVE PERMANENT AFFORDABLE HOUSING. MCCD ALSO SECURED AN ADDITIONAL
\$7 MILLION IN ONE-TIME INVESTMENTS FOR THE BUSINESS DEVELOPMENT
COMPETITIVE GRANT PROGRAM, WHICH PROVIDES GRANTS TO NON-PROFIT ECONOMIC
DEVELOPMENT ORGANIZATIONS TO PROVIDE SMALL BUSINESS TECHNICAL
ASSISTANCE. WE ALSO HEAVILY CONTRIBUTED TO ADVOCACY EFFORTS FOR THE
MAIN STREET REVITALIZATION PROGRAM AIMED AT SUPPORTING REDEVELOPMENT IN
AREAS IMPACTED BY THE 2020 UPRISING IN MINNEAPOLIS AND ST. PAUL.

Schedule C (Form 990) 2021

132044 11-03-21

SC	SCHEDULE D Supplemental		al Financial Statements		0	MB No. 1545	-0047
(Forn	n 990)		anization answered "Yes" on Form 990,			202	7
Depart	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Pepartment of the Treasury					Open to P	ublic
Interna	rnal Revenue Service Control C						1
Nam	e of the organizatio		RTIUM OF COMMUNITY	Em	nployer ider	ntification n 165865	
Par	t I Organizat	DEVELOPERS tions Maintaining Donor Advised	d Funds or Other Similar Funds o				4
I u		answered "Yes" on Form 990, Part IV, lin		n Accou			
			(a) Donor advised funds	(b) Fu	nds and oth	ner accounts	<u> </u>
1	Total number at end	d of year					
2		contributions to (during year)					
3	Aggregate value of	grants from (during year)					
4	Aggregate value at	end of year					
5	-		writing that the assets held in donor advised				
			exclusive legal control?		L	Yes	No
6	•		dvisors in writing that grant funds can be us	•			
			r donor advisor, or for any other purpose co	•]Yes [No
Par	t II Conserva	ition Easements. Complete if the ord	ganization answered "Yes" on Form 990, Pa	art IV line 7			
1		ervation easements held by the organization		are rv, into 7			
•		of land for public use (for example, recrea		historically	v important	land area	
		natural habitat	Preservation of a				
	Preservation	of open space					
2	Complete lines 2a t	hrough 2d if the organization held a qualif	ied conservation contribution in the form of	a conserva	ation easem	ent on the l	ast
	day of the tax year.				Held at the	e End of the T	fax Year
а	Total number of cor	nservation easements		<u>2</u> a			
b	-						
с.			ucture included in (a)				
d			after 7/25/06, and not on a historic structure				
3			eased, extinguished, or terminated by the c		during the	tax	
Ŭ	year ►			gamzator	r danng the	lax	
4		/here property subject to conservation eas	sement is located				
5	Does the organizati	on have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enfo	rcement of the conservation easements it	holds?			Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation eas	ements dur	ing the year	
	►						
7		es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easemer	nts during th	ne year	
•		ation accomment reported on line 2(d) about	e satisfy the requirements of section 170(h)	(A)(D)(i)			
8						Yes	No
9			on easements in its revenue and expense si				
•		•	note to the organization's financial statemen				
	organization's acco	unting for conservation easements.					
Par			Art, Historical Treasures, or Oth	er Simila	ar Assets		
	Complete if t	the organization answered "Yes" on Form	990, Part IV, line 8.				
1 a	-		8, not to report in its revenue statement and				
		· ·	blic exhibition, education, or research in furt		public		
			ncial statements that describes these items.				
D	-		8, to report in its revenue statement and ba				
		ig amounts relating to these items:	exhibition, education, or research in furthe	rance of pu		,	
	-				\$		
				F	\$		
2			asures, or other similar assets for financial g				
		nts required to be reported under FASB A					
а	Revenue included c	on Form 990, Part VIII, line 1	-	►	\$		
				►			
LHA	For Paperwork Re	duction Act Notice, see the Instructions	s for Form 990.		Schedule	D (Form 99	90) 2021
132051	10-28-21		20				

17351108 143399 139509

29 2021.05000 METROPOLITAN CONSORTIUM O 139509_1

METROPOLITAN	CONSORTIUM	OF	COMMUNITY

		LITAN CONS	ORTIOM	OF (COMMUNI	ĽΥ	4.1 1		
	dule D (Form 990) 2021 DEVELOP					011000			Page 2
Par	t III Organizations Maintaining C								ued)
3	Using the organization's acquisition, accession	on, and other record	s, check an	y of the f	following that n	nake sign	ificant use of its	6	
	collection items (check all that apply):								
а	Public exhibition	c			hange progran				
b	Scholarly research	e	e 🛄 Oth	ier					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they t	further th	ne organization	's exempt	t purpose in Par	t XIII.	
5	During the year, did the organization solicit o						_		
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arran		ete if the org	ganizatio	on answered "Y	'es" on Fo	orm 990, Part IV	, line 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi		•				_		
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	Э:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance								
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esci	row or cu	ustodial accour	nt liability	?L	Yes	No No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i				1		Thursday 1		
		(a) Current year	(b) Prior	year	(c) Two years	раск (а	Three years back	(e) Four	years 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 curr	ent year end balance	e (line 1g, co	olumn (a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that ar	e held ar	nd administere	d for the c	organization	_	
	by:								Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sche	dule R?				3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lir	ne 11a. S	See Form 990, I	Part X, lin	e 10.		
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Acci	umulated	(d) Bool	< value
_		basis (investr			(other)	• •	eciation	-	
1a	Land			5	4,100.			54	4,100.
	Buildings				1,549.	5	8,971.		2,578.
	Leasehold improvements				-	-	-		
	Equipment			2	3,762.	1	.0,321.	13	3,441.
	Other				4,180.		3,053.		L,127.
	Add lines 1a through 1e. (Column (d) must e		X column (,246.

Schedule D (Form 990) 2021

			er Securities.	
Schedule D	(Form 990)	2021 I	DEVELOPERS	

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PROGRAM LOANS RECEIVABLE	5,666,483.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	5,666,483.	

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
T		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

X

132053 10-28-21

METROPOLITAN	CONSORTIUM	OF	COMMUNITY

	edule D (Form 990) 2021 DEVELOPERS		41-	1658654 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	14,747,823.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			14,747,823.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
-			5	14,747,823.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)		11//1//0250
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expension		n.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line	atements With Expension		n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expension ine 12a.	ses per Retur	13,028,371.
Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li	tatements With Expension ine 12a.	ses per Retur	n.
Pa 1	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	ine 12a.	ses per Retur	n.
Pa 1 2	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ine 12a.	ses per Retur	n.
Pa 1 2 a	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	ses per Retur	n.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ine 12a.	ses per Retur	n.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	1	n. <u>13,028,371.</u> 0.
Par 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return	n.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ses per Return	n. <u>13,028,371.</u> 0.
Pai 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ses per Return	n. <u>13,028,371.</u> 0.
Par 1 2 b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d 2d	ses per Return	n. <u>13,028,371.</u> 0.
Par 1 2 b c d e 3 4	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	2e 3	n. <u>13,028,371.</u> <u>0.</u> <u>13,028,371.</u> 0.
Pa 1 2 4 6 3 4 5	TXII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, II Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2b 2c 2d 2d	ses per Return 1 2e 3 4c	n. <u>13,028,371.</u> <u>0.</u> <u>13,028,371.</u>

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN
EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES THRESHOLD
PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN
OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE
REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE ORGANIZATION FOR
UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2021 AND 2020.

132054 10-28-21

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to Forus s.gov/Form990 forus		nation.		Open to Public Inspection
Name of the organization METROPOLI DEVELOPER		RTIUM OF CO	MMUNITY				Employer identification number $41 - 1658654$
Part I General Information on Grants a							
1 Does the organization maintain records criteria used to award the grants or assisted to award the grants or assisted to a solution of the grant of	stance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to		<u> </u>			anization answered "N	es" on Form 990 Par	t IV line 21 for any
recipient that received more than				1 0	anization answered i	es off off 330, 1 al	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GEDI CAR SERVICES LLC							
2708 WAYZATA BLVD #101							
MINNETONKA , MN 55305	46-4558345		10,000.	0.			DEED MAIN STREET GRANT
INDEPENDENT MEDICAL SUPPLY LLC							
2924 ANTHONY LN #105							
ST. ANTHONY, MN 55418	47-4457407		10,000.	0.			DEED MAIN STREET GRANT
TWIN CITY FREIGHT							
1323 E 22ND ST #201							
MINNEAPOLIS, MN 55404	85-3111573		10,000.	0.			DEED MAIN STREET GRANT
TIMOHUN PRIORITY TRANSPORT							
3755 SNELLING AVE S #507							
MINNEAPOLIS, MN 55406	46-5744048		10,000.	0.			DEED MAIN STREET GRANT
UMI BOUTIQUE							
3251 FLYING CLOUD DR #2188							
EDEN PRAIRIE, MN 55344	84-2414470		10,000.	0.			DEED MAIN STREET GRANT
VARIYE TAX SERVICE							
2910 PILLSBURY AVENUE S 212A							
AINNEAPOLIS, MN 55337	87-2540431		10,000.	0.			DEED MAIN STREET GRANT
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				56
3 Enter total number of other organization	s listed in the line 1	table					Schedule I (Form 990) 202

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

hedule I (Form 990) DEVELOPERS							41-1658654 Page 1		
Part II Continuation of Grants and Othe	r Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	urt II.)			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LAKE STREET KITCHEN									
1516 E. LAKE STREET 300C									
MINNEAPOLIS, MN 55407	84-4468615		10,000.	٥.			DEED MAIN STREET GRANT		
ABDI PROPERTY, LLC									
13875 CHESTNUT DRIVE APT 223									
EDEN PRAIRIE, MN 55344	60-3799038		10,000.	0.			DEED MAIN STREET GRANT		
MERISEL COMPUTERS									
2833 13TH AVE S SUITE 911									
MINNEAPOLIS, MN 55407	20-0262209		10,000.	0.			DEED MAIN STREET GRANT		
	20 0202209		10,000.				DEED MAIN SIREEI GRANI		
21 LOGISTICS LLC									
1305 50TH AVE N									
MINNEAPOLIS, MN 55430	82-5367242		10,000.	٥.			DEED MAIN STREET GRANT		
ZIZI BOUTIQUE									
315 W LAKE ST									
MINNEAPOLIS, MN 55408	81-4493326		10,000.	٥.			DEED MAIN STREET GRANT		
ABBASEXPRESS									
2930 BLAISDELL AVE APT329									
MINNEAPOLIS, MN 55408	89-3138308		10,000.	0.			DEED MAIN STREET GRANT		
ABDI ABDULLAHI									
1401 122ND STREET APT 1									
BURNSVILLE, MN 55337	46-9476798		10,000.	0.			DEED MAIN STREET GRANT		
	10 91/0/90		10,000.	· · ·					
ABDIKHADAR ALI									
47 W 77TH STREET									
RICHFIELD , MN 55423	47-4495529		10,000.	٥.			DEED MAIN STREET GRANT		
FAIR STATE BREWING COOPERATIVE									
2075 ELLIS AVE									
ST. PAUL, MN 55114	32-0400422		15,000.	0.			COVID RELIEF GRANT		
<u> </u>	52 5100122		1 13,000.	· ·					

Schedule I (Form 990)

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MX ENTERPRISES, INC.							
3001 WHITE BEAR AVENUE NORTH							
MAPLEWOOD, MN 55109	20-0655928		15,000.	0.			COVID RELIEF GRANT
POMPADORZ, INC.							
700 GRAND AVE SUITE 100B							
ST. PAUL, MN 55105	41-1943452		15,000.	0.			COVID RELIEF GRANT
UNIVERSAL TRANSIT SERVICES, INC.							
3550 LEXINGTON AVE N SUITE 101A							
SHOREVIEW, MN 55126	27-1383271		15,000.	0.			COVID RELIEF GRANT
LAKE MONSTER BREWING CO							
550 VANDALIA STREET SUITE 160							
ST. PAUL, MN 55114	46-1885060		15,000.	0.			COVID RELIEF GRANT
2M INC							
5910 LEXINGTON AVE N							
SHOREVIEW, MN 55126	61-1754562		15,000.	0.			COVID RELIEF GRANT
2MA INC							
444 MARYLAND AVE W	82-4094335		15 000	0.			COULD DELTEE CDANM
ST. PAUL, MN 55117	02-4054555		15,000.	0.			COVID RELIEF GRANT
7TH STREET WEST INC							
1950 7TH ST WEST							
ST. PAUL, MN 55116	27-3889309		15,000.	0.			COVID RELIEF GRANT
AGARTA HOME CARE SERVICES, INC.							
987 RICE ST							
ST. PAUL, MN 55117	90-0649404		15,000.	0.			COVID RELIEF GRANT
AGILITY ENGINEERING AND							
MANUFACTURING SOLUTIONS, INC							
222 LITTLE CANADA ROAD E - ST.							
PAUL, MN 55117	41-0723637		15,000.	Ο.			COVID RELIEF GRANT

Schedule I (Form 990)

ichedule I (Form 990) DEVELOPERS							41-1658654 Page	
Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ALBERS MECHANICAL CONTRACTORS,								
INC 200 WEST PLATO BLVD -								
ST. PAUL, MN 55107	41-0906483		15,000.	0.			COVID RELIEF GRANT	
ALFONSOS INC.								
1698 RANDOLPH AVE								
ST. PAUL, MN 55105	41-1930714		15,000.	0.			COVID RELIEF GRANT	
AMERICAN ACADEMY OF TRADITIONAL			,					
CHINESE MEDICINE, INC 1925 W								
COUNTY ROAD B2 - ROSEVILLE, MN								
55113	41-1918683		15,000.	0.			COVID RELIEF GRANT	
ANDREW KAPPAS, INC.								
241 7TH ST E			15.000					
ST. PAUL, MN 55101	41-0912929		15,000.	0.			COVID RELIEF GRANT	
ARTHUR F. WILLIAMS, INC.								
772 CLEVELAND AVENUE SOUTH								
ST. PAUL, MN 55117	41-0942678		15,000.	0.			COVID RELIEF GRANT	
ARTIFORGE, INC.								
1995 COUNTY ROAD B2 W SUITE 3								
ROSEVILLE, MN 55113	84-3160466		15,000.	0.			COVID RELIEF GRANT	
AURORA ACADEMY INC.								
1048 AURORA AVE	04 4020425		15 000					
ST. PAUL, MN 55104	84-4938435		15,000.	0.			COVID RELIEF GRANT	
AUTOMOTIVE VENTURES GROUP, INC.								
3854 LEXINGTON AVE N								
SHOREVIEW, MN 55126	41-1783659		15,000.	0.			COVID RELIEF GRANT	
,								
B&C WU INC								
1061 HUDSON ROAD								
ST. PAUL, MN 55106	47-5153142		15,000.	0.			COVID RELIEF GRANT	

Schedule I (Form 990)

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER		antin Organiantian	and Domestic Co	wornmonte (Coh			<u>1-1050054 Pa</u>
Part II Continuation of Grants and Other				overnments (SCN	euule I (Form 990), Pa	uru.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BABCOCK AND SON SECURITY							
CORPORATION - 716 S CLEVELAND AVE							
- ST. PAUL, MN 55116	41-1418494		15,000.	0.			COVID RELIEF GRANT
BAKER AND LOVER, INC.							
1279 RANDOLPH AVENUE							
ST. PAUL, MN 55105	82-2290911		15,000.	0.			COVID RELIEF GRANT
BEST INDIAN FOOD INC							
27 CENTURY AVE N	00.000405		15 000				
MAPLEWOOD, MN 55126	83-3282427		15,000.	0.			COVID RELIEF GRANT
BLACK STACK BREWING INC							
755 PRIOR AVE NORTH SUITE 110							
ST. PAUL, MN 55104	47-2266463		15,000.	0.			COVID RELIEF GRANT
51. INOL, MA 55104	47 2200403		15,000.				
BOLEEN ENTERPRISES, INC.							
1350 HWY 96 E SUITE 7							
WHITE BEAR LAKE, MN 55110	41-1750614		15,000.	0.			COVID RELIEF GRANT
,			, ,				
COMPLETE BEVERAGE SERVICE, INC							
1100 SOUTH RANKIN ST							
ST. PAUL, MN 55116	41-1804810		15,000.	0.			COVID RELIEF GRANT
COOK ST. PAUL, LLC							
1124 PAYNE AVE							
ST. PAUL, MN 55130	46-4254348		15,000.	0.			COVID RELIEF GRANT
DIXON ARCHIBALD HOSPITALITY INC.							
857 VILLAGE CENTER DRIVE							
NORTH OAKS, MN 55127	84-3957894		15,000.	0.			COVID RELIEF GRANT
	01 0000		15,000.	0.			SOUTH VEHILL GUANT
DLP FOODS, INC.							
1829 N ST PAUL ROAD							
MAPLEWOOD, MN 55109	75-3041524		15,000.	٥.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPER	4	41-1658654 Page 1					
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DO INC							
DO, INC. 2339 FAIRVIEW AVE N							
ROSEVILLE, MN 55113	80-0079797		15,000.	0.			COVID RELIEF GRANT
DOWNTOWN BP, INC. 542 ROBERT STREET N							
ST. PAUL, MN 55101	46-5706523		15,000.	0.			COVID RELIEF GRANT
51. INOL, MA 55101	40 5700525		15,000.				COVID REDIEF GRANT
DUNN BROS COFFEE FRANCHISING, INC.							
2335 HIGHWAY 36 W STE 201							
ROSEVILLE, MN 55113	41-1924480		15,000.	0.			COVID RELIEF GRANT
			,				
EL QUETZAL II INC							
1532 WHITE BEAR AVENUE N							
ST. PAUL, MN 55106	84-1292219		15,000.	0.			COVID RELIEF GRANT
FALCON HEIGHTS GAS & CONVENIENCE,							
INC 1691 SNELLING AVE N -							
FALCON HEIGHTS, MN 55113	20-5267496		15,000.	0.			COVID RELIEF GRANT
NO NO CONDUCT THE							
HO HO GOURMET, INC. 1985 OLD HUDSON RD							
ST. PAUL, MN 55119	41-1760295		15,000.	0.			COVID RELIEF GRANT
51. FROD, MR 55115	41 1700255		15,000.				COVID REFIEL GRANT
HUNN, INC.							
1682 LEXINGTON AVE NORTH							
ROSEVILLE, MN 55113	41-1825730		15,000.	0.			COVID RELIEF GRANT
· · ·			,				
INTERNATIONAL BRASS, INC.							
2839 WHITE BEAR AVE N							
MAPLEWOOD, MN 55109	41-1888493		15,000.	0.			COVID RELIEF GRANT
JGT, INC. 3225 COUNTRY DRIVE SUITE 100							
	41-1804784		15,000.	0.			COVID RELIEF GRANT
LITTLE CANADA, MN 55117	41-1004/04		1 15,000.	۰.			LOATD VETTER, GRANT

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER;	2					4	L-1030034 Pag
Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAUDERDALE CERTIFIED AUTO REPAIR							
INC 2421 LARPENTUER AVE WEST							
- ST. PAUL, MN 55113	82-3713853		15,000.	0.			COVID RELIEF GRANT
METRO SOUND AND LIGHTING, INC.							
.731 UNIVERSITY AVE W							
ST. PAUL, MN 55104	46-8720365		15,000.	0.			COVID RELIEF GRANT
MINNESOTA CRANIOFACIAL CENTER P.C. 2550 UNIVERSITY AVE W SUITE 143N							
ST. PAUL, MN 55114	46-1356143		15,000.	0.			COVID RELIEF GRANT
NORTH SUBURBAN BP							
415 WEST HIGHWAY 96							
SHOREVIEW, MN 55126	26-1854911		15,000.	0.			COVID RELIEF GRANT
	20 103 1911		10,000.				
PERFECTION HEALTH CARE SERVICES,							
INC 1225 COOK AVENUE EAST -							
ST. PAUL, MN 55016	83-1036011		15,000.	0.			COVID RELIEF GRANT
PLANTS BY DESIGN, INC.							
2350 WYCLIFF ST #101							
ST. PAUL, MN 55114	86-1658132		15,000.	0.			COVID RELIEF GRANT
PREMIER STAFFING GROUP, INC.							
391 MARYLAND AVE EAST							
ST. PAUL, MN 55130	83-2821958		15,000.	0.			COVID RELIEF GRANT
PROACTIVE HEALTHCARE, PC							
LO1 5TH ST E SUITE 227							
ST. PAUL, MN 55101	45-5246950		15,000.	0.			COVID RELIEF GRANT
ROSETOWN MEMORIAL POST #542 SOCIAL							
CLUB - 700 COUNTY ROAD C WEST -							
ROSEVILLE, MN 55113	41-0991184		15,000.	0.			COVID RELIEF GRANT

Part II Continuation of Grants and Othe	er Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
RUN N FUN, INC								
868 RANDOLPH AVE								
ST. PAUL, MN 55102	41-1888073		15,000.	0.			COVID RELIEF GRANT	
SHOREVIEW BP GROUP, INC.								
5990 HODGSON ROAD								
SHOREVIEW, MN 55126	26-2805683		15,000.	0.			COVID RELIEF GRANT	
SING & YANG INC								
2811 HAMLINE AVE N	27 2252275		15 000	0			CONTR DELIGE CRANE	
ROSEVILLE, MN 55113	27-3352275		15,000.	0.			COVID RELIEF GRANT	
SKINNER'S PUB, INC.								
919 RANDOLPH AVE								
ST. PAUL, MN 55102	41-1977813		15,000.	0.			COVID RELIEF GRANT	
SUPERIOR FLOORING CORPORATION								
2053 OLD HIGHWAY 8								
NEW BRIGHTON, MN 55304	41-1534682		15,000.	0.			COVID RELIEF GRANT	
THE GOOD LIFE COMPANY, INC.								
865 UNIVERSITY AVE W VICTORIA								
ST. PAUL, MN 55104	47-2267792		15,000.	0.			COVID RELIEF GRANT	
,			,					
VERTICAL ENDEAVORS, INC.								
845 PHALEN BLVD								
ST. PAUL, MN 55106	41-1711623		15,000.	0.			COVID RELIEF GRANT	
WILLIAM BISHOP HOLDINGS INC.								
4610 MILTON ST N								
SHOREVIEW, MN 55126	81-4085026		15,000.	0.			COVID RELIEF GRANT	
· · · · ·								
YEE PHONG INC								
1191 EARL ST								
ST. PAUL, MN 55106	05-0522275		15,000.	Ο.			COVID RELIEF GRANT	

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPE	2A2					4	EI-1000004 Pa
Part II Continuation of Grants and Oth	er Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAUSEN ENTERPRISES, INC.							
1310 COUNTY ROAD E W							
ST. PAUL, MN 55112	41-1518980		15,000.	0.			COVID RELIEF GRANT
HQ - MINNESOTA, LLC 1044 WEST 7TH STREET							
ST. PAUL, MN 55102	84-2181548		15,000.	0.			COVID RELIEF GRANT
LARKIN DANCE STUDIO, INC. 1400 HIGHWAY 36 E							
MAPLEWOOD, MN 55109	41-1363541		15,000.	0.			COVID RELIEF GRANT
MY BURGER USA, INC. 1580 GRAND AVE W							
ST. PAUL, MN 55105	27-4745032		15,000.	٥.			COVID RELIEF GRANT
PROMEDIA PRODUCTIONS, INC. 2593 HAMLINE AVE							
ROSEVILLE, MN 55113	41-1476439		15,000.	0.			COVID RELIEF GRANT
NOVOCLADE, INC. 1000 WESTGATE DR STE 105							
ST. PAUL, MN 55114	85-3376188		15,000.	0.			COVID RELIEF GRANT
REVELRY, LLC 956 PAYNE							
ST. PAUL, MN 55130	81-2934033		15,000.	0.			COVID RELIEF GRANT
RICE ST FISH AND CHICKEN, INC							
954 RICE STREET	46 4742440		15.000	_			
ST. PAUL, MN 55117	46-4743440		15,000.	0.			COVID RELIEF GRANT
SWILL CORPORATION 1360 UNIVERSITY AVE W							
ST. PAUL, MN 55104	41-1935884		15,000.	٥.			COVID RELIEF GRANT

Part II Continuation of Grants and Othe	er Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WORLD FOODS, INC.								
2189 4TH STREET								
WHITE BEAR LAKE, MN 55110	41-2007627		15,000.	0.			COVID RELIEF GRANT	
YIN YANG RESTAURANT, INC.								
2645 WHITE BEAR								
MAPLEWOOD, MN 55109	20-5797014		15,000.	0.			COVID RELIEF GRANT	
CAFE BIAGGIO, INC 2356 UNIVERSITY AVENUE W.								
ST. PAUL, MN 55114	41-2007967		15,000.	0.			COVID RELIEF GRANT	
51. IAOL, MA 55114	41 2007507		15,000.				COVID REDIEF GRANI	
CASA AZUL AGAVE, INC.								
296 LARPENTEUR AVE E								
ST. PAUL, MN 55117	82-3321047		15,000.	0.			COVID RELIEF GRANT	
i								
CJMA INC								
790 COUNTY ROAD D								
NEW BRIGHTON, MN 55112	27-3574540		15,000.	0.			COVID RELIEF GRANT	
GERALD, INC.								
1132 E COUNTY RD E	41 0000514		15 000					
VADNAIS HEIGHTS, MN 55110	41-0968514		15,000.	0.			COVID RELIEF GRANT	
HOGGSBREATH ENTERPRISES, INC.								
2504 RICE STREET								
ST. PAUL, MN 55113	41-1309056		15,000.	0.			COVID RELIEF GRANT	
- ,			,					
HORIZON CHEMICAL CO. INC.								
4444 ROUND LAKE RD W								
ARDEN HILLS, MN 55112	41-1743611		15,000.	٥.			COVID RELIEF GRANT	
J.R. MAC INC.								
1420 WEST SEVENTH ST								
ST. PAUL, MN 55102	41-1590871		15,000.	0.			COVID RELIEF GRANT	

shedule I (Form 990) DEVELOPERS							41-1658654 Page 1		
Part II Continuation of Grants and Othe	er Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	I		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MIDWAY GROCERY & DELI INC. 839 UNIVERSITY AVE W STE 111	83-0735094		15.000	0.			CONTR DELIGE CRANM		
ST. PAUL, MN 55104	83-0735094		15,000.	0.			COVID RELIEF GRANT		
O'HALLORAN & MURPHY CO. 2245 HAMLINE AVENUE NORTH									
ROSEVILLE, MN 55113	41-0683110		15,000.	0.			COVID RELIEF GRANT		
REEMO CORPORATION 1200 RICE STREET									
ST. PAUL, MN 55117	27-1619901		15,000.	0.			COVID RELIEF GRANT		
SALON 760 IN HIGHLAND INC. 760 SOUTH CLEVELAND AVENUE									
ST. PAUL, MN 55116	39-2029503		15,000.	0.			COVID RELIEF GRANT		
THE EGG AND I EAST, INC. 2550 UNIVERSITY AVE W	41 4500650		15.000						
ST. PAUL, MN 55114	41-1589652		15,000.	0.			COVID RELIEF GRANT		
THE RESERVE INC 1915 MN 36									
ROSEVILLE, MN 55113	47-4758038		15,000.	0.			COVID RELIEF GRANT		
VILLAGER COMMUNICATIONS, INC. 614 GRAND AVE.									
ST. PAUL, MN 55102	41-1542220		15,000.	0.			COVID RELIEF GRANT		
SAINT PAUL BALLET 655 FAIRVIEW AVENUE NORTH									
ST. PAUL, MN 55104	41-1882522		15,000.	0.			COVID RELIEF GRANT		
A B F INDUSTRIES, INC. 2140 ENERGY PARK DR									
ST. PAUL, MN 55108	41-1275991		15,000.	0.			COVID RELIEF GRANT		

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPE	RS					4	EL-1000004 Pa
Part II Continuation of Grants and Othe	r Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A'BULAE LLC							
255 EAST 6TH ST. 6TH FLOOR							
ST. PAUL, MN 55101	45-5379776		15,000.	٥.			COVID RELIEF GRANT
ACAPULCO OF NEW BRIGHTON, INC.							
, 1113 SILVER LAKE ROAD NW							
NEW BRIGHTON, MN 55112	26-2759101		15,000.	0.			COVID RELIEF GRANT
ACCELERATION MINNESOTA INC. 3808 DUNLAP ST N							
ARDEN HILLS, MN 55112	41-2128169		15,000.	0.			COVID RELIEF GRANT
ADWEAR, INC. 482 GRIGGS STREET SOUTH							
ST. PAUL, MN 55116	41-1728867		15,000.	0.			COVID RELIEF GRANT
ALL AMERICAN CAR WASH, INC. 1340 WEST 7TH ST							
ST. PAUL, MN 55102	45-3458891		15,000.	0.			COVID RELIEF GRANT
ANNA'S CARDS & GIFTS INC. 1073 HIGHWAY 96 W							
SHOREVIEW, MN 55126	41-1968804		15,000.	٥.			COVID RELIEF GRANT
ARDEN HILLS TOBACCO INC. 3673 LEXINGTON AVE N STE K							
ARDEN HILLS, MN 55126	80-0097837		15,000.	٥.			COVID RELIEF GRANT
ATKINSON LAW OFFICE, P.A. 6 PINE TREE DRIVE SUITE 225							
ARDEN HILLS, MN 55112	27-0879090		15,000.	٥.			COVID RELIEF GRANT
AUDIOQUIP INC. 782 TRANSFER ROAD							
	41-1808480		15,000.	0.			COVID RELIEF GRANT
ST. PAUL, MN 55114	41-1000480		1 15,000.	U.			LOATD KETTEL GRAML

Schedule I (Form 990) DEVELOPER		41-1658654 Page					
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AWARDS BY HAMMOND, INC 1669 UNIVERSITY AVENUE W							
ST. PAUL, MN 55104	41-1244015		15,000.	0.			COVID RELIEF GRANT
B& L SUPPLY INC. 649 SMITH AVENUE SOUTH SUITE 100							
ST. PAUL, MN 55107	41-1889519		15,000.	0.			COVID RELIEF GRANT
BARLEY JOHN'S INC. 781 OLD HWY 8 SW							
MINNEAPOLIS, MN 55418	41-1918006		15,000.	0.			COVID RELIEF GRANT
BEMAN CAPITAL GROUP, INC. 925 COUNTY ROAD E EAST SUITE 180							
VADNAIS HEIGHTS, MN 55127	47-2177400		15,000.	0.			COVID RELIEF GRANT
CARLSON CHIROPRACTIC CORPORATION 702 IONA LANE ROSEVILLE, MN 55113	27-0057691		15,000.	0.			COVID RELIEF GRANT
, CATRINAS III, LLC 84 WABASHA ST S SUITE 3							
ST. PAUL, MN 55107	82-2707724		15,000.	0.			COVID RELIEF GRANT
CEDAR SPECIALISTS & BEST PAINTING, INC 2012 BARCLAY ST -							
MAPLEWOOD, MN 55109	20-4652059		15,000.	0.			COVID RELIEF GRANT
CIVITALI RESTAURANT CORPORATION 1018 COUNTY HIGHWAY 96							
VADNAIS HEIGHTS, MN 55127	41-1817958		15,000.	0.			COVID RELIEF GRANT
CIVITALI RESTAURANT CORPORATION 1767 COUNTY ROAD B2 W							
ROSEVILLE, MN 55113	41-1817958		15,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPER								
Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CIVITALI RESTAURANT CORPORATION								
769 GRAND AVENUE ST. PAUL, MN 55105	41-1817958		15,000.	0.			COVID RELIEF GRANT	
CIVITALI RESTAURANT CORPORATION 708 CLEVELAND AVE ST								
ST. PAUL, MN 55116	41-1817958		15,000.	0.			COVID RELIEF GRANT	
CONTRERAS EDIN & ASSOCIATES, PLLC 200 UNIVERSITY AVE W SUITE 200								
ST. PAUL, MN 55103	45-4904221		15,000.	0.			COVID RELIEF GRANT	
ELEVAGE MANAGEMENT GROUP, LLC 159 GRASS LAKE PLACE								
SHOREVIEW, MN 55126	81-1989852		15,000.	0.			COVID RELIEF GRANT	
FLAHERTY'S ARDEN BOWL, INC. 1273 COUNTY ROAD E W								
ARDEN HILLS, MN 55112	41-6028894		15,000.	0.			COVID RELIEF GRANT	
FREEWAY TOWING, INC. 299 5TH AVE SW								
NEW BRIGHTON, MN 55112	26-4248974		15,000.	0.			COVID RELIEF GRANT	
G 1 INC 887 ARCADE ST								
ST. PAUL, MN 55106	82-3429475		15,000.	0.			COVID RELIEF GRANT	
GENTRY ACADEMY INC.								
1420 COUNTY ROAD E EAST VADNAIS HEIGHTS, MN 55110	47-1478975		15,000.	0.			COVID RELIEF GRANT	
GOLDEN THYME COFFEE SHOP, INC.								
934 SELBY AVENUE SUITE 1 ST. PAUL, MN 55104	03-0602774		15,000.	0.			COVID RELIEF GRANT	

Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
GRANDTOURS, INC.								
855 VILLAGE CENTER DRIVE #333								
NORTH OAKS, MN 55127	27-4132676		15,000.	0.			COVID RELIEF GRANT	
HARRISON TILE COMPANY								
75 W VIKING DRIVE SUITE 102								
LITTLE CANADA, MN 55102	41-2004398		15,000.	0.			COVID RELIEF GRANT	
INDEPENDENT HEALTHCARE RESOURCES								
L.L.C 393 N DUNLAP STREET #820	81-0963795		15 000	0.			COVID RELIEF GRANT	
- ST. PAUL, MN 55104	01-0903795		15,000.	0.			COVID RELIEF GRANT	
JOHNSEN FOOD PUB, INC.								
1347 BURNS AVENUE								
ST. PAUL, MN 55106	41-2011738		15,000.	0.			COVID RELIEF GRANT	
51. INSE, MY 55100	41 2011/30		15,000.	••				
KITZ ELLE FASHIONS LLC								
1635 COUNTY ROAD C W								
ROSEVILLE, MN 55113	83-3041330		15,000.	0.			COVID RELIEF GRANT	
LISU COMO LLC								
L552 COMO AVENUE								
ST. PAUL, MN 55108	84-3826423		15,000.	0.			COVID RELIEF GRANT	
MAPLEWOOD PIZZA RANCH, INC.								
L845 E CO RD D								
MAPLEWOOD, MN 55109	82-3485036		15,000.	0.			COVID RELIEF GRANT	
IINI APPLE INTERNATIONAL								
IONTESSORI SCHOOL INC 1875 WEST								
PERIMETER DR - ROSEVILLE, MN								
55113	41-1675091		15,000.	0.			COVID RELIEF GRANT	
IINNESOTA HEAD AND NECK PAIN								
LINIC, P.A 2550 UNIVERSITY								
VENUE WEST SUITE 189S - ST.								
PAUL, MN 55114	41-1526541		15,000.	0.			COVID RELIEF GRANT	

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER	67					4	ET-T000004 Pa
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MSP TOBACCO AND VAPOR INC							
2439 7TH STREET WEST							
ST. PAUL, MN 55116	82-2757795		15,000.	0.			COVID RELIEF GRANT
MTD COMMUNICATIONS, INC.							
287 E 6TH ST							
ST. PAUL, MN 55101	41-1430517		15,000.	0.			COVID RELIEF GRANT
NAMASTE INDIA INC							
3673 LEXINGTON AVE N SUITE L							
ARDEN HILLS, MN 55126	84-2469004		15,000.	0.			COVID RELIEF GRANT
PERDIN L. L. C.							
2401 PRIOR AVE. N	46 2707250		15 000	0			CONTR DELITE CRANE
ROSEVILLE, MN 55113	46-2797250		15,000.	0.			COVID RELIEF GRANT
PHO VENTURE INC INC.							
694 SNELLING AVE.							
ST. PAUL, MN 55104	81-5472646		15,000.	0.			COVID RELIEF GRANT
PORTER HOUSE-MINNESOTA, INC.							
235 E LITTLE CANADA RD							
LITTLE CANADA, MN 55117	41-1950890		15,000.	0.			COVID RELIEF GRANT
RICE STREET TRANSPORT INC							
420 DALE STREET N. #A							
ST. PAUL, MN 55103	84-1776449		15,000.	0.			COVID RELIEF GRANT
RIFT VALLEY TRANSPORTATION, INC.							
45 EMPIRE DRIVE				_			
ST. PAUL, MN 55103	20-3604201		15,000.	0.			COVID RELIEF GRANT
DOCENTLLE EVE ACCOUNTED D A							
ROSEVILLE EYE ASSOCIATES, P.A. 1790 LEXINGTON AVENUE N							
ROSEVILLE, MN 55113	83-4034635		15,000.	0.			COVID RELIEF GRANT
, m 33113	0. 10.1001		1 13,000.	۰.			

Schedule I (Form 990) DEVELOPER							11-1658654 Pag
Part II Continuation of Grants and Other (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSEVILLE SMOKE SHOP INC 1732 LEXINGTON AVE N							
ROSEVILLE, MN 55113	82-3610833		15,000.	0.			COVID RELIEF GRANT
ROSEVILLE WALMART BAUGUS CORPORATION - 1960 TWIN LAKES							
PARKWAY - ROSEVILLE, MN 55112	83-2180810		15,000.	0.			COVID RELIEF GRANT
SAN JOSE HOSPITALITY, INC. 3069 WHITE BEAR AVE							
MAPLEWOOD, MN 55109	03-0417397		15,000.	0.			COVID RELIEF GRANT
SILVER TOWER SUBS, INC. 2436 MOUNDS VIEW BLVD							
MOUNDSVIEW, MN 55112	41-1943303		15,000.	0.			COVID RELIEF GRANT
ST PAUL LEARNING CENTER INC 1922 UNIVERSITY AVE W ST. PAUL, MN 55104	46-3099726		15,000.	0.			COVID RELIEF GRANT
STORY STICK MARKETING, INC. 550 VANDALIA STREET SUITE 102							
ST. PAUL, MN 55114	27-1420220		15,000.	0.			COVID RELIEF GRANT
SWEENEY'S SALOON, INC. 96 DALE STREET N							
ST. PAUL, MN 55102	41-1570870		15,000.	0.			COVID RELIEF GRANT
TAX TIGER MN L. L. C. 1970 OAKCREST AVE SUITE 203							
ROSEVILLE, MN 55113	90-0868642		15,000.	0.			COVID RELIEF GRANT
FCM HEALTH CENTER INC. 1925 W COUNTY ROAD B2							
ROSEVILLE, MN 55113	41-1957545		15,000.	Ο.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPERS	S						41-1658654 Page		
Part II Continuation of Grants and Other A	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE BULLDOG LOWERTOWN, INC.									
237 6TH STREET EAST									
ST. PAUL, MN 55101	26-3079235		15,000.	0.			COVID RELIEF GRANT		
TII CUP ROSEVILLE CORP									
1771 LEXINGTON AVE N									
ROSEVILLE, MN 55113	82-4124072		15,000.	0.			COVID RELIEF GRANT		
TLC AUTOMOTIVE ENTERPRISES LLC									
3634 SCHEUNEMAN RD									
WHITE BEAR LAKE, MN 55110	27-0475803		15,000.	0.			COVID RELIEF GRANT		
			,						
TWIN CITIES NURSING CARE, INC.									
1635 HAZEL STREET N									
ST. PAUL, MN 55119	46-3808608		15,000.	0.			COVID RELIEF GRANT		
WASH N FILL EXPRESS OF NEW									
BRIGHTON, INC 201 WEST COUNTY									
ROAD E2 - NEW BRIGHTON, MN									
55112	20-5174268		15,000.	0.			COVID RELIEF GRANT		
XLFEET INCORPORATED									
242 FILLMORE AVE E									
ST. PAUL, MN 55107	80-0421729		15,000.	0.			COVID RELIEF GRANT		
			,						
COMMAND COMMERCIAL SERVICES AND									
SUPPLY CORP 5051 STEWART AVENUE									
SUITE 2 - ST. PAUL, MN 55110	20-8227330		15,000.	0.			COVID RELIEF GRANT		
D.P. MCCUE, INC.									
480 SNELLING AVE S									
ST. PAUL, MN 55105	41-1662892		15,000.	0.			COVID RELIEF GRANT		
DEFINING YOU PILATES & FITNESS,									
LLC - 550 VANDALIA ST STE 310 -									
ST. PAUL, MN 55114	45-3748902		15,000.	0.			COVID RELIEF GRANT		

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER	2						ET-T000004 Pa
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOT & ANKLE CARE CENTER, P.A.							
225 UNIVERSITY AVE STE 126							
ST. PAUL, MN 55103	41-2010758		15,000.	0.			COVID RELIEF GRANT
GATO, INC.							
857 E 7TH ST							
ST. PAUL, MN 55106	41-1847522		15,000.	0.			COVID RELIEF GRANT
GLORIA'S DOWNTOWN AUTO SALES, INC.							
363 S ROBERT ST							
ST. PAUL, MN 55107	33-1198578		15,000.	0.			COVID RELIEF GRANT
,			,				
GS TRANSPORTATION SERVICE LLC							
3550 LEXINGTON AVENUE N SUITE 106							
SHOREVIEW, MN 55126	47-5076098		15,000.	0.			COVID RELIEF GRANT
HANH ENTERPRISE INC							
854 W UNIVERSITY AVE							
ST. PAUL, MN 55104	84-4102252		15,000.	0.			COVID RELIEF GRANT
HLMA-MT, INC							
1390 3RD STREET EAST							
ST. PAUL, MN 55106	41-2008018		15,000.	0.			COVID RELIEF GRANT
KHAN'S II INCORPORATED							
2720 N SNELLING AVE							
ROSEVILLE, MN 55113	41-1664988		15,000.	0.			COVID RELIEF GRANT
,							
YARUSSO BROS. HOLDINGS, LLC							
635 PAYNE AVENUE							
ST. PAUL, MN 55130	41-1796021		15,000.	0.			COVID RELIEF GRANT
NEW LUCKY PANDA INC.							
1706 N. LEXINGTON AVE							
ROSEVILLE, MN 55113	47-1305028		15,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

(a) Name and address of			(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NICKEL-JOINT, LLC							
501 BLAIR AVE							
ST. PAUL, MN 55103	82-1050204		15,000.	0.			COVID RELIEF GRANT
PEBMOOB SENIOR CENTER, INC.							
, 899 PAYNE AVE							
ST. PAUL, MN 55130	02-0767573		15,000.	0.			COVID RELIEF GRANT
POLYBEST, INC							
2962 CLEVELAND AVE N.							
ROSEVILLE, MN 55113	27-2232927		15,000.	0.			COVID RELIEF GRANT
CORVINE, MC 33113	21-2252521		13,000.	0.			COVID REDIEF GRANI
RAINBOW CHILD DEVELOPMENT CENTER							
INC 605 COMO AVENUE - ST.							
PAUL, MN 55103	41-1915967		15,000.	0.			COVID RELIEF GRANT
	41 1913907		15,000.				
SPYHOUSE COFFEE - ST. PAUL INC.							
420 SNELLING AVE S							
ST. PAUL, MN 55105	82-0993180		15,000.	0.			COVID RELIEF GRANT
	01 000000		13,000.				
STOVALL AND ASSOCIATES LTD							
2574 RICE ST							
ST. PAUL, MN 55113	46-4116739		15,000.	0.			COVID RELIEF GRANT
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
THE CAR WASH CO.							
1705 VAN DYKE STREET							
MAPLEWOOD, MN 55109	41-1769131		15,000.	0.			COVID RELIEF GRANT
····- , · ·							
TILLIE'S FARMHOUSE, INC.							
232 CLEVELAND AVE N							
ST. PAUL, MN 55106	81-5442368		15,000.	0.			COVID RELIEF GRANT
- /			, , ,				
UP IN SMOKE CORP							
1918 LAKEAIRES BLVD							
WHITE BEAR LAKE, MN 55101	90-1114262		15,000.	Ο.			COVID RELIEF GRANT

(b) EIN 26-3961851	estic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	dule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
			noncash	valuation (book, FMV,		
26-3961851						<u> </u>
26-3961851						
26-3961851						
		15,000.	0.			COVID RELIEF GRANT
46-4843864		15,000.	Ο.			COVID RELIEF GRANT
81-4576336		15,000.	0.			COVID RELIEF GRANT
43-1949571		15 000	0			COVID RELIEF GRANT
46-3525270		15,000.	0.			COVID RELIEF GRANT
41 0101577		15 000	0			COVID RELIEF GRANT
41-2121577		15,000.	υ.			COVID RELIEF GRANT
41-1360876		15,000.	Ο.			COVID RELIEF GRANT
81-3109301		15,000.	0.			COVID RELIEF GRANT
41-1425337		15 000	n			COVID RELIEF GRANT
	46-4843864 81-4576336 43-1949571 46-3525270 41-2121577 41-1360876	46-4843864 81-4576336 43-1949571 46-3525270 41-2121577 41-1360876 81-3109301	46-4843864 15,000. 81-4576336 15,000. 43-1949571 15,000. 46-3525270 15,000. 41-2121577 15,000. 41-1360876 15,000. 81-3109301 15,000.	46-4843864 15,000. 0. 81-4576336 15,000. 0. 43-1949571 15,000. 0. 46-3525270 15,000. 0. 41-2121577 15,000. 0. 81-3109301 15,000. 0.	46-4843864 15,000. 0. 81-4576336 15,000. 0. 43-1949571 15,000. 0. 46-3525270 15,000. 0. 41-2121577 15,000. 0. 81-4576336 15,000. 0. 41-2121577 15,000. 0. 81-3109301 15,000. 0.	46-4843864 15,000. 0. 81-4576336 15,000. 0. 43-1949571 15,000. 0. 46-3525270 15,000. 0. 41-2121577 15,000. 0. 41-1360876 15,000. 0. 81-3109301 15,000. 0.

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER							L-1000004 Pag
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
D'AMICO HOLDING COMPANY							
1490 COUNTY ROAD B SUITE 81A							
ROSEVILLE, MN 55113	41-1718266		15,000.	٥.			COVID RELIEF GRANT
D'AMICO HOLDING COMPANY							
345 KELLOGG BLVD. WEST							
ST. PAUL, MN 55102	41-1718266		15,000.	0.			COVID RELIEF GRANT
,			,				
DE GIDIO INC.							
425 WEST 7TH STREET							
ST. PAUL, MN 55102	41-0900403		15,000.	0.			COVID RELIEF GRANT
DIGITAL PICTURES INC.							
953 WESTGATE DRIVE SUITE 105							
ST. PAUL, MN 55114	41-1648579		15,000.	0.			COVID RELIEF GRANT
DONALD'S, INC.							
972 PAYNE AVE							
ST. PAUL, MN 55130	41-0834178		15,000.	0.			COVID RELIEF GRANT
				.			
DR. MARGARET SPARTZ, P. A.							
, 1835 COUNTY ROAD C WEST SUITE 250							
ROSEVILLE, MN 55113	46-4954997		15,000.	0.			COVID RELIEF GRANT
EL GUANACO BAKERY & CAFE, INC.							
849 E. 7TH STREET							
ST. PAUL, MN 55106	20-4564847		15,000.	0.			COVID RELIEF GRANT
ENRICH, INC.							
3754 RUSTIC PLACE	41 1 (70 40 7		15 000	_			CONTR DELITER CONTR
SHOREVIEW, MN 55126	41-1672427		15,000.	0.			COVID RELIEF GRANT
GOODTHINGS, INCORPORATED							
2184 4TH STREET							
WHITE BEAR LAKE, MN 55110	41-2002058		15,000.	0.			COVID RELIEF GRANT

, , ,	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)						
Part II Continuation of Grants and Oth	er Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAPPY NAILS MN INC							
370 SNELLING AVE S							
ST. PAUL, MN 55105	27-1631507		15,000.	0.			COVID RELIEF GRANT
HHTC, INC.							
2125 ENERGY PARK DRIVE							
ST. PAUL, MN 55108	41-1834681		15,000.	0.			COVID RELIEF GRANT
HIGHLAND DENTAL PA							
1604 RANDOLPH AVE							
ST. PAUL, MN 55105	04-3632316		15,000.	0.			COVID RELIEF GRANT
· · ·			,				
IPHO BY SAIGON, INC.							
704 UNIVERSITY AVE WEST							
ST. PAUL, MN 55114	45-4020476		15,000.	0.			COVID RELIEF GRANT
J & L FOODS, INC.							
2700 39TH AVE N E							
ST. ANTHONY VILLAGE, MN 55421	26-2179302		15,000.	0.			COVID RELIEF GRANT
JANS ENTERPRISES, INC.							
2260 COMO AVE							
ST. PAUL, MN 55108	46-3176914		15,000.	0.			COVID RELIEF GRANT
JJ'S BIERSTUBE, INC.							
2670 EAST COUNTY ROAD E	41-1920416		15 000	0.			COVID RELIEF GRANT
WHITE BEAR LAKE, MN 55110	41-1920410		15,000.	0.			COVID RELIEF GRANT
JMAC ENTERPRISES L. L. C.							
2225 4TH STREET							
WHITE BEAR LAKE, MN 55110	46-0850806		15,000.	0.			COVID RELIEF GRANT
JOSEPH CHU INC.							
3001 WHITE BEAR AVE. #2088							
MAPLEWOOD, MN 55109	82-1400656		15,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER	.o					4	EI=1050054 Pa
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACY COSMETICS, INC.							
2100 SNELLING AVE N							
ROSEVILLE, MN 55113	41-2011302		15,000.	0.			COVID RELIEF GRANT
KANE'S CULINARY GROUP LLC							
1560 PAYNE AVE							
ST. PAUL, MN 55130	26-4362698		15,000.	0.			COVID RELIEF GRANT
KENT CHIROPRACTIC CLINIC, INC.							
1418 GRAND AVENUE	41 1005700		15 000	0			
ST. PAUL, MN 55105	41-1895799		15,000.	0.			COVID RELIEF GRANT
LA PALMA MARKET, INC.							
655 PAYNE AVE							
ST. PAUL, MN 55130	42-1552905		15,000.	0.			COVID RELIEF GRANT
i							
LEE'S CHAMPION TAEKWONDO ACADEMY,							
INC 1284 COUNTY ROAD E EAST							
- VADNAIS HEIGHTS, MN 55110	41-1977013		15,000.	0.			COVID RELIEF GRANT
LENT OD NATIO ING							
LEXI SPA NAILS INC 2142 SILVER LAKE RD NW							
NEW BRIGHTON, MN 55112	81-2308783		15,000.	0.			COVID RELIEF GRANT
Man Brionion, Mr 55112	01 2300703		15,000.				
LOWELL MAGELSSEN, D.C., P.A.							
1042 HWY 96 WEST							
SHOREVIEW, MN 55126	41-1787020		15,000.	0.			COVID RELIEF GRANT
MANSETTI'S GRAMSIE, INC.							
3999 RICE ST.							
SHOREVIEW, MN 55126	41-2004908		15,000.	0.			COVID RELIEF GRANT
MEDI-TECH COMMUNICATIONS, INC 533 PHALEN BLVD							
ST. PAUL, MN 55130	41-1740829		15,000.	0.			COVID RELIEF GRANT
<u> </u>	II I/ I0020		1 13,000.	۰.		1	

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPE							1-1000004 Pa
Part II Continuation of Grants and Oth	er Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICKEY'S DINING CAR, LTD.							
36 7TH STREET WEST							
ST. PAUL, MN 55102	41-1964330		15,000.	0.			COVID RELIEF GRANT
MOUA KITCHEN INC							
1001 JOHNSON PKWY #10							
ST. PAUL, MN 55106	81-1796867		15,000.	٥.			COVID RELIEF GRANT
MR SESAME CHICKEN INC							
4687 BALD EAGLE AVE							
WHITE BEAR LAKE, MN 55110	47-4751451		15,000.	0.			COVID RELIEF GRANT
N.K. AGRAWAL, CPA, LLC							
2573 HAMLINE AVENUE N # A	27 4515205		15 000	0			OUTD DELTER ODAND
ROSEVILLE, MN 55113	27-4515295		15,000.	0.			COVID RELIEF GRANT
NAILS 3000 INC.							
3673 N. LEXINGTON AVE							
ARDEN HILLS, MN 55126	26-0033909		15,000.	0.			COVID RELIEF GRANT
NORDEAST COFFEE COMPANY, INC.							
, 755 4TH STREET NW							
NEW BRIGHTON, MN 55112	45-5589336		15,000.	0.			COVID RELIEF GRANT
PAPPYS CHICAGO INC							
1783 MARYLAND AVE E							
ST. PAUL, MN 55119	47-5378885		15,000.	0.			COVID RELIEF GRANT
,				 			
PATILA INC.							
1702 GRAND AVE							
ST. PAUL, MN 55105	84-4141937		15,000.	0.			COVID RELIEF GRANT
PEAK PRINTING, INC.							
1332 THOMAS AVE							
ST. PAUL, MN 55104	41-1718847		15,000.	0.			COVID RELIEF GRANT

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PET EVOLUTION, LLC								
3845 LEXINGTON AVE N STE 102								
ARDEN HILLS, MN 55126	45-3131880		15,000.	0.			COVID RELIEF GRANT	
PHO #1 VIETNAMESE RESTAURANT LLC								
544 ST. PETER STREET								
ST. PAUL, MN 55102	81-5252025		15,000.	0.			COVID RELIEF GRANT	
QUAN OF MW INC								
3001 WHITE BEAR AVE # 2077								
MAPLEWOOD, MN 55109	81-4498970		15,000.	0.			COVID RELIEF GRANT	
RED E PRINT, INC. 101 5TH STREET EAST SUITE 211								
ST. PAUL, MN 55101	41-1252966		15,000.	0.			COVID RELIEF GRANT	
				· · ·				
SAIREY G DESIGNS, INCORPORATED								
2327 WYCLIFF STREET SUITE 196								
ST. PAUL, MN 55114	80-0273893		15,000.	0.			COVID RELIEF GRANT	
SAKURA RESTAURANT INC.								
350 SAINT PETER STREET	44 4005005		15.000					
ST. PAUL, MN 55102	41-1896205		15,000.	0.			COVID RELIEF GRANT	
SCANLON'S PUB INC.								
2162 UNIVERSITY AVE								
ST. PAUL, MN 55114	41-1495126		15,000.	0.			COVID RELIEF GRANT	
SERLEY MANUFACTURING COMPANY, INC.								
267 EAST FILLMORE AVE.								
ST. PAUL, MN 55107	41-0981916		15,000.	0.			COVID RELIEF GRANT	
QUALEEN'S INC								
SHAHEEN'S, INC.								
1435 CLEVELAND AVE NORTH	41-1832353		15,000.	0.			COVID RELIEF GRANT	
ST. PAUL, MN 55108	41-1032333		L 13,000.	U.			LOATD KETTEL GRANT	

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
SHIVAM, INC.								
2149 PROGRAM AVE								
MOUNDSVIEW, MN 55112	20-8152628		15,000.	0.			COVID RELIEF GRANT	
SKYLINE CLEANERS, INC.								
4535 HOGDSON ROAD								
SHOREVIEW, MN 55126	32-0121934		15,000.	0.			COVID RELIEF GRANT	
SPIRIT OF ASIA, INCORPORATED								
1300 SUMMIT AVENUE	04 2672942		15 000	0			CONTR DELIBE CRANE	
ST. PAUL, MN 55105	04-3672843		15,000.	0.			COVID RELIEF GRANT	
STONEHOUSE CUSTOM CATERING LLC								
4466 CENTERVILLE ROAD								
WHITE BEAR LAKE, MN 55127	27-3181451		15,000.	0.			COVID RELIEF GRANT	
			,					
STRIZZA SKIES, INC.								
2052 SILVER LAKE ROAD								
NEW BRIGHTON, MN 55112	27-2265837		15,000.	0.			COVID RELIEF GRANT	
SUCCESS CHILD CARE INC.								
946 UNIVERSITY AVE W								
ST. PAUL, MN 55123	82-5374232		15,000.	0.			COVID RELIEF GRANT	
SYNERGY FAMILY PHYSICIANS, P.A.								
4422 WHITE BEAR AVENUE								
WHITE BEAR LAKE, MN 55110	27-1733605		15,000.	0.			COVID RELIEF GRANT	
	27 1755005		10,000.					
SZECHUAN, INC.								
2193 SNELLINGS AVE N								
ROSEVILLE, MN 55113	27-0750906		15,000.	0.			COVID RELIEF GRANT	
TAQUERIA LOS OCAMPO 2 INC.								
895 ARCADE ST	00 1420450		15 000					
ST. PAUL, MN 55106	20-1438468		15,000.	٥.			COVID RELIEF GRANT	

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER				· (0-1-			L-1000004 Pa
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GRAND UPTOWNER CORP							
1100 GRAND AVE							
ST. PAUL, MN 55105	06-1763841		15,000.	0.			COVID RELIEF GRANT
THE LANDMARK CORPORATION OF ST.							
PAUL - 613 SELBY AVENUE - ST.							
PAUL, MN 55102	41-1587238		15,000.	0.			COVID RELIEF GRANT
, 00101	11 100/100			.			
THUAN TRAN INC							
1138 EAST COUNTY ROAD E							
VADNAIS HEIGHTS, MN 55110	47-0259043		15,000.	0.			COVID RELIEF GRANT
,			,				
TOUFONG TOWING AND AUTOBODY, INC							
1506 BUERKLE ROAD							
VADNAIS HEIGHTS, MN 55110	30-0576424		15,000.	0.			COVID RELIEF GRANT
URBAN VILLAGE, LLC							
134 WESTER AVE N							
ST. PAUL, MN 55123	45-4610710		15,000.	0.			COVID RELIEF GRANT
WHITE BEAR RESTAURANT COMPANY							
4940 N HWY 61							
WHITE BEAR LAKE, MN 55110	06-1682597		15,000.	0.			COVID RELIEF GRANT
YIN'S ASIAN CUISINE, INC.							
1715-A BEAM AVENUE							
MAPLEWOOD, MN 55417	26-0310672		15,000.	0.			COVID RELIEF GRANT
MSP ROXY, INC.							
235 CLEVELAND AVENUE SOUTH							
ST. PAUL, MN 55105	41-1929728		15,000.	0.			COVID RELIEF GRANT
51. IAOL, MN 33103	+1-1929720		13,000.	0.			COVID RELIEF GRANT
PREVENTIVE MECHANICAL SERVICES,							
LLC - 1875 BUERKLE ROAD - WHITE							
BEAR LAKE, MN 55110	27-1422622		15,000.	0.			COVID RELIEF GRANT

Part II Continuation of Grants and Oth	ner Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TAQUERIA EL BUEN GUSTO INC 821 MARYLAND AVE E									
ST. PAUL, MN 55106	83-2988966		15,000.	0.			COVID RELIEF GRANT		
EXCHANGE, LLC 500 5TH AVE NW SUITE 105									
NEW BRIGHTON, MN 55112	46-5348394		15,000.	0.			COVID RELIEF GRANT		
BLACK BLUE, LLC 614 SELBY AVENUE									
ST. PAUL, MN 55102	27-0494395		15,000.	0.			COVID RELIEF GRANT		
AGUILAR FOOD LLC 401 ROBERT STREET N #207									
ST. PAUL, MN 55101	35-2641913		15,000.	0.			COVID RELIEF GRANT		
MAYA MAPLEWOOD LLC 3001 WHITE BEAR AVENUE									
MAPLEWOOD, MN 55109	37-1875647		15,000.	0.			COVID RELIEF GRANT		
2020 GROUP, LLC 1595 HWY 36 W									
ROSEVILLE, MN 55113	38-3948290		15,000.	0.			COVID RELIEF GRANT		
SKYWAY GRILL, LLC 56 6TH ST E #213									
ST. PAUL, MN 55101	46-4733667		15,000.	0.			COVID RELIEF GRANT		
ALIMAMA CATERING LLC 300 SNELLING AVE S									
ST. PAUL, MN 56105	47-3398472		15,000.	0.			COVID RELIEF GRANT		
DANICA CONCEPTS LLC 2233 ENERGY PARK DRIVE									
ST. PAUL, MN 55108	47-4269383		15,000.	0.			COVID RELIEF GRANT		

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER:							L-1030034 F
Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEZZIK L. L. C.							
666 TRANSFER RD STE 14							
ST. PAUL, MN 55114	81-1454092		15,000.	0.			COVID RELIEF GRANT
BODY REJUVENATION, LLC							
2280 TERMINAL RD. W							
ROSEVILLE, MN 55113	81-2021000		15,000.	0.			COVID RELIEF GRANT
DJT BOOTERIES LLC							
957 OAKRIDGE AVE							
SHOREVIEW, MN 55126	82-3479323		15,000.	0.			COVID RELIEF GRANT
SHOREVIEW, MIN 55120	02-3479323		13,000.	0.			COVID RELIEF GRANI
MINNI MARKET TOBACCO L.L.C.							
2019 MINNEHAHA AVE E							
	82-3830162		15,000.	0.			COVID RELIEF GRANT
ST. PAUL, MN 55119	02-3030102		13,000.	0.			COVID RELIEF GRANI
NJOY HEALTH, LLC							
1139 LARPENTEUR AVE ANYTIME FITNESS							
ROSEVILLE, MN 55128	82-4598185		15,000.	0.			COVID RELIEF GRANT
ROSEVILLE, MN 33128	02-4590105		15,000.	0.			COVID RELIEF GRANT
LOYAL HOME HEALTH CARE LLC							
1405 SILVER LIKE ROAD STE 6							
	83-1508195		15 000	0.			COVID RELIEF GRANT
NEW BRIGHTON, MN 55421	03-1500195		15,000.	0.			COVID RELIEF GRANT
JMK RESTAURANTS LLC							
3340 RICE ST SUITE 1							
	83-2664175		15 000	0.			COUTD DELTER CDANT
LITTLE CANADA, MN 55126	03-20041/5		15,000.	0.			COVID RELIEF GRANT
HPSS LLC							
4707 HWY 61 N	02 2120450		15 000				
WHITE BEAR LAKE, MN 55110	83-3120479		15,000.	0.			COVID RELIEF GRANT
BELLY FLAMES LIMITED LIABILITY							
COMPANY - 1390 3RD STREET EAST							
- ST. PAUL, MN 55106	83-3531010		15,000.	Ο.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPERS	5						ET-1000004 Pa
Part II Continuation of Grants and Other A	ssistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEEN LAMERE LLC							
3833 LEXINGTON AVE N. STE 107							
ARDEN HILLS, MN 55126	84-2275406		15,000.	0.			COVID RELIEF GRANT
HOBBY FARMER CANNING COMPANY LLC							
KEG & CASE MARKET 928 7TH ST. W.							
ST. PAUL, MN 55102	47-3461928		15,000.	0.			COVID RELIEF GRANT
FITZGERALD'S LLC							
173 WESTERN AVE N							
MN, MN 55102	81-3496784		15,000.	0.			COVID RELIEF GRANT
			, -				
BLUE OX LLC							
255 6TH STREET E							
ST. PAUL, MN 55101	38-4030747		15,000.	0.			COVID RELIEF GRANT
LERDAHL ENTERPRISES, LLC							
2800 RICE ST. 150							
ST., MN 55113	84-3692532		15,000.	0.			COVID RELIEF GRANT
BRIGHTENING CONNECTIONS, LLC							
1150 MONTREAL AVE SUITE 105							
ST. PAUL, MN 55116	27-4833322		15,000.	0.			COVID RELIEF GRANT
STUDIO EMME LLC							
928 7TH STREET W SUITE D KEG & CASE	25 0405056		15 000				
ST. PAUL, MN 55102	35-2495956		15,000.	0.			COVID RELIEF GRANT
FARMTOWN VENTURES LLC							
1675 RICE ST							
ST. PAUL, MN 55117	85-2840358		15,000.	0.			COVID RELIEF GRANT
				```			
THE LAB LLC							
767 N. EUSTIS STREET STE 115							
STE, MN 55114	82-5300502		15,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPER	4	41-1658654 Page					
Part II Continuation of Grants and Other A	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROTEIN PROVISIONERS, LLC							
3776 DUNLAP ST N							
ARDEN HILLS, MN 55112	83-2245409		15,000.	0.			COVID RELIEF GRANT
NTLEON WITH AND DELT							
MILTON HALAL MARKET AND DELI LIMITED LIABILITY COMPANY - 757							
MILTON AVE - ST. PAUL, MN 55104	82-1555742		15,000.	0.			COVID RELIEF GRANT
	02-1555742		15,000.	0.			COVID RELIEF GRANI
SUCHADA ENTERPRISE LLC							
1613 UNIVERSITY AVE W							
ST. PAUL, MN 55104	83-2090334		15,000.	Ο.			COVID RELIEF GRANT
TWIN CITIES CREMATION, LLC							
1598 CARROLL AVENUE							
ST. PAUL, MN 55104	41-0614750		15,000.	٥.			COVID RELIEF GRANT
STANSHORE ENTERPRISES, LLC							
1056 HIGHWAY 96W	01 2007000		15 000	0			
SHOREVIEW, MN 55126	81-3987998		15,000.	0.			COVID RELIEF GRANT
AMAZEN LLC							
1254 W 7TH STREET							
ST. PAUL, MN 55102	81-2674623		15,000.	Ο.			COVID RELIEF GRANT
175 FORT, LLC							
175 WEST 7TH STREET							
ST. PAUL, MN 55102	41-1968231		15,000.	0.			COVID RELIEF GRANT
AMG - NB, LLC							
2397 PALMER DRIVE	47 2005202		15 000	0			
NEW BRIGHTON, MN 55112	47-3905292		15,000.	0.			COVID RELIEF GRANT
BARRIO HOLDINGS LLC							
80 S 8TH STREET SUITE 3901 IDS TOWE							
MINNEAPOLIS, MN 55402	26-4328593		15,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPER	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BETTY & EARL'S BISCUIT KITCHEN LLC 1595 HIGHWAY 36 W STE 1030 ROSEVILLE, MN 55113	84-3228037		15,000.	0.			COVID RELIEF GRANT		
CORE COMMUNICATIONS TWIN CITIES LLC - 3080 CENTERVILLE ROAD SUITE C - LITTLE CANADA, MN 55117	82-5452018		15,000.	0.			COVID RELIEF GRANT		
DEPTH CHARGE COFFEE LLC 769 CLEVELAND AVENUE SOUTH ST. PAUL, MN 55116	47-2479435		15,000.	0.			COVID RELIEF GRANT		
EXHIBITS DEVELOPMENT GROUP, LLC UNION DEPOT 214 EAST FOURTH STREET ST. PAUL, MN 55101	20-8407537		15,000.	0.			COVID RELIEF GRANT		
GUARD GUYS LLC 70 COUNTY C WEST SUITE 702 LITTLE CANADA, MN 55117	85-2934917		15,000.	0.			COVID RELIEF GRANT		
HRP ARDEN HILLS, LLC 3561 LEXINGTON AVENUE N. ARDEN HILLS, MN 55126	38-4098331		15,000.	0.			COVID RELIEF GRANT		
JUICY CAJUN LLC 540 RICE STREET ST. PAUL, MN 55103	84-4557259		15,000.	0.			COVID RELIEF GRANT		
KOLAP RESTAURANT LLC 601 DALE ST N ST. PAUL, MN 55103	83-4682795		15,000.	0.			COVID RELIEF GRANT		
LANDEN MIDWAY BIZ LLC 1664 UNIVERSITY AVE. W ST. PAUL, MN 55104	47-5267378		15,000.	0.			COVID RELIEF GRANT		

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

5						EI-1000004 Pa
Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
83-3770187		15,000.	0.			COVID RELIEF GRANT
47-3785028		15,000.	0.			COVID RELIEF GRANT
41-1872532		15,000.	0.			COVID RELIEF GRANT
		, ,				
84-3312282		15,000.	0.			COVID RELIEF GRANT
46 2020702		15 000	0			
46-3028792		15,000.	0.			COVID RELIEF GRANT
20-8636091		15,000.	0.			COVID RELIEF GRANT
		,				
47-4833457		15,000.	0.			COVID RELIEF GRANT
45-5021498		15,000.	0.			COVID RELIEF GRANT
46-3223736		15 000	0			COVID RELIEF GRANT
	Assistance to Don (b) EIN 83-3770187 47-3785028 41-1872532 84-3312282 46-3028792 20-8636091	Assistance to Domestic Organizations (b) EIN (c) IRC section if applicable 83-3770187	Assistance to Domestic Organizations and Domestic Go (b) EIN (c) IRC section if applicable (d) Amount of cash grant 83-3770187 15,000. 47-3785028 15,000. 41-1872532 15,000. 84-3312282 15,000. 20-8636091 15,000. 47-4833457 15,000. 45-5021498 15,000.	Assistance to Domestic Organizations and Domestic Governments (Schein (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 83-3770187 15,000 0. 47-3785028 15,000 0. 41-1872532 15,000 0. 84-3312282 15,000 0. 20-8636091 15,000 0. 47-4833457 15,000 0. 45-5021498 15,000 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (b, ENV, appraisal, other) 83-3770187 15,000. 0. 47-3785028 15,000. 0. 41-1872532 15,000. 0. 84-3312282 15,000. 0. 20-8636091 15,000. 0. 47-4833457 15,000. 0. 47-4833457 15,000. 0. 45-5021498 15,000. 0.	usasistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation assistance (g) Description of noncash assistance 83-3770187 15,000. 0.

Schedule I (Form 990) DEVELOPER								
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
LOWERTOWN CATCH LLC								
308 E PRINCE ST #140								
ST. PAUL, MN 55101	82-1474836		15,000.	0.			COVID RELIEF GRANT	
MIDWAY CAFE AND GRILL LLC								
1964 UNIVERSITY AVENUE W								
ST. PAUL, MN 55104	84-2768244		15,000.	0.			COVID RELIEF GRANT	
,			,					
ST. PAUL GRILL, LLC								
825 W. JEFFERSON AVE.								
ST. PAUL, MN 55102	82-4394989		15,000.	0.			COVID RELIEF GRANT	
WKK HOTELS, LLC								
1125 E COUNTY ROAD E VADNAIS HEIGHTS, MN 55110	27-5565842		15,000.	0.			COVID RELIEF GRANT	
VADNAIS HEIGHIS, MN 55110	27-5505042		15,000.	0.			COVID RELIEF GRANI	
WKS VADNAIS HEIGHTS, LLC								
1100 E. COUNTY ROAD E								
VADNAIS HEIGHTS, MN 55110	41-1934572		15,000.	0.			COVID RELIEF GRANT	
BINGCONCEPTS LLC								
1 LEECH ST								
ST. PAUL, MN 55102	84-2530300		15,000.	0.			COVID RELIEF GRANT	
BSCFP ST. PAUL, LLC 512 NORTH ROBERT STREET								
	27-3900637		15 000	0.			COVID RELIEF GRANT	
ST. PAUL, MN 55102	27-3900037		15,000.	0.			COVID RELIEF GRANT	
CRAVE HOSPITALITY ROSEVILLE, LLC								
1595 HIGHWAY 36 WEST #1025								
ROSEVILLE, MN 55113	36-4866996		15,000.	0.			COVID RELIEF GRANT	
CREATE SPACE LLC								
2168 3RD ST STE 1A								
WHITE BEAR LAKE, MN 55110	81-3738075		15,000.	٥.			COVID RELIEF GRANT	

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER	۵					4	EI-1000004 Pag
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EZY URGENT CARE CLINIC, PLLC							
, 1001 JOHNSON PARKWAY SUITE A17							
ST. PAUL, MN 55106	27-0981768		15,000.	0.			COVID RELIEF GRANT
GREEN MILL RESTAURANTS, LLC							
L342 GRAND AVENUE							
ST. PAUL, MN 55105	27-3929817		15,000.	0.			COVID RELIEF GRANT
INTENSE FITNESS LLC							
1210 COUNTY ROAD J SUITE 104							
WHITE BEAR LAKE, MN 55127	46-1132706		15,000.	0.			COVID RELIEF GRANT
	10 1101/00		10,000.				
LA FUSION RESTAURANT L.L.C							
360 SHERMAN							
ST. PAUL, MN 55102	82-1550442		15,000.	0.			COVID RELIEF GRANT
MIDWEST GOLF DOMES, L.L.C.							
1815 VAN DYKE STREET N.							
MAPLEWOOD, MN 55109	41-1862346		15,000.	0.			COVID RELIEF GRANT
MUCCI'S ITALIAN LLC							
786 RANDOLPH AVENUE ST. PAUL, MN 55101	47-5192282		15,000.	0.			COVID RELIEF GRANT
51. FAUL, MN 55101	47-5192202		15,000.	0.			COVID RELIEF GRANI
NATH ROSEVILLE MIDWEST LODGING,							
LLC - 2540 CLEVELAND AVE N -							
ROSEVILLE, MN 55113	76-0768508		15,000.	0.			COVID RELIEF GRANT
÷							
PEARL ORAL CARE LLC							
1497 IDAHO AVE W							
FALCON HEIGHTS, MN 55108	27-2676201		15,000.	0.			COVID RELIEF GRANT
PEZZO PER PEZZO - WHITE BEAR LAKE,							
LLC - 2143 4TH ST - WHITE BEAR							
LAKE, MN 55110	46-3419675		15,000.	0.			COVID RELIEF GRANT

(b) EIN	iestic Organizations (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of	edule I (Form 990), Pa (f) Method of		
(b) EIN				(f) Method of	(a) Departmention of	1 (1) 5 ()
			noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
82-2837623		15,000.	0.			COVID RELIEF GRANT
47-4275760		15,000.	0.			COVID RELIEF GRANT
92 2766529		15 000	0			ONTO DELTES ODANT
82-2/66528		15,000.	0.			COVID RELIEF GRANT
46-3602874		15,000.	0.			COVID RELIEF GRANT
27-2769125		15,000.	Ο.			COVID RELIEF GRANT
82-2864645		15,000.	0.			COVID RELIEF GRANT
27 4546192		15 000	0			COVID RELIEF GRANT
27-4546182		15,000.	υ.			COVID RELIEF GRANT
45-5389959		15,000.	٥.			COVID RELIEF GRANT
20-1715317		15 000	n			COVID RELIEF GRANT
	47-4275760 82-2766528 46-3602874 27-2769125 82-2864645 82-2864645 27-4546182	47-4275760 82-2766528 46-3602874 27-2769125 82-2864645 27-4546182 45-5389959	47-4275760 15,000. 82-2766528 15,000. 46-3602874 15,000. 27-2769125 15,000. 82-2864645 15,000. 27-4546182 15,000. 45-5389959 15,000.	47-4275760 15,000. 0. 82-2766528 15,000. 0. 46-3602874 15,000. 0. 27-2769125 15,000. 0. 82-2864645 15,000. 0. 27-4546182 15,000. 0. 45-5389959 15,000. 0.	47-4275760 15,000. 0. 82-2766528 15,000. 0. 46-3602874 15,000. 0. 27-2769125 15,000. 0. 82-2864645 15,000. 0. 27-4546182 15,000. 0. 45-5389959 15,000. 0.	47-4275760 15,000. 0. 82-2766528 15,000. 0. 46-3602874 15,000. 0. 27-2769125 15,000. 0. 82-2864645 15,000. 0. 45-5389959 15,000. 0.

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WEST SEVENTH STREET PARTNERS, LLC 258 WEST SEVENTH STREET								
ST. PAUL, MN 55102	20-8617160		15,000.	0.			COVID RELIEF GRANT	
WORKHORSE COFFEE LLC 2399 UNIVERSITY AVENUE W								
ST. PAUL, MN 55114	46-3528902		15,000.	0.			COVID RELIEF GRANT	
MARS ENTERPRIZES, LLC 1013 FRONT AVE								
ST. PAUL, MN 55103	01-0925968		15,000.	0.			COVID RELIEF GRANT	
SOO - MAALA CAFE & GRILL LLC 360 UNIVERSITY AVE. W. STE 104								
ST. PAUL, MN 55103	81-3444279		15,000.	٥.			COVID RELIEF GRANT	
GIOVANIS CONSULTING L.L.C. 181 SNELLING AVE N								
ST. PAUL, MN 55104	81-3239007		15,000.	0.			COVID RELIEF GRANT	
THE NAUGHTY GREEK KITCHEN, LLC 2400 UNIVERSITY AVE W								
ST. PAUL, MN 55114	61-1849461		15,000.	0.			COVID RELIEF GRANT	
A AND M AUTO SALES LLC 845 ROBERT ST N								
ST. PAUL, MN 55125	36-4687804		15,000.	0.			COVID RELIEF GRANT	
ATLAS U/PULL, LLC 228 WEST SYCAMORE STREET								
ST. PAUL, MN 55117	46-1835408		15,000.	0.			COVID RELIEF GRANT	
EWC MN THREE L. L. C. 1049 GRAND AVENUE								
ST. PAUL, MN 55105	27-2611392		15,000.	0.			COVID RELIEF GRANT	

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER				(Cob	adula I (Farm 000) Da		L-1000004 Pa
(a) Name and address of organization or government	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, (g)						(h) Purpose of grant or assistance
				23313121100	appraisal, other)		
EXPRESS TRAVEL SERVICE INC.							
2353 RICE STREET #145							
ROSEVILLE, MN 55113	01-0973972		15,000.	0.			COVID RELIEF GRANT
MORRISSEY HOSPITALITY COMPANIES,							
INC 6 WEST 5TH ST STE 400 - ST.							
PAUL, MN 55102	41-1790932		15,000.	0.			COVID RELIEF GRANT
,							
PREMIER MANAGEMENT LLC							
194 CESAR CHAVEZ ST							
ST. PAUL, MN 55107	46-0790195		15,000.	0.			COVID RELIEF GRANT
TAQUERIA LOS PAISANOS LLC							
825 E 7TH ST							
ST. PAUL, MN 55106	20-2271100		15,000.	٥.			COVID RELIEF GRANT
YT EATERIES LLC							
725 E 7TH ST	85-1123122		15,000.	٥.			COVID RELIEF GRANT
ST. PAUL, MN 55106	05-1125122		15,000.	0.			COVID RELIEF GRANT
SHISH A MEDITERRANEAN GRILL & CAFE							
LLC - 1668 GRAND AVENUE - ST.							
PAUL, MN 55105	20-4093793		15,000.	0.			COVID RELIEF GRANT
,			, ,				
CARSE, INC.							
2208 4TH STREET							
WHITE BEAR LAKE, MN 55110	41-1677138		15,000.	0.			COVID RELIEF GRANT
BIG WOOD BREWERY, LLC							
2222 4TH ST.							
WHITE BEAR LAKE, MN 55110	27-0326151		15,000.	0.			COVID RELIEF GRANT
DNO REMNEGO L L C							
BMO FITNESS L. L. C.							
3095 WHITE BEAR AVENUE N. SUITE 103	47-5347906		15 000	_			CONTR DELTER CRANT
MAPLEWOOD, MN 55109	4/-534/906		15,000.	0.			COVID RELIEF GRANT

chedule I (Form 990) DEVELOPERS								
er Assistance to Dom	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	art II.)			
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
20-2270573		15,000.	0.			COVID RELIEF GRANT		
81-3963202		15,000.	٥.			COVID RELIEF GRANT		
26-4657306		15,000.	0.			COVID RELIEF GRANT		
		,						
81-5448568		15,000.	0.			COVID RELIEF GRANT		
83-2853124		15,000.	0.			COVID RELIEF GRANT		
		,						
81-5173317		15,000.	٥.			COVID RELIEF GRANT		
27 1062180		15 000	0			CONTR DELTER CRANE		
27-1902100		15,000.	U.			COVID RELIEF GRANT		
47-5149179		15,000.	0.			COVID RELIEF GRANT		
46-3843832		15 000	0			COVID RELIEF GRANT		
	er Assistance to Dom (b) EIN 20-2270573 81-3963202 26-4657306 81-5448568 83-2853124 83-2853124 81-5173317 27-1962180	er Assistance to Domestic Organizations (b) EIN (c) IRC section if applicable 20-2270573	er Assistance to Domestic Organizations and Domestic Gr (b) EIN (c) IRC section if applicable (d) Amount of cash grant 20-2270573 15,000. 81-3963202 15,000. 26-4657306 15,000. 81-5448568 15,000. 83-2853124 15,000. 81-5173317 15,000. 27-1962180 15,000. 47-5149179 15,000.	Assistance to Domestic Organizations and Domestic Governments (Echa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 20-2270573 15,000. 0. 81-3963202 15,000. 0. 26-4657306 15,000. 0. 81-5448568 15,000. 0. 81-5448568 15,000. 0. 81-5173317 15,000. 0. 27-1962180 15,000. 0. 47-5149179 15,000. 0.	Pr Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Paint of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 20-2270573 15,000. 0. 20-2270573 15,000. 0. 81-3963202 15,000. 0. 81-5448568 15,000. 0. 81-5448568 15,000. 0. 81-5173317 15,000. 0. 81-5173317 15,000. 0. 47-5149179 15,000. 0.	ar Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (poncesh) (g) Description of noncash assistance 20-2270573 15,000. 0. (f) Method of valuation (poncesh) (g) Description of noncash assistance 20-2270573 15,000. 0. (g) Description of noncash assistance 20-2270573 15,000. 0. (g) Description of noncash assistance 81-3963202 15,000. 0. (g) Description of noncash assistance 81-5448568 15,000. 0. (g) Description of noncash assistance 81-5448568 15,000. 0. (g) Description of noncash assistance 81-5448568 15,000. 0. (g) Description of noncash assistance 81-5173317 15,000. 0. (g) Description of noncash assistance 27-1962180 15,000. 0. (g) Description of noncash assistance 47-5149179 15,000. 0. (g) Description of noncash assistance		

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THE ROBERT STREET GROUP LLC								
351 SOUTH ROBERT STREET								
ST. PAUL, MN 55421	47-4544163		15,000.	0.			COVID RELIEF GRANT	
TREATS LLC								
770 GRAND AVE								
ST. PAUL, MN 55105	83-2499288		15,000.	0.			COVID RELIEF GRANT	
TURF CLUB, LLC								
1601 UNIVERSITY AVE W								
ST. PAUL, MN 55104	46-3526867		15,000.	0.			COVID RELIEF GRANT	
UNISON RESTAURANT AND BANQUET LLC								
1800 WHITE BEAR AVE N								
MAPLEWOOD, MN 55109	83-2805593		15,000.	0.			COVID RELIEF GRANT	
MAPLEWOOD, MN 35109	05-2005595		15,000.	0.			COVID RELIEF GRANI	
V&I BEST STEAK HOUSE, LLC								
1676 WHITE BEAR AVE								
ST. PAUL, MN 55106	82-3457540		15,000.	0.			COVID RELIEF GRANT	
ENTERTAINMENT FACTORY LLC								
95 IVY AVE W								
ST. PAUL, MN 55117	82-3349478		15,000.	0.			COVID RELIEF GRANT	
JUST/US EATERY, LLC								
275 4TH STREET E #102			15.000					
ST. PAUL, MN 55101	84-3689456		15,000.	0.			COVID RELIEF GRANT	
ZERO GRAVITY TRAMPOLINE PARK, LLC								
2292 WOODALE DRIVE								
MOUNDSVIEW, MN 55112	45-2428955		15,000.	0.			COVID RELIEF GRANT	
MANANA RESTAURANT 2 LLC								
798 7TH ST E								
ST. PAUL, MN 55106	47-3418206		15,000.	0.			COVID RELIEF GRANT	

Schedule I (Form 990) DEVELOP		41-1658654 Page					
Part II Continuation of Grants and Ot	her Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche I	edule I (Form 990), Pa	ırt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL PURPOSE, LLC 3529 LEXINGTON AVENUE NORTH							
ARDEN HILLS, MN 55126	85-1977051		15,000.	0.			COVID RELIEF GRANT
SLA PLLC							
754 WASHINGTON SQ							
WHITE BEAR LAKE, MN 55110	84-3460271		15,000.	0.			COVID RELIEF GRANT
LJR ENTERPRISE L. L. C. 212 7TH STREET E 101							
ST. PAUL, MN 55101	81-2252383		15,000.	0.			COVID RELIEF GRANT
358 PAYNE LLC							
58 PAYNE AVE							
ST. PAUL, MN 55130	84-3566129		15,000.	0.			COVID RELIEF GRANT
TANEJA ROSEVILLE LLC							
2452 LEXINGTON AVE N							
ROSEVILLE, MN 55113	84-4127504		15,000.	0.			COVID RELIEF GRANT
TANEJA SAINT PAUL LLC							
43 SNELLING AVE N							
ST. PAUL, MN 55104	84-4181339		15,000.	0.			COVID RELIEF GRANT
JOON CAFE ST. PAUL							
26 ST. PETER							
T. PAUL, MN 55102	83-3191130		15,000.	0.			COVID RELIEF GRANT
PRAIRIE BOOKS, LLC							
8 SNELLING AVE S							
T. PAUL, MN 55105	20-5582498		15,000.	0.			COVID RELIEF GRANT
ADDIES MINI DONUTS, LLC							
3001 WHITE BEAR AVE							
ST. PAUL, MN 55109	47-6235177		15,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPER		41-1658654 Page					
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTHER CO., PLANTS L.L.C.							
162 DALE ST. N.							
ST. PAUL, MN 55102	82-3396405		15,000.	0.			COVID RELIEF GRANT
CARLY C. LAWSON, D.D.S., P.L.L.C.							
405 SIBLEY ST. STE 240							
ST. PAUL, MN 55101	46-5378472		15,000.	0.			COVID RELIEF GRANT
LUV AT FIRST SITE LLC							
2587 7TH AVENUE EAST							
NORTH ST. PAUL, MN 55109	81-2896735		15,000.	0.			COVID RELIEF GRANT
O'KEEFFES COLLISION, LLC							
860 PAYNE AVENUE							
ST. PAUL, MN 55130	27-4472577		15,000.	0.			COVID RELIEF GRANT
SUNRISE RESIDENTIAL SERVICES LLC							
216 MAPLE LN	00.0014000		15 000				
ROSEVILLE, MN 55113	82-3314902		15,000.	0.			COVID RELIEF GRANT
THE HICKORY HOG LLC							
3900 SILVER LAKE RD NE							
ST. ANTHONY VILLAGE, MN 55421	47-3729170		15,000.	0.			COVID RELIEF GRANT
	1, 3,251,0		10,000.				
TRIPLE A'S DELI LLC							
1001 JOHNSON PARKWAY SUITE 170							
ST. PAUL, MN 55106	47-4031351		15,000.	0.			COVID RELIEF GRANT
;							
CAPITAL FAMILY EYE CLINIC LLC							
941 PAYNE AVENUE							
ST. PAUL, MN 55130	37-1560940		15,000.	0.			COVID RELIEF GRANT
R&R CULTIVATION LLC							
1430 COUNTY ROAD C WEST #100							
	83-3339336		15 000	0.			
ROSEVILLE, MN 55113	03-3333336		15,000.	υ.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPEI	chedule I (Form 990) DEVELOPERS							
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
MKM-617, LLC								
2185 4TH STREET								
WHITE BEAR LAKE, MN 55110	25-1902011		15,000.	0.			COVID RELIEF GRANT	
BRUE CO. LLC								
495 SELBY AVE								
ST. PAUL, MN 55102	46-2832151		15,000.	0.			COVID RELIEF GRANT	
CREATIVE CATERING LLC BY MOLLY								
477 LITTLE CANADA RD E								
LITTLE CANADA, MN 55117	43-2056526		15,000.	0.			COVID RELIEF GRANT	
			10,000.					
EXCHANGE STREET OPERATIONS, LLC								
, 10 EAST EXCHANGE STREET								
ST. PAUL, MN 55101	83-1963058		15,000.	0.			COVID RELIEF GRANT	
FRANKENSTEEN TACO, LLC								
508 LEXINGTON PARKWAY SOUTH			15.000					
ST. PAUL, MN 55105	27-3916752		15,000.	0.			COVID RELIEF GRANT	
IMAGE PROFESSIONALS MN, LLC								
2142 FORD PARKWAY								
ST. PAUL, MN 55116	46-3159649		15,000.	0.			COVID RELIEF GRANT	
,,			,					
JUSTIN FRANCIS, LLC								
2520 LARPENTEUR AVE W								
LAUDERDALE, MN 55113	26-4502972		15,000.	0.			COVID RELIEF GRANT	
K AND A TRAXLER TAXES LLC								
741 W CENTRAL AVE	46-1973070		15,000.	0.			COVID RELIEF GRANT	
ST. PAUL, MN 55104	40-1973070		15,000.	0.			COATE VEHIEL GRANT	
KRUNGTHEP THAI LLC								
1141 RICE ST								
ST. PAUL, MN 55117	82-1946448		15,000.	0.			COVID RELIEF GRANT	

Schedule I (Form 990) DEVELOPER Part II Continuation of Grants and Other		nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) Pa		1-1658654 Ра
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PR3 ENTERPRISES L. L. C.							
1600 UNIVERSITY AVE W #40							
T. PAUL, MN 55104	26-2477578		15,000.	0.			COVID RELIEF GRANT
SALON REVIVE, L. L. C.							
144 COUNTY ROAD E EAST							
VADNAIS HEIGHTS, MN 55110	47-1935018		15,000.	0.			COVID RELIEF GRANT
SWEATSHOP, LLC							
167 SNELLING AVE. NORTH				_			
ST. PAUL, MN 55102	41-1925601		15,000.	0.			COVID RELIEF GRANT
VIETNAMESE SENIOR CARE CENTER L.							
L. C 2418 UNIVERSITY AVENUE W							
- ST. PAUL, MN 55114	45-5210938		15,000.	0.			COVID RELIEF GRANT
÷							
BIANCA JOHNSON							
600 SIMS AVE APT A							
ST. PAUL, MN 55130	34-9705796		15,000.	0.			COVID RELIEF GRANT
NACOLE OSSEI							
925 SELBY AVE							
ST. PAUL, MN 55104	47-5042107		15,000.	0.			COVID RELIEF GRANT
. ,							
JLMV MANAGMENT LLC							
1520 SAINT CLAIR AVE							
ST. PAUL, MN 55105	82-1195952		15,000.	0.			COVID RELIEF GRANT
NT T A							
LOOO UNIVERSITY AVE W STE 230	81_1185600	NON-PROFITS 501(15 000	0.			COVID RELIEF GRANT
ST. PAUL, MN 55104	01-1102033	NON-PROFITS 301(15,000.	0.			COVID RELIEF GRANT
ARTSTART							
1459 ST. CLAIR AVE							
ST. PAUL, MN 55105	41-1618333	NON-PROFITS 501(15,000.	Ο.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPER	S						1-1658654 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISM SOCIETY OF MINNESOTA (AUSM) 2380 WYCLIFF ST STE 102 ST. PAUL, MN 55114	41-1718029	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
SI. FAOL, MN SSII4	41-1710029	NON-FROFIIS JUI	15,000.	0.			COVID RELIEF GRANI
CHARITIES REVIEW COUNCIL 1915 HWY 36 W STE 133							
ROSEVILLE, MN 55113	41-0652474	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
CHINESE AMERICAN ASSOCIATION OF MINNESOTA - 655 FAIRVIEW AVE N							
- ST. PAUL, MN 55104	41-0944910	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
CREATIVE ENTERPRISE ZONE 2242 UNIVERSITY AVENUE W SUITE 204							
ST. PAUL, MN 55114	47-3199574	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
ELPIS ENTERPRISES 2161 UNIVERSITY AVE W STE 112 ST. PAUL, MN 55114	56-2318910	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
FELINE RESCUE, INCORPORATED 600 FAIRVIEW AVENUE NORTH							
ST. PAUL, MN 55104	41-1876072	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
GARDEN OF HOPE MONTESSORI 2446 E CO. RD F							
WHITE BEAR LAKE, MN 55110	41-1977467	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS, INC 400 ROBERT ST S - ST. PAUL, MN							
55107	41-0693910	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
GREATER TWIN CITIES YOUTH SYMPHONIES - 408 ST. PETER ST STE							
300 - ST. PAUL, MN 55102	41-6038525	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER	5					4	-1000004 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	Ι
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHER EDUCATION CONSORTIUM FOR							
URBAN AFFAIRS, INC 2233							
UNIVERSITY AVE W STE 210 - ST.							
PAUL, MN 55114	41-0968262	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
KEEP ZIMMER POST NO. 1782, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INCORP - 4496 LAKE							
AVENUE SOUTH - WHITE BEAR LAKE,	41-0839633	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
LAKESHORE PLAYERS, INCORPORATED 4941 LONG AVE							
WHITE BEAR LAKE, MN 55110	41-6038716	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
LYRA 275 4TH ST E SUITE 280 ST. PAUL, MN 55101	36-3669159	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
MIDWEST SOCIETY OF ASSOCIATION EXECUTIVES - 1970 OAKCREST AVENUE STE 100 - ROSEVILLE, MN 55113	41-1278159	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
MINNESOTA ASSOCIATION FOR							
VOLUNTEER ADMINISTRATION - 970 RAYMOND AVE SUITE G70 - ST.							
PAUL, MN 55114	41-1463366	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
MINNESOTA CHILDREN'S MUSEUM 10 7TH ST W							
ST. PAUL, MN 55102	41-1354181	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
MINNESOTA INSTITUTE FOR TALENTED YOUTH - 1600 GRAND AVE - ST. PAUL, MN 55105	41-6054304	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
	-11 000-1004	NON PROPIED JUI	15,000.	0.			COVID RELIEF GRANT
MINNESOTA NURSERY & LANDSCAPE ASSOCIATION - 1813 LEXINGTON AVE N							
- ROSEVILLE, MN 55113	41-6048806	NON-PROFITS 501(15,000.	٥.			COVID RELIEF GRANT

DEVELOPERS Schedule I (Form 990)

41-1658654 Page 1

Part II Continuation of Grants and Other A	Assistance to Dol		and Domestic Go	vernments (Sche	euule I (Foffiti 990), Pa	L II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA RENEWAL CENTER 3499 LEXINGTON AVE N STE 100	41 1007001	NON DECEMBER 501/	15.000				
ARDEN HILLS, MN 55126	41-1827281	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
MINNESOTA YOUTH SYMPHONIES 790 CLEVELAND AVENUE S SUITE 203 ST. PAUL, MN 55116	23-7272194	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
MORE 96 E. WHEELOCK PARKWAY ST. PAUL, MN 55117	41-1611040	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
	11 1011040		10,000.				
MOUNDS THEATRE COMPANY 1029 HUDSON RD	80 0072200	NON-PROFITS 501(15 000	0.			COULD DELTEE CONVE
ST. PAUL, MN 55106	00-00/3220	MON-PROFILS 201(15,000.	0.			COVID RELIEF GRANT
NORTHEAST CONTEMPORARY SERVICES, INC 2770 CLEVELAND AVENUE NORTH	41 001 000		15 000				
- ROSEVILLE, MN 55113	41-0916288	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
OPTIONS FOR WOMEN EAST 891 WHITE BEAR AVE N ST. PAUL, MN 55106	41-1714652	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
PARK SQUARE THEATRE 408 ST PETER STREET SUITE 110							
ST. PAUL, MN 55102	41-1280683	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
PUBLIC ART SAINT PAUL 381 WABASHA ST. N.							
ST. PAUL, MN 55102	41-1596908	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
RAMSEY COUNTY HISTORICAL SOCIETY, INC 75 WEST 5TH ST STE 323 -							
ST. PAUL, MN 55102	41-6009039	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPER	S						1-1658654 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OSEVILLE/ANDERSON-NELSON VETERANS							
DF FOREIGN WARS POST #7555 - 1145							
NOODHILL DRIVE - ROSEVILLE, MN							
5113	41-6025659	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
T. JOSEPH'S SCHOOL OF MUSIC							
50 N SYNDICATE ST STE 350							
ST. PAUL, MN 55104	41-1397049	NON-PROFITS 501(15,000.	Ο.			COVID RELIEF GRANT
EATRO DEL PUEBLO, INC.							
209 PAGE ST WEST							
T. PAUL, MN 55107	41-1739320	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
THE HISTORY THEATRE, INC.							
30 EAST TENTH ST							
ST. PAUL, MN 55101	41-1408420	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
THE JUNIOR LEAGUE OF SAINT PAUL,							
INC 633 SNELLING AVE N - ST.							
PAUL, MN 55104	41-0721637	NON-PROFITS 501(15,000.	Ο.			COVID RELIEF GRANT
THE SAINT PAUL FESTIVAL AND							
IERITAGE FOUNDATION - 75 W 5TH ST							
TE 429 - ST. PAUL, MN 55102	41-1746052	NON-PROFITS 501(15,000.	Ο.			COVID RELIEF GRANT
HE ST. PAUL CONSERVATORY OF MUSIC							
524 SUMMIT AVE							
T. PAUL, MN 55105	41-2002832	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
HE STEPPINGSTONE THEATRE							
0 W 7TH PLACE							
ST. PAUL, MN 55102	36-3557115	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
1. 1605, MN 33102	30 3337113	NOL INOFILD JUL	13,000.	0.			COVID REDIEF GRANT
U DANCE							
121 UNIVERSITY AVE. W.							
T. PAUL, MN 55114	20-2534129	NON-PROFITS 501(15,000.	Ο.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER							EI-1050054 P
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	Г
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN CITIES IN MOTION							
2635 UNIVERSITY AVE WEST SUITE 190							
ST. PAUL, MN 55114	41-1419217	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
TWIN CITIES NORTH CHAMBER OF							
COMMERCE - 1915 HIGHWAY 36 WEST							
- ROSEVILLE, MN 55113	41-1513868	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
TWIN CITY MODEL RAILROAD CLUB,							
INC 668 TRANSFER ROAD SUITE 8				_			
- ST. PAUL, MN 55114	41-1341865	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
WHITE BEAR CENTER FOR THE ARTS							
4971 LONG AVE							
WHITE BEAR LAKE, MN 55110	41-1290707	NON-PROFITS 501(15,000.	Ο.			COVID RELIEF GRANT
,			,				
WONDERLUST PRODUCTIONS							
293 COMO AVE #212							
ST. PAUL, MN 55102	47-1894605	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
YOUNG DANCE, INC.							
655 FAIRVIEW AVE. N.							
ST. PAUL, MN 55104	41-1686416	NON-PROFITS 501(15,000.	Ο.			COVID RELIEF GRANT
			,				
YOUTH PERFORMANCE COMPANY							
641 FAIRVIEW AVE N SUITE 191							
ST. PAUL, MN 55104	41-1753681	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
EDIENDO OF MUE DANGEN CONTEN							
FRIENDS OF THE RAMSEY COUNTY							
LIBRARIES - 4560 NORTH VICTORIA	41-1507005	NON-PROFITS 501(15 000	0.			COVID RELIEF GRANT
STREET - SHOREVIEW, MN 55126	41-133/005	NON-PROFITS SUI(15,000.	0.			COALD RELIEF GRANT
ONE VOICE MIXED CHORUS							
732 HOLLY AVE STE Q							
ST. PAUL, MN 55104	41-1620953	NON-PROFITS 501(15,000.	Ο.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER							£1-1050054 Pa
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL CURLING CLUB, INC.							
470 SELBY AVE							
ST. PAUL, MN 55102	41-0209707	NON-PROFITS 501(15,000.	0.			COVID RELIEF GRANT
HIEN VAN LE & TUYET VAN THI TRINH							
3539 LEXINGTON AVE N							
ARDEN HILLS, MN 55126	20-2661542		15,000.	0.			COVID RELIEF GRANT
WBL FAST SUBS LLC							
1048 MEADOWLANDS DR							
WHITE BEAR LAKE, MN 55127	26-4598045		15,000.	0.			COVID RELIEF GRANT
PALACE THEATRE OPERATIONS, LLC							
17 WEST 7TH PLACE							
ST. PAUL, MN 55102	38-4006468		15,000.	0.			COVID RELIEF GRANT
				.			
XPRESS URGENT CARE, PLLC							
1480 STERLING STREET S							
MAPLEWOOD, MN 55119	37-2300177		14,900.	0.			COVID RELIEF GRANT
NORTH GARDEN THEATER, LLC							
929 7TH STREET WEST							
ST. PAUL, MN 55102	81-1015833		14,800.	0.			COVID RELIEF GRANT
BLUE RIVER TECHNOLOGIES LLC							
550 VANDALIA ST. SUITE 218							
ST. PAUL, MN 55114	81-2657191		14,457.	0.			COVID RELIEF GRANT
			11,13,.				
PEACHY CUP LLC							
56 EAST 6TH STREET SUIT 319							
ST. PAUL, MN 55101	47-4779371		14,340.	0.			COVID RELIEF GRANT
WAS CONCULTRANTED INC							
KMG CONSULTANTS INC. 1935 COUNTY RD B-2 SUITE LL71							
ROSEVILLE, MN 55113	81-1396404		13,700.	0.			COVID RELIEF GRANT
NOODATHIE' MM DOITD	01-1390404		L 13,700.	۰.			POATD VETTER GRANT

Schedule I (Form 990) DEVELOPER		41-1658654 Page					
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche I	edule I (Form 990), Pa	irt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LICE LOUNGE HAIR CARE CENTER,							
LLC - 2168 3RD STREET 2D -							
WHITE BEAR LAKE, MN 55110	81-0756055		13,554.	0.			COVID RELIEF GRANT
,			, .				
SAFEWAY HOME HEALTHCARE L. L. C.							
1901 LEXINGTON AVE N							
ROSEVILLE, MN 55113	81-1586332		13,500.	0.			COVID RELIEF GRANT
INDIA PALACE, INC							
2570 CLEVELAND AVE NORTH							
ROSEVILLE, MN 55113	41-1873708		12,970.	0.			COVID RELIEF GRANT
P&C MASSAGE CORP.							
621 CLEVELAND AVE SOUTH							
ST. PAUL, MN 55116	27-4899116		12,939.	0.			COVID RELIEF GRANT
ACHAU RESTUARANT CORPORATION							
2231 11TH AVE E							
ST. PAUL, MN 55109	46-2842021		12,500.	0.			COVID RELIEF GRANT
APPRIZE HOME HEALTH CARE LLC							
1821 UNIVERSITY AVENUE SUITE S-313							
ST. PAUL, MN 55104	83-1238873		12,500.	0.			COVID RELIEF GRANT
AMPLIFYDMC, LLC							
1375 ST. ANTHONY AVENUE SUITE 201							
ST. PAUL, MN 55104	81-4880826		12,500.	0.			COVID RELIEF GRANT
	01 1000020		12,500.				
DIVINE NAILS INC							
2950 WHITE BEAR AVE #5							
MAPLEWOOD, MN 55109	45-5537586		12,000.	0.			COVID RELIEF GRANT
BERLIN FINANCIAL CONSULTING LLC							
1611 COUNTY RD B W SUITE 215							
ROSEVILLE, MN 55113	83-1975741		10,000.	٥.			COVID RELIEF GRANT

Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CARE INN INC								
329 W. ROBIE STREET								
ST. PAUL, MN 55107	20-4389268		10,000.	0.			COVID RELIEF GRANT	
MARA, INC.								
WREN LANE								
NORTH OAKS, MN 55127	20-0217480		10,000.	0.			COVID RELIEF GRANT	
NORTHERN LIGHTS CHILDCARE INC								
562 CAROL DRIVE								
VADNAIS HEIGHTS, MN 55127	90-1256378		10,000.	0.			COVID RELIEF GRANT	
PERFECTION TYPE, INC								
LO50 33RD AVE SE								
MINNEAPOLIS, MN 55414	41-1982219		10,000.	0.			COVID RELIEF GRANT	
RANDHANGURUNG CORPORATION								
1150 EAST COUNTY ROAD E								
VADNAIS HEIGHTS, MN 55110	84-4160002		10,000.	0.			COVID RELIEF GRANT	
VADIALIS HEIGHIS, MA SSIIO	04 4100002		10,000.				COVID REDIEF GRANT	
TAYLOR & MENSAH IN-HOME CARE, INC.								
23 EMPIRE DR SUITE 101								
ST. PAUL, MN 55103	82-2859709		10,000.	0.			COVID RELIEF GRANT	
ONCODEA CORPORATION								
LOOO WESTGATE DRIVE #117B								
	83-2132752		10,000.	0.			COVID RELIEF GRANT	
ST. PAUL, MN 55114	05-2152/52		10,000.	0.			COVID REDIEF GRANT	
THE SUMMIT REAL ESTATE GROUP, INC								
755 PRIOR AVE N #004								
ST. PAUL, MN 55104	20-8138403		10,000.	0.			COVID RELIEF GRANT	
QMARK MEDICAL INC.								
1000 WESTGATE DRIVE LAB 50								
ST. PAUL, MN 55114	82-2063116		10,000.	0.			COVID RELIEF GRANT	

	chedule I (Form 990) DEVELOPERS Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
IEART TO HEART ENTERPRISE									
TRANSPORTATION INC 501 DALE									
STREET N 202 - ST. PAUL, MN 55103	16-1762302		10,000.	0.			COVID RELIEF GRANT		
PAYNE ORIENTAL MARKET CORPORATION									
.048 PAYNE AVENUE									
ST. PAUL, MN 55130	30-1202681		10,000.	0.			COVID RELIEF GRANT		
	50 1202001		10,000.	.					
TRIEU CHAU, INC.									
500 UNIVERSITY AVE W									
ST. PAUL, MN 55103	43-2043341		10,000.	0.			COVID RELIEF GRANT		
WEST SIDE HAIR CARE, INC.									
450 S ROBERT ST									
ST. PAUL, MN 55107	41-1491103		10,000.	0.			COVID RELIEF GRANT		
ALFIA INC									
3001 WHITE BEAR AVE N	01-0895660		10,000.	0.			COVID RELIEF GRANT		
MAPLEWOOD, MN 55109	01-0893660		10,000.	0.			COVID RELIEF GRANT		
BUSS PRODUCTIONS, INC.									
255 WESTERN AVE N #201									
ST. PAUL, MN 55102	20-1214990		10,000.	0.			COVID RELIEF GRANT		
·									
CHAMPIONCHIP MINNESOTA, INC.									
342 SMITH AVE									
ST. PAUL, MN 55107	41-1919695		10,000.	0.			COVID RELIEF GRANT		
CROSSFIT SOUTHPAW LLC									
2214 COUNTY HIGHWAY 10	02 4240777		10.000	•			CONTR DELIGE CRANE		
MOUNDSVIEW, MN 55112	83-4340777		10,000.	0.			COVID RELIEF GRANT		
DOMACE VINO LLC									
1853 BUERKLE ROAD									
WHITE BEAR LAKE, MN 55110	34-1977897		10,000.	0.			COVID RELIEF GRANT		

Schedule I (Form 990) DEVELOPERS

Schedule I (Form 990) DEVELOPER							1-1050054 Page
Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENLIGHTEN ACCOUNTING & TAX							
SOLUTION INC - 800 MINNEHAHA AVE E							
STE 365 - ST. PAUL, MN 55106	84-3330281		10,000.	0.			COVID RELIEF GRANT
CODERONDO CROREGUEND INC							
SCOREBOARD SPORTSWEAR, INC. 445 MINNESOTA ST							
ST. PAUL, MN 55101	41-1705746		10,000.	0.			COVID RELIEF GRANT
			,				
CHOPS HAIR INC.							
929 OLD HWY 8 NW							
NEW BRIGHTON, MN 55112	45-3678506		10,000.	0.			COVID RELIEF GRANT
COOPERATIVE CTRL INC							
197 BAKER ST E	84-4436353		10.000	0			CONTR DELTER CRANE
ST. PAUL, MN 55107	04-4430353		10,000.	0.			COVID RELIEF GRANT
SANDY & ALLY PRODUCTIONS LLC							
1703 BOHLAND AVE.							
ST. PAUL, MN 55116	81-0737172		10,000.	0.			COVID RELIEF GRANT
· · · ·			,				
SOUND MIND AND BODY SCHOOL OF TAE							
KWON DO, NC 1558 ST. CLAIR AVE.							
- ST. PAUL, MN 55105	41-1838443		10,000.	0.			COVID RELIEF GRANT
WREN WINDOW CLEANING, INC.							
1020 OXFORD ST. N #1	15 15 14 10 1		10.000				
ST. PAUL, MN 55103	45-1761196		10,000.	0.			COVID RELIEF GRANT
MA LOGISTICS L.L.C.							
475 UNIVERSITY AVE W							
ST. PAUL, MN 55103	82-2841495		10,000.	0.			COVID RELIEF GRANT
,							
ROSEVILLE LODGING L. L. C.							
2550 CLEVELAND AVE. NORTH							
ROSEVILLE, MN 55113	46-3290342		10,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990)

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER		41-1658654 Рад					
Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DE CONTRA INC							
BT COOKING INC. 1001 JOHNSON PARKWAY #6							
ST. PAUL, MN 55106	81-4493074		10,000.	0.			COVID RELIEF GRANT
- /			, .				
COMPLEXIONS ON CARTER MAGMIN INC.							
2228 CARTER AVE. STE: C							
ST. PAUL, MN 55108	26-1656956		10,000.	0.			COVID RELIEF GRANT
GLOBALIZEDU, LLC							
416 LAUREL AVE	46 2022107		10.000	0			CONTR DELITER CRANE
ST. PAUL, MN 55102	46-3932107		10,000.	0.			COVID RELIEF GRANT
KASIA KITCHEN INC							
1001 JOHNSON PARKWAY #16							
ST. PAUL, MN 55106	83-1897654		10,000.	0.			COVID RELIEF GRANT
NAILS AND BEAUTY BY GABBY LLC							
1900 COUNTY RD D EAST STE 125							
MAPLEWOOD, MN 55109	82-4494384		10,000.	0.			COVID RELIEF GRANT
PAMA INC.							
56 6TH STREET E	82-5094733		10,000.	0.			COVID RELIEF GRANT
ST. PAUL, MN 55101	02-5094755		10,000.	0.			COVID RELIEF GRANT
PIECE INCORPORATED							
148 FARRINGTON ST							
ST. PAUL, MN 55102	46-2778022		10,000.	0.			COVID RELIEF GRANT
PMS CO							
101 5TH STREET E. US BANK CENTER SU							
ST. PAUL, MN 55101	46-3807807		10,000.	0.			COVID RELIEF GRANT
2 BAR & LOUNGE INC							
3001 WHITE AVE # 2077	92 2620005		10.000	_			CONTR DELITER CRANT
MAPLEWOOD, MN 55109	83-3630005		10,000.	٥.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPERS	5					4	EI-1000004 Pa
Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
V.N. CORNELIUS & ASSOCIATES, INC 467 IVY AVE E							
ST. PAUL, MN 55130	46-4818137		10,000.	0.			COVID RELIEF GRANT
VIOLIN GUILD OF AMERICA INC 265 WEST 7TH STREET SUITE 300 ST. PAUL, MN 55102	46-1479451		10,000.	0.			COVID RELIEF GRANT
THAI MOUA TAX SERVICES, LLC 1258 PAYNE AVE							
ST. PAUL, MN 55130	83-2788680		10,000.	0.			COVID RELIEF GRANT
TWIN CITY LOGISTICS LLC 221 PRIMROSE CT							
VADNAIS HEIGHTS, MN 55127	46-1089189		10,000.	0.			COVID RELIEF GRANT
ACTIVE CARE SERVICES L. L. C. 821 RAYMOND AVE SUITE 400			10.000				
ST. PAUL, MN 55114	84-347774		10,000.	0.			COVID RELIEF GRANT
THE APIARY SALON LLC 2047 GRAND AVE							
ST. PAUL, MN 55105	46-2453825		10,000.	0.			COVID RELIEF GRANT
POINT ACUPUNCTURE AND ASIAN MEDICINE, LLC - 2565 HAMLINE AVE N							
SUITE B - ROSEVILLE, MN 55113	20-2106123		10,000.	0.			COVID RELIEF GRANT
GASAWAY CONSULTING GROUP, LLC 460 IONA LANE							
ROSEVILLE, MN 55113	26-2565472		10,000.	0.			COVID RELIEF GRANT
MOSAIC ON A STICK, LLC 1564 LAFOND AVENUE							
ST. PAUL, MN 55104	26-4418266		10,000.	0.			COVID RELIEF GRANT

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
MADEMOISELLE MIEL LLC								
342 KELLOGG BLVD W								
ST. PAUL, MN 55102	26-4734548		10,000.	0.			COVID RELIEF GRANT	
SPIRIT TAE KWON DO ST PAUL LLC								
242 CLEVELAND AVE S								
ST. PAUL, MN 55116	27-2017325		10,000.	0.			COVID RELIEF GRANT	
NORWEST STYLISTS LLC 56 EAST 6TH STREET								
ST. PAUL, MN 55101	27-4399633		10,000.	0.			COVID RELIEF GRANT	
SI. FROI, MN SSIOI	27-4399033		10,000.	0.			COVID RELIEF GRANI	
CAPITAL DEALS LLC								
710 SMITH AVE S								
ST. PAUL, MN 55107	42-1703326		10,000.	٥.			COVID RELIEF GRANT	
ROVAN HANDCRAFTED FURNITURE LLC								
863 ARMSTRONG AVE W	16 1121169		10.000	0			CONTR DELTER CRANE	
ST. PAUL, MN 55102	46-4424468		10,000.	0.			COVID RELIEF GRANT	
ARMAN'S TOP KICK TOWING LLC								
71 MARYLAND AVE E								
ST. PAUL, MN 55117	46-5108921		10,000.	0.			COVID RELIEF GRANT	
TASTEMAKERS LLC								
3200 HAMLINE AVE								
ARDEN HILLS, MN 55112	46-5191527		10,000.	0.			COVID RELIEF GRANT	
INFINITE FINANCIAL SOLUTIONS LLC								
3561 WHITE BEAR AVE N								
WHITE BEAR LAKE, MN 55110	47-3261125		10,000.	0.			COVID RELIEF GRANT	
OMARI BROW STUDIO, LLC								
1050 SELBY AVE	47-4925078		10 000	0.				
ST. PAUL, MN 55104	4/-49230/8		10,000.	٥.			COVID RELIEF GRANT	

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Part II Continuation of Grants and Other A	Assistance to Don	lestic Organizations		vernments (SCN	-uule I (Fuilli 990), Pa	тсп.) 	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPETITIVE WELLNESS LLC							
1565 COMO AVE							
ST. PAUL, MN 55108	50-3176479		10,000.	0.			COVID RELIEF GRANT
AVON BUSINESS FORMS & PROMOTIONS,							
LLC - 39 AVON ST. SO. APT. 12 -							
ST. PAUL, MN 55105	80-0338285		10,000.	0.			COVID RELIEF GRANT
ANNIE ZIMBEL A2Z LLC							
713 MINNEHAHA AVE E STE 320							
ST. PAUL, MN 55106	81-1125325		10,000.	0.			COVID RELIEF GRANT
TALISMAN & CO. LLC							
2179 ST. CLAIR AVE.							
ST. PAUL, MN 55105	81-2412071		10,000.	0.			COVID RELIEF GRANT
CHATEAU GLOBAL LLC							
1759 SELBY AVENUE SUITE 105							
ST. PAUL, MN 55104	81-2714594		10,000.	0.			COVID RELIEF GRANT
THE DAPPER WOLF LLC							
550 VANDALIA ST SUITE 205							
ST. PAUL, MN 55114	82-0893671		10,000.	0.			COVID RELIEF GRANT
BALANCE CHIROPRACTIC HEALTH CENTER							
PLLC - 1 WEST WATER STREET SUITE							
270 - ST. PAUL, MN 55107	82-2351690		10,000.	0.			COVID RELIEF GRANT
2 51. 1802, FM 5510,	02 2001000		10,000.				
SANKORE LLC							
1621 POPPYSEED DRIVE							
NEW BRIGHTON, MN 55112	82-2839007		10,000.	0.			COVID RELIEF GRANT
GRAND TEA LLC							
1690E MCKNIGHT RD N							
MAPLEWOOD, MN 55109	82-2846177		10,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPER	4	41-1658654 Page 1					
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUCKPAD JANITORIAL SERVICES LLC 2615 STARK ST							
LITTLE CANADA, MN 55117	82-3801638		10,000.	0.			COVID RELIEF GRANT
MN SPORTS PERFORMANCE LLC 811 ASHLAND AVE							
ST. PAUL, MN 55104	82-3932680		10,000.	٥.			COVID RELIEF GRANT
GHENET'S BAKERY, LLC 864 FULLER AVENUE							
ST. PAUL, MN 55104	82-4786854		10,000.	٥.			COVID RELIEF GRANT
SOLD BY ALAN LLC 2420 HILLWOOD DR E							
MAPLEWOOD, MN 55119	82-4905772		10,000.	0.			COVID RELIEF GRANT
BE STAGED LLC 1430 COUNTY ROAD C WEST SUITE 200 ROSEVILLE, MN 55113	82-5014682		10,000.	0.			COVID RELIEF GRANT
PACABELLYS LLC 5932 LEXINGTON AVE N							
SHOREVIEW, MN 55126	83-0803291		10,000.	٥.			COVID RELIEF GRANT
HOOK N GO TOW LLC 118 ACKER ST E							
ST. PAUL, MN 55117	83-1838824		10,000.	0.			COVID RELIEF GRANT
651 HOME SERVICES LLC 2487 EDGCUMBE ROAD							
ST. PAUL, MN 55116	83-2265089		10,000.	٥.			COVID RELIEF GRANT
SUPERMERCADO SARALIZY NO. 2 LLC 522 RICE STREET							
ST. PAUL, MN 55103	83-2286179		10,000.	0.			COVID RELIEF GRANT

	chedule I (Form 990) DEVELOPERS							
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
MIDWEST MULTISPORT RACES LLC								
2370 COUNTY ROAD J SUITE 103								
WHITE BEAR LAKE, MN 55110	83-3190690		10,000.	0.			COVID RELIEF GRANT	
NGO CONSTRUCTIONS LIMITED								
LIABILITY COMPANY - 3229 LIBBY								
LANE - VADNAIS HEIGHTS, MN	02 2221224		10.000	0			CONTR DELINE CRANE	
55127	83-3321224		10,000.	0.			COVID RELIEF GRANT	
PAJ ICE CREAM LLC								
298 UNIVERSITY AVE W								
ST. PAUL, MN 55103	84-2075910		10,000.	0.			COVID RELIEF GRANT	
THE PEACH EATERY LLC								
1124 PAYNE AVE								
ST. PAUL, MN 55130	84-2139841		10,000.	0.			COVID RELIEF GRANT	
RICOS ICE CREAM PARLOR LLC								
56 E 6TH ST. STE 304 ALLIANCE BANK								
ST. PAUL, MN 55101	84-2192228		10,000.	0.			COVID RELIEF GRANT	
6MINUTES 0SECONDS LLC								
1334 W MINNEHAHA AVE	84-3211204		10,000.	0.			COVID RELIEF GRANT	
ST. PAUL, MN 55104	84-3211204		10,000.	0.			COVID RELIEF GRANT	
KATWALK THE GLAM SHOP L.L.C.								
3001 WHITE BEAR AVE N SPACE 1010C								
ST. PAUL, MN 55109	85-3340328		10,000.	0.			COVID RELIEF GRANT	
······································								
SRJR ENTERPRISE LLC								
1360 UNIVERSITY AVE W								
ST. PAUL, MN 55104	85-3430774		10,000.	٥.			COVID RELIEF GRANT	
LUXE EVENT PLANNING AND DECOR LLC								
2714 SYLVAN ST								
LITTLE CANADA, MN 55117	85-3444270		10,000.	٥.			COVID RELIEF GRANT	

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER	5					4	EL-1000004 Pa
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKYWAY MASALA LLC							
444 CEDAR STREET 216							
ST. PAUL, MN 55114	83-3360313		10,000.	0.			COVID RELIEF GRANT
MARPAM PHARMA LLC			, ,				
UNIVERSITY ENTERPRISE LABORATORIES							
1000 WESTGATE DRIVE LAB 104 - ST.							
PAUL,	84-3305267		10,000.	0.			COVID RELIEF GRANT
,			, ,				
FLEUR LASHES LLC							
1721 COUNTY RD B2							
ROSEVILLE, MN 55113	82-2311324		10,000.	0.			COVID RELIEF GRANT
SOUL LOGIC, LLC							
856 RAYMOND AVE SUITE B							
ST. PAUL, MN 55114	84-2155975		10,000.	0.			COVID RELIEF GRANT
QUE TAL LLC							
955 MACKUBIN ST							
ST. PAUL, MN 55117	82-2374517		10,000.	0.			COVID RELIEF GRANT
WHITE DRAGON HALL LLC							
1600 WHITE BEAR AVE N STE C							
ST. PAUL, MN 55106	47-2254037		10,000.	0.			COVID RELIEF GRANT
MARVEL-CHAIN PROPERTIES LLC							
2058 W SAUNDERS AVE							
ST. PAUL, MN 55116	83-4185208		10,000.	0.			COVID RELIEF GRANT
SHARK LLC							
720 MCKNIGHT RD S							
MAPLEWOOD, MN 55119	83-4211215		10,000.	0.			COVID RELIEF GRANT
THIRTY-SIX CAFE LLC							
949 GRAND AVENUE #3							
ST. PAUL, MN 55105	84-3247020		10,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPERS		41-1658654 Page					
Part II Continuation of Grants and Other A	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABDUL ALI							
1333 THOMAS AVE							
ST. PAUL, MN 55104	81-3882341		10,000.	0.			COVID RELIEF GRANT
BATTLEGROUND CAFE L.L.C.							
1650 COUNTY ROAD E EAST							
VADNAIS HEIGHTS, MN 55110	82-2772480		10,000.	0.			COVID RELIEF GRANT
,			,				
BRAKE BREAD L. L. C.							
1174 7TH ST W							
ST. PAUL, MN 55102	46-4794655		10,000.	٥.			COVID RELIEF GRANT
HIGHLAND COLLISION CENTER LLC							
2042 7TH STREET WEST							
ST. PAUL, MN 55116	82-5173826		10,000.	0.			COVID RELIEF GRANT
UTLL'S BLODAL LINTMED LIADTLINY							
HILL'S FLORAL LIMITED LIABILITY COMPANY - 168 GEORGE ST E - ST.							
PAUL, MN 55107	37-1825429		10,000.	0.			COVID RELIEF GRANT
PAUL, MN 55107	37-1023429		10,000.	0.			COVID RELIEF GRANT
PRIMARY FIRST AID LC							
1414 JAMES AVE							
ST. PAUL, MN 55105	35-2327001		10,000.	0.			COVID RELIEF GRANT
REPAIR LLC							
2622 WHITE BEAR AVE							
MAPLEWOOD, MN 55109	81-4260748		10,000.	0.			COVID RELIEF GRANT
SMACKIN SNACKS LLC							
1790 LARPENTEUR AVE WEST	00 4500550			_			
FALCON HEIGHTS, MN 55113	83-4539759		10,000.	0.			COVID RELIEF GRANT
SUNSET CARE LLC							
1399 EUSTIS ST							
ST. PAUL, MN 55108	81-3671417		10,000.	0.			COVID RELIEF GRANT

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UDO'S AFRICAN FOOD STORE LLC 1459 UNIVERSITY AVE W.	45-4395565		10.000	0.			COVID RELIEF GRANT	
ST. PAUL, MN 55104 MOLER BARBER SCHOOL OF SAINT PAUL LLC - 990 PAYNE AVE - ST. PAUL,	43-4393303		10,000.				COVID RELIEF GRANI	
<u>MN 55130</u>	37-1875117		10,000.	0.			COVID RELIEF GRANT	
WINDING TRAIL BOOKS LLC 2230 CARTER AVE STE 8	02.4620.066		10,000					
ST. PAUL, MN 55108	83-4629866		10,000.	0.			COVID RELIEF GRANT	
HAIR NATION BARBER & BEAUTY LLC 1990 SUBURBAN AVE SUITE 2006								
ST. PAUL, MN 55119	81-3508917		10,000.	0.			COVID RELIEF GRANT	
LULU'S BRASIAN SNACKS LLC 1064 GERVAIS AVENUE MAPLEWOOD, MN 55109	81-1898701		10,000.	0.			COVID RELIEF GRANT	
ACCESS 2 TANZANIA LLC 253 DUKE ST								
ST. PAUL, MN 55102	20-4696341		10,000.	0.			COVID RELIEF GRANT	
ANDRUS BUILT LLC 2440 CHARLES STREET N. SUITE 210								
NORTH ST. PAUL, MN 55109	27-4676305		10,000.	0.			COVID RELIEF GRANT	
CRAFT AND THEORY LLC 3033 CHAMBERLAIN ST N UNIT 8								
MAPLEWOOD, MN 55109	46-4115334		10,000.	0.			COVID RELIEF GRANT	
JET INVESTMENTS LLC 1700 SUBURBAN AVE								
ST. PAUL, MN 55106	83-3228079		10,000.	Ο.			COVID RELIEF GRANT	

Schedule I (Form 990) DEVELOPER		41-1658654 Pag					
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEXINGTON INVESTMENTS LLC							
5922 LEXINGTON AVE N							
	84-3189806		10.000	0.			COVID RELIEF GRANT
SHOREVIEW, MN 55126	84-3189808		10,000.	υ.			COVID RELIEF GRANT
MIDWEST EVENTS, LLC							
2370 COUNTY ROAD J SUITE 103							
WHITE BEAR LAKE, MN 55110	80-0747678		10,000.	Ο.			COVID RELIEF GRANT
,			, .				
QUEVEDO'S CLEANING AND SERVICES							
LLC - 583 EMIL AVE - SHOREVIEW,							
MN 55126	45-2623064		10,000.	Ο.			COVID RELIEF GRANT
TEA BAR LLC							
1011 MEADOWLANDS DR STE 9							
WHITE BEAR LAKE, MN 55127	82-4664166		10,000.	0.			COVID RELIEF GRANT
M AND M PARTNERS LLC							
1670 SUBURBAN AVE							
ST. PAUL, MN 55106	26-4129515		10,000.	0.			COVID RELIEF GRANT
THE GLOW LOUNGE LLC							
1032 GRAND AVE STE 300							
ST. PAUL, MN 55105	45-3663861		10,000.	0.			COVID RELIEF GRANT
51. FROI, M 55105	45 5005001		10,000.	0.			COVID REDIEF GRANT
FILLGES TECHNOLOGIES LLC							
1570 BEAM AVE STE 100							
MAPLEWOOD, MN 55109	46-1097473		10,000.	Ο.			COVID RELIEF GRANT
,,	10 100 / 1/0						
EXCELSIOR CANDLE COMPANY L. L. C.							
550 VANDALIA ST STUDIO 201							
ST. PAUL, MN 55114	81-2227110		10,000.	0.			COVID RELIEF GRANT
			· · ·				
NEW WAVE HOME HEALTH CARE LLC							
1821 UNIVERSITY AVENUE W SUITE 133							
ST. PAUL, MN 55104	81-2186882		10,000.	Ο.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

5						LI-1000004 Pag			
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
26-4784984		10,000.	0.			COVID RELIEF GRANT			
84-2580295		10 000	0			COVID RELIEF GRANT			
20-2891495		10,000.	0.			COVID RELIEF GRANT			
37-3887042		10,000.	0.			COVID RELIEF GRANT			
47 2045262		10.000							
4/-3045363		10,000.	0.			COVID RELIEF GRANT			
01 2002220		10.000							
81-3982328		10,000.	0.			COVID RELIEF GRANT			
82-2089725		10,000.	0.			COVID RELIEF GRANT			
82-4830707		10,000.	0.			COVID RELIEF GRANT			
81-3333185		10,000.	0.			COVID RELIEF GRANT			
	Assistance to Don (b) EIN 26-4784984 84-2580295 20-2891495 37-3887042 47-3045363 81-3982328 81-3982328 82-2089725 82-4830707	Assistance to Domestic Organizations (b) EIN (c) IRC section if applicable 26-4784984	Assistance to Domestic Organizations and Domestic Go (b) EIN (c) IRC section if applicable (d) Amount of cash grant 26-4784984 10,000. 84-2580295 10,000. 20-2891495 10,000. 37-3887042 10,000. 47-3045363 10,000. 81-3982328 10,000. 82-2089725 10,000. 82-4830707 10,000.	Assistance to Domestic Organizations and Domestic Governments (Schwarzer (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 26-4784984 10,000. 0. 84-2580295 10,000. 0. 20-2891495 10,000. 0. 37-3887042 10,000. 0. 47-3045363 10,000. 0. 81-3982328 10,000. 0. 82-2089725 10,000. 0. 82-4830707 10,000. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 26-4784984 10,000. 0. 84-2580295 10,000. 0. 20-2891495 10,000. 0. 37-3887042 10,000. 0. 47-3045363 10,000. 0. 81-3982328 10,000. 0. 82-2089725 10,000. 0. 82-4830707 10,000. 0.	Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation on cosh assistance (g) Description of non-cash assistance 26-4784984 10,000. 0.			

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER							L-1000004 Pa		
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DAMERA ETHIOPIAN BAR AND									
RESTAURANT, LLC - 813 UNIVERSITY									
AVE WEST - ST. PAUL, MN 55104	47-3216052		10,000.	0.			COVID RELIEF GRANT		
DIONNE BLOOD									
1595 SELBY AVENUE SUITE 203									
	20-4033536		10 000	٥.			COVID RELIEF GRANT		
ST. PAUL, MN 55438	20-4033536		10,000.	· · ·			COVID RELIEF GRANT		
DUNGEON STRENGTH AND CONDITIONING,									
LLC - 235 ROSELAWN AVE E SUITE 7A									
- MAPLEWOOD, MN 55117	84-4931195		10,000.	0.			COVID RELIEF GRANT		
FREDDY FRESH MUSIC LLC L.L.C.									
1791 THOMAS AVE									
ST. PAUL, MN 55104	47-3886119		10,000.	0.			COVID RELIEF GRANT		
			, ,						
GLAMOUR BEAUTY L. L. C.									
1988 HILDING ST									
ST. PAUL, MN 55119	82-1248813		10,000.	٥.			COVID RELIEF GRANT		
HOUSE OF GRISTLE LLC									
1329 ST PAUL AVE #4									
ST. PAUL, MN 55116	83-3177343		10,000.	0.			COVID RELIEF GRANT		
MK'S HAIR COLLECTION LLC									
981 PAYNE AVE E									
ST. PAUL, MN 55106	83-0914371		10,000.	0.			COVID RELIEF GRANT		
NEXT LEVEL BARBER SHOP LLC									
986 DALES ST N				_					
ST. PAUL, MN 55117	82-3344456		10,000.	0.			COVID RELIEF GRANT		
PERSONNEL RESOURCES 3 LLC									
829 MARYLAND AVE E									
ST. PAUL, MN 55106	84-2919093		10,000.	0.			COVID RELIEF GRANT		
ST. PAUL, MN 55106	04-2919093		T0,000.	0.			COVID RELIEF GRANT		

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Page 1 Pa									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PRETTY WAVES BOUTIQUE LLC									
444 CEDAR ST. SUITE 217									
ST. PAUL, MN 55101	84-2269481		10,000.	0.			COVID RELIEF GRANT		
REDEMPTION BARBERSHOP LLC									
1401 WHITE BEAR AVE									
ST.PAUL, MN 55106	84-5077183		10,000.	0.			COVID RELIEF GRANT		
REMIX, LLC									
2042 MARSHALL AVENUE									
ST. PAUL, MN 55104	83-2167830		10,000.	0.			COVID RELIEF GRANT		
RUGGED NORTH LLC									
375 JACKSON ST. SUITE #230									
ST. PAUL, MN 55101	46-4615959		10,000.	0.			COVID RELIEF GRANT		
51: 1102, 11, 55101	10 1013535		10,000.						
THE PATRON BARBER LLC									
806 7TH ST E									
ST. PAUL, MN 55106	38-4151143		10,000.	0.			COVID RELIEF GRANT		
TUSK LLC									
1465 DANFORTH ST NORTH	05 1000510								
ST. PAUL, MN 55117	85-1802519		10,000.	0.			COVID RELIEF GRANT		
TWISTED TREASURES LLC									
441 UNIVERSITY AVE WEST									
ST. PAUL, MN 55103	84-3236997		10,000.	0.			COVID RELIEF GRANT		
U.S. CHARGING LLC									
817 VANDALIA STREET SUITE 1									
ST. PAUL, MN 55114	82-3422621		10,000.	0.			COVID RELIEF GRANT		
INTERSTATE HAULERS LLC									
1672 PRISPERITY RD									
ST. PAUL, MN 56001	82-2716695		10,000.	0.			COVID RELIEF GRANT		

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER							11-1030034 Pag		
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ISBOS ENTERPRISES LLC									
418 MARYLAND AVE W #203									
ST. PAUL, MN 55104	81-2915470		10,000.	0.			COVID RELIEF GRANT		
CMWS, LLC									
655 FAIRVIEW AVE N.									
ST. PAUL, MN 55104	45-0679160		10,000.	0.			COVID RELIEF GRANT		
CREADIGO HOLDINGS LLC									
1041 GRAND AVENUE NUM 107									
ST. PAUL, MN 55105	83-3811463		10,000.	0.			COVID RELIEF GRANT		
i									
FAWN FRIDAY LLC									
666 TRANSFER ROAD SUITE 12									
ST. PAUL, MN 55114	46-9903518		10,000.	0.			COVID RELIEF GRANT		
GILIANE E. MANSFELDT PHOTOGRAPHY									
L. L. C 970 RAYMOND AVE SUITE									
G-10 - ST. PAUL, MN 55114	27-5360845		10,000.	٥.			COVID RELIEF GRANT		
,									
GLOBAL BUSINESS SERVICES LLC									
804 UNIVERSITY AVENUE W									
ST. PAUL, MN 55104	82-3611068		10,000.	0.			COVID RELIEF GRANT		
HISTORIC DISTRICT BED AND									
BREAKFAST LLC - 483 ASHLAND AVE									
- ST. PAUL, MN 55102	82-0733076		10,000.	0.			COVID RELIEF GRANT		
51. Inol, in 55102	02 0733070		10,000.						
LA VIE LLC									
2966 WHITE BEAR AVENUE SUITE #33									
MAPLEWOOD, MN 55109	32-0511799		10,000.	٥.			COVID RELIEF GRANT		
ODAA TECHNOLOGY SERVICES LLC									
691 DALE STREET N									
ST. PAUL, MN 55103	85-1867497		10,000.	0.			COVID RELIEF GRANT		
51, 1101, III 55105	33 100,407		10,000.	· ·			POLID KULLIN OKUMI		

Schedule I (Form 990) DEVELOPI		41-1658654 Pa					
Part II Continuation of Grants and Oth	er Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREP PERFECT L. L. C.							
2216 3RD ST							
WHITE BEAR LAKE, MN 55110	81-4371747		10,000.	0.			COVID RELIEF GRANT
SS TRANSPORT XPRESS LLC.							
1150 SHERBURNE AVE.							
ST. PAUL, MN 55104	83-4217024		10,000.	٥.			COVID RELIEF GRANT
STOCK EXPORT LLC							
1855 FURNESS ST. UNIT 108							
MAPLEWOOD, MN 55109	66-5822386		10,000.	0.			COVID RELIEF GRANT
	00 3022300		10,000.				
THE ART LLC							
225 E. ROSELAWN AVE STE 3							
MAPLEWOOD, MN 55117	45-4991116		10,000.	٥.			COVID RELIEF GRANT
THE NUTRITION SPOT, LLC							
3470 LEXINGTON AVE							
SHOREVIEW, MN 55126	46-8020934		10,000.	0.			COVID RELIEF GRANT
SEPTEMBER MANGO L. L. C.							
610 SELBY AVE	04 0600057		10.000	0			
ST. PAUL, MN 55102	84-2620357		10,000.	0.			COVID RELIEF GRANT
CHA WANG THAO							
217 COMO AVE B40							
ST. PAUL, MN 55103	54-6972454		10,000.	0.			COVID RELIEF GRANT
			, -				
DENZEL ENGLISH							
568 SNELLING AVE N							
ST. PAUL, MN 55104	47-4276883		10,000.	0.			COVID RELIEF GRANT
MATHEW LAMPI							
1656 CO RD E EAST							
WHITE BEAR LAKE, MN 55110	47-0869947		10,000.	0.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPER		41-1658654 Pag					
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SV5 GROUP, LLC							
665 VIRGINIA STREET							
ST. PAUL, MN 55103	73-9956045		10,000.	٥.			COVID RELIEF GRANT
TERRELL SMITH							
913 PAYNE AVE							
ST. PAUL, MN 55106	35-1608655		10,000.	0.			COVID RELIEF GRANT
MAGGIE LYNN BARNES							
1056 MARSHALL AVE #1							
ST. PAUL, MN 55104	81-4128409		10,000.	0.			COVID RELIEF GRANT
	01 1120105		10,000.				
TURU BADASO							
520 SNELLING AVENUE N							
ST. PAUL, MN 55104	69-0267850		10,000.	0.			COVID RELIEF GRANT
COREY L JONES							
2661 CIVIC CENTER DR							
ROSEVILLE, MN 55113	84-2236557		10,000.	0.			COVID RELIEF GRANT
JEROME HARRIS							
1451 UNIVERSITY AVE ST. PAUL, MN 55104	35-9540908		10,000.	0.			COVID RELIEF GRANT
51. FROM, MR 55104	33 33 40 500		10,000.	••			COVID REDIEF GRANT
LINDA K SALON LLC							
616 RICE STREET							
ST. PAUL, MN 55103	57-1770835		10,000.	0.			COVID RELIEF GRANT
MARSHA D. FUERST LLC							
4746 BOULEAU RD							
WHITE BEAR LAKE, MN 55110	46-8569184		10,000.	0.			COVID RELIEF GRANT
ORIGINAL HOCKEY MOM BROWNIES LLC							
1700 GRAND AVE							
ST. PAUL, MN 55105	81-2215103		10,000.	٥.			COVID RELIEF GRANT

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Schedule I (Form 990) DEVELOPER:	2					4	EI-1000004 Pa
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HE UNITED HMONG FAMILY, INC.							
2385 ARIEL ST N							
MAPLEWOOD, MN 55109	82-1042123	NON-PROFITS 501(10,000.	0.			COVID RELIEF GRANT
,,							
LATINOLEAD, INC.							
797 EAST 7TH ST STE 151							
ST. PAUL, MN 55106	83-2767239	NON-PROFITS 501(10,000.	0.			COVID RELIEF GRANT
MEETING PROFESSIONALS INTL MN CHAP							
1611 CO. RD B WEST STE 315							
ROSEVILLE, MN 55113	31-1011247	NON-PROFITS 501(10,000.	Ο.			COVID RELIEF GRANT
SENIOR RECOVERY PROGRAM							
235 E ROSELAWN AVE SUITE 13							
MAPLEWOOD, MN 55117	41-1388121	NON-PROFITS 501(10,000.	Ο.			COVID RELIEF GRANT
VADNAIS HEIGHTS ECONOMIC							
DEVELOPMENT CORPORATION - 800 EAST							
COUNTY ROAD E - VADNAIS							
HEIGHTS, MN 55127	41-1524569	NON-PROFITS 501(10,000.	0.			COVID RELIEF GRANT
,			, ,				
FANY'S CLEANING SERVICES LLC							
1314 MAYNARD DR E APT 290							
ST. PAUL, MN 55116	36-4847123		10,000.	Ο.			COVID RELIEF GRANT
,			, ,				
NEOO DEVELOPMENT LLC							
370 WABASHA ST N STE 500							
ST. PAUL, MN 55102	83-3860361		10,000.	Ο.			COVID RELIEF GRANT
,			, ,				
SPARKLE COMMERCIAL CLEANING							
COMPANY - 852 ASPEN CIRCLE -							
LITTLE CANADA, MN 55109	26-3816698		10,000.	0.			COVID RELIEF GRANT
·····, ····							
DOUBLE Y TRANSPORTATION SERVICES							
LLC - 1691 VILLAGE TRAIL E UNIT 7							
- MAPLEWOOD, MN 55109	46-4959762		9,841.	0.			COVID RELIEF GRANT
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	۰.			Corres multiple orange

Part II Continuation of Grants and Other	r Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HP ICE CREAM LLC									
3001 WHITE BEAK AVE N									
MAPLEWOOD, MN 55109	85-1419852		9,770.	0.			COVID RELIEF GRANT		
KAYS PLACE N SPACE									
1146 NORTON ST									
ST. PAUL, MN 55117	86-1910137	NON-PROFITS 501(9,665.	0.			COVID RELIEF GRANT		
APEX HOME INSPECTION, LLC 2393 RICE ST #101									
ROSEVILLE, MN 55113	85-0781096		9,000.	0.			COVID RELIEF GRANT		
	03 0701050		5,000.						
NO SIGNAL INC.									
262 4TH ST E UNIT 403									
ST. PAUL, MN 55105	81-5039256		8,815.	0.			COVID RELIEF GRANT		
TWIN CITY PROCESS SERVICE, LLC 5416 JEFFERSON CT									
WHITE BEAR LAKE, MN 55110	06-1770886		8,554.	0.			COVID RELIEF GRANT		
DADASHEVA CONSULTING LLC 3542 OAK TERRACE									
WHITE BEAR LAKE, MN 55110	84-4086553		8,402.	0.			COVID RELIEF GRANT		
HUNG TATTOO PARLOR LLC 377 UNIVERSITY AVE W SUITE D									
ST. PAUL, MN 55103	82-2787429		8,243.	0.			COVID RELIEF GRANT		
MINNESOTA FAMILIES UNITED INC. 540 FAIRVIEW AVE N SUITE 301									
ST. PAUL, MN 55123	82-2516696		8,000.	Ο.			COVID RELIEF GRANT		
ACTORS THEATER OF MINNESOTA			,						
275 4TH ST E SUITE 730									
ST. PAUL, MN 55101	41-1989156	NON-PROFITS 501(7,513.	Ο.			COVID RELIEF GRANT		

Schedule I (Form 990) DEVELOPER								
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ADVANTAGE PICTURE FRAMING, INC.								
402 SNELLING AVE S								
ST. PAUL, MN 55105	41-1905899		7,500.	0.			COVID RELIEF GRANT	
JCS ORGANIC CLEANING SERVICES INC								
2230 LEXINGTON AVE N								
ROSEVILLE, MN 55113	36-4919908		7,500.	0.			COVID RELIEF GRANT	
CHRISTINE WILHELM LTD. 2401 FAIRVIEW AVE N								
ROSEVILLE, MN 55117	26-2515005		7,500.	0.			COVID RELIEF GRANT	
	10 1010000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
DEONGELO LANE INC								
1570 EDMUND AVE								
ST. PAUL, MN 55104	83-1790899		7,500.	0.			COVID RELIEF GRANT	
NTWIT'S WITE STUDIES THE								
NIKKI'S HAIR STYLING INC. 2183 3RD STREET								
WHITE BEAR LAKE, MN 55110	26-3884126		7,500.	0.			COVID RELIEF GRANT	
	20 3004120		,,500.					
TWIN CITIES BARBERS, LLC								
1364 W. 7TH STREET								
ST. PAUL, MN 55102	20-1127593		7,500.	0.			COVID RELIEF GRANT	
ASHELI THREADINGS LLC								
419 CLEVELAND AVE S APT B	81-1737837		7 500	0			CONTR DELTER CRANE	
ST. PAUL, MN 55105	01-1/3/03/		7,500.	0.			COVID RELIEF GRANT	
BARBIE PARLOUR LLC								
931 ARCADE ST								
ST. PAUL, MN 55106	83-1003914		7,500.	0.			COVID RELIEF GRANT	
ALL DAY LLC								
2161 UNIVERSITY AVE W SUITE 208								
ST. PAUL, MN 55114	83-2084345		7,500.	0.			COVID RELIEF GRANT	

organization or governmentif applicableicash grantino assBANGKOK THAI STREET FOOD LLC1064 GERVAIS AVE MAPLEWOOD, MN 5510981-50538247,500.KALIED SALON & SPA LLP 800 E 7TH ST E ST. PAUL, MN 5510682-53675877,500.NICOLE FAE LLC 275 EAST 4TH ST #555 ST. PAUL, MN 5510156-68169267,500.CAZADORA ART GALLERY LLC 1830 GRAND AVE SUITE B ST. PAUL, MN 5510582-45036587,500.KB STYLES LLC 1605 UNIVERSITY AVE W ST. PAUL, MN 5510484-48622747,500.	ments (Schedule I (Form 990), F Amount of noncash ssistance (f) Method of valuation (book, FMV, appraisal, other) 0. 0. 0. 0.	(g) Description of non-cash assistance (h) Purpose of grar or assistance
organization or governmenttif applicablecash grantno assANGKOK THAI STREET FOOD LLC064 GERVAIS AVE APLEWOOD, MN 5510981-50538247,500.ALIED SALON & SPA LLP 00 E 7TH ST E T. PAUL, MN 5510682-53675877,500.ICOLE FAE LLC 75 EAST 4TH ST #55582-53675877,500.ICOLE FAE LLC 75 EAST 4TH ST #55556-68169267,500.AZADORA ART GALLERY LLC 830 GRAND AVE SUITE B T. PAUL, MN 5510582-45036587,500.B STYLES LLC 605 UNIVERSITY AVE W T. PAUL, MN 5510484-48622747,500.	noncash ssistance valuation (book, FMV, appraisal, other) 0.	non-cash assistance or assistance) COVID RELIEF GRANT COVID RELIEF GRANT
1064 GERVAIS AVE 81-5053824 7,500. KALIED SALON & SPA LLP 81-5053824 7,500. 300 E 7TH ST E 82-5367587 7,500. ST. PAUL, MN 55106 82-5367587 7,500. NICOLE FAE LLC 82-5367587 7,500. ST. PAUL, MN 55101 56-6816926 7,500. CAZADORA ART GALLERY LLC 82-4503658 7,500. CAZADORA ART GALLERY LLC 82-4503658 7,500. CAZADORA ART GALLERY LLC 82-4503658 7,500. CAZADORA ART GALLERY LLC 84-4862274 7,500. CAZADORA ART GALLERY LLC 84-4862274 7,500.	0.	COVID RELIEF GRANT
1064 GERVAIS AVE 81-5053824 7,500. KALIED SALON & SPA LLP 81-5053824 7,500. SOO E 7TH ST E 82-5367587 7,500. ST. PAUL, MN 55106 82-5367587 7,500. NICOLE FAE LLC 82-5367587 7,500. ST. PAUL, MN 55101 56-6816926 7,500. ST. PAUL, MN 55101 56-6816926 7,500. CAZADORA ART GALLERY LLC 82-4503658 7,500. ST. PAUL, MN 55105 82-4503658 7,500. CB STYLES LLC 84-4862274 7,500. CB STYLES LLC 84-4862274 7,500.	0.	COVID RELIEF GRANT
AAPLEWOOD, MN 55109 81-5053824 7,500. CALIED SALON & SPA LLP 82-5367587 7,500. NOO E 7TH ST E 82-5367587 7,500. ST. PAUL, MN 55106 82-5367587 7,500. NICOLE FAE LLC 82-5367587 7,500. ST. PAUL, MN 55101 56-6816926 7,500. SAZADORA ART GALLERY LLC 82-4503658 7,500. ST. PAUL, MN 55105 82-4503658 7,500. ST. PAUL, MN 55104 84-4862274 7,500. ST. PAUL, MN 55104 84-4862274 7,500.	0.	COVID RELIEF GRANT
300 E 7TH ST E 82-5367587 7,500. ST. PAUL, MN 55106 82-5367587 7,500. NICOLE FAE LLC 275 EAST 4TH ST #555 7,500. 275 EAST 4TH ST #555 56-6816926 7,500. ST. PAUL, MN 55101 56-6816926 7,500. CAZADORA ART GALLERY LLC 82-4503658 7,500. L830 GRAND AVE SUITE B 82-4503658 7,500. ST. PAUL, MN 55105 82-4503658 7,500. KB STYLES LLC 84-4862274 7,500. L605 UNIVERSITY AVE W 84-4862274 7,500.		
800 E 7TH ST E 82-5367587 7,500. ST. PAUL, MN 55106 82-5367587 7,500. NICOLE FAE LLC 56-6816926 7,500. 275 EAST 4TH ST #555 56-6816926 7,500. ST. PAUL, MN 55101 56-6816926 7,500. CAZADORA ART GALLERY LLC 1830 GRAND AVE SUITE B 82-4503658 7,500. ST. PAUL, MN 55105 82-4503658 7,500. KB STYLES LLC 1605 UNIVERSITY AVE W 84-4862274 7,500. PRETSL LLC 2136 FORD PARKWAY #5357 84-4862274 7,500.		
ST. PAUL, MN 55106 82-5367587 7,500. NICOLE FAE LLC 275 EAST 4TH ST #555 7,500. ST. PAUL, MN 55101 56-6816926 7,500. CAZADORA ART GALLERY LLC 82-4503658 7,500. CAZADORA ART GALLERY LLC 84-4862274 7,500.		
275 EAST 4TH ST #555 56-6816926 7,500. ST. PAUL, MN 55101 56-6816926 7,500. CAZADORA ART GALLERY LLC 82-4503658 7,500. 1830 GRAND AVE SUITE B 82-4503658 7,500. ST. PAUL, MN 55105 82-4503658 7,500. KB STYLES LLC 84-4862274 7,500. 1605 UNIVERSITY AVE W 84-4862274 7,500. PRETSL LLC 2136 FORD PARKWAY #5357 84-4862274 7,500.	0.	COVID RELIEF GRANT
275 EAST 4TH ST #555 56-6816926 7,500. ST. PAUL, MN 55101 56-6816926 7,500. CAZADORA ART GALLERY LLC 82-4503658 7,500. 1830 GRAND AVE SUITE B 82-4503658 7,500. ST. PAUL, MN 55105 82-4503658 7,500. KB STYLES LLC 84-4862274 7,500. 1605 UNIVERSITY AVE W 84-4862274 7,500. PRETSL LLC 136 FORD PARKWAY #5357 84-4862274 7,500.	0.	COVID RELIEF GRANT
ST. PAUL, MN 55101 56-6816926 7,500. CAZADORA ART GALLERY LLC 830 GRAND AVE SUITE B 7,500. ST. PAUL, MN 55105 82-4503658 7,500. KB STYLES LLC 82-4503658 7,500. 1605 UNIVERSITY AVE W 84-4862274 7,500. PRETSL LLC 84-4862274 7,500.	0.	COVID RELIEF GRANT
CAZADORA ART GALLERY LLC 1830 GRAND AVE SUITE B ST. PAUL, MN 55105 82-4503658 7,500. KB STYLES LLC 1605 UNIVERSITY AVE W ST. PAUL, MN 55104 84-4862274 7,500. PRETSL LLC 2136 FORD PARKWAY #5357		COVID RELIEF GRANT
L830 GRAND AVE SUITE B82-45036587,500.ST. PAUL, MN 5510582-45036587,500.KB STYLES LLC84-48622747,500.L605 UNIVERSITY AVE W84-48622747,500.ST. PAUL, MN 5510484-48622747,500.PRETSL LLC2136 FORD PARKWAY #535784-4862274		
ST. PAUL, MN 55105 82-4503658 7,500. KB STYLES LLC 84-4862274 7,500. 1605 UNIVERSITY AVE W 84-4862274 7,500. PRETSL LLC 82-4503658 84-4862274		
KB STYLES LLC		
1605 UNIVERSITY AVE W 84-4862274 7,500. ST. PAUL, MN 55104 84-4862274 7,500. PRETSL LLC 2136 FORD PARKWAY #5357 9	0.	COVID RELIEF GRANT
1605 UNIVERSITY AVE W 84-4862274 7,500. ST. PAUL, MN 55104 84-4862274 7,500. PRETSL LLC 2136 FORD PARKWAY #5357 9		
ST. PAUL, MN 55104 84-4862274 7,500. PRETSL LLC 2136 FORD PARKWAY #5357		
2136 FORD PARKWAY #5357	0.	COVID RELIEF GRANT
2136 FORD PARKWAY #5357		
ST PATT, MN 55116 84-2349843 7500		
	0.	COVID RELIEF GRANT
ST. PAUL PHOTO CO. LLC		
237 WEST FORBES AVENUE		
ST. PAUL, MN 55102 47-3343437 7,500.	0.	COVID RELIEF GRANT
LADIIS TOUCH LIMITED LIABILITY		
COMPANY - 570 SNELLING AVE N -		
T. PAUL, MN 55104 82-3929744 7,500.	0.	COVID RELIEF GRANT
COMMUNITY TAX+ LLC 506 E KENNY RD		
T. PAUL, MN 55130 83-1366653 7,500.		COVID RELIEF GRANT

dule I (Form 990) DEVELOPERS							
Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1	
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
35-2324845		7,500.	0.			COVID RELIEF GRANT	
84-2482747		7,500.	0.			COVID RELIEF GRANT	
82-5390043		7,500.	0.			COVID RELIEF GRANT	
61-1845956		7,500.	0.			COVID RELIEF GRANT	
47-4064010		7,500.	0.			COVID RELIEF GRANT	
82-2516696		7 000	0			COVID RELIEF GRANT	
02-2510090		7,000.	0.			COVID REDIEF GRANI	
46-8924389		7,000.	0.			COVID RELIEF GRANT	
85-1744042		6,500.	0.			COVID RELIEF GRANT	
84-2762144		5 700	0			COVID RELIEF GRANT	
1	S Assistance to Don (b) EIN 35-2324845 84-2482747 82-5390043 61-1845956 47-4064010 82-2516696 82-2516696	S	S Image: second state of the product of t	S Assistance to Domestic Organizations and Domestic Governments (Scher (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 35-2324845 7,500. 0. 84-2482747 7,500. 0. 82-5390043 7,500. 0. 61-1845956 7,500. 0. 47-4064010 7,500. 0. 82-2516696 7,000. 0. 46-8924389 7,000. 0. 85-1744042 6,500. 0.	S Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Pa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 35-2324845 7,500 0. 84-2482747 7,500 0. 61-1845956 7,500 0. 47-4064010 7,500 0. 82-2516696 7,000 0. 46-8924389 7,000 0. 85-1744042 6,500 0.	S S	

Schedule I (Form 990) DEVELOPERS

41-1658654 Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EYOND THE DANCE NETWORK 13 MINNEHAHA E SUITE 217							
T. PAUL, MN 55106	46-4507915	NON-PROFITS 501(5,470.	0.			COVID RELIEF GRANT
NEW YOU BODY CARE BY LING, LLC 2585 HAMLINE AVE N STE C							
ROSEVILLE, MN 55113	45-5451291		5,328.	0.			COVID RELIEF GRANT
THE DRESSING ROOM LLC 5535 FISHER COURT							
WHITE BEAR LAKE, MN 55110	83-2531572		5,100.	0.			COVID RELIEF GRANT

Schedule I (Form 990)

Schedule I (Form 990) 2021

DEVELOPERS

41-1658654

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OVID RELIEF	203	1,613,646.	0.		
EED MAIN STREET GRANT	63	640,000.	0.		
Part IV Supplemental Information. Provide the inform	nation required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
AMSEY COUNTY CREATED A LIST C	F ELIGIBILITY	REQUIREME	NTS THAT T	HEY REPORTED	

TO MCCD. MCCD THEN CREATED AN APPLICATION FOR THE GRANT BASED ON THESE

REQUIREMENTS AND SUBSEQUENTLY REVIEWED EACH APPLICATION FOR ELIGIBILITY.

THERE WERE TWO SUBSEQUENT ROUNDS OF THE APPLICATION AFTER THE ORIGINAL,

WHICH INCLUDED SOME MODIFICATIONS TO THE ELIGIBILTY REQUIREMENTS. FOR

EXAMPLE, HOME-BASED BUSINESSES WERE NOT ORIGINALLY AN APPROVED BUSINESS BUT

LATER WERE APPROVED IN SUBSEQUENT ROUNDS. MCCD HAD A SEPARATE APPLICATION

FOR EACH OF THE THREE ROUNDS OF APPLICATIONS.

HERE WERE THE ORIGINAL ELIGIBILITY REQUIREMENTS SET FORTH BY RAMSEY COUNTY. EACH PARAMETER WAS INCLUDED IN THE APPLICATION AND VERIFIED BY THE REVIEWER IN ORDER TO APPROVE FOR FUNDING.

ELIGIBLE BUSINESSES

BUSINESSES MUST MET ALL OF THE FOLLOWING CRITERIA AS OF MARCH 1, 2020 WERE

ELIGIBLE. A BUSINESS OWNER'S IMMIGRATION STATUS DID NOT IMPACT ELIGIBILITY.

MUST BE A LOCALLY OWNED AND OPERATED FOR-PROFIT BUSINESS WITH A PHYSICAL

ESTABLISHMENT IN RAMSEY COUNTY

MUST HAVE AT LEAST ONE EMPLOYEE IN ADDITION TO THE OWNER AS OF MARCH 1,

2020 AND NOT MORE THAN 20 EMPLOYEES, AND UNDER \$1 MILLION IN ANNUAL REVENUE

(THEY LATER OPENED THE PROGRAM TO NON-EMPLOYER BASED BUSINESSES)

MUST HAVE BEEN OPERATING FOR AT LEAST 12 MONTHS PRIOR TO MARCH 1, 2020.

(THEY LATER SHORTENED THIS TIME PERIOD IN LATER ROUNDS)

MUST BE LICENSED, IN GOOD STANDING, CURRENT ON PROPERTY TAXES PRIOR TO MAY 15, 2020, IF APPLICABLE

MUST DEMONSTRATE A SIGNIFICANT LOSS IN REVENUE SINCE MARCH 15 (NO CREDIT

SCORE OR COLLATERAL REQUIREMENTS APPLY). THIS WAS DETERMINED BY MEETING

ONE OF TWO TESTS 1) BUSINESSES THAT WERE FULLY OR PARTIALLY CLOSED BY

EXECUTIVE ORDER AUTOMATICALLY MET THIS STANDARD; 2) BUSINESSES THAT WEREN'T

DIRECTLY CLOSED BY E/O NEEDED TO SUBMIT BACKUP THAT SHOWED A DECREASE IN

GROSS REVENUE OF AT LEAST 10% OVER THE SAME PERIOD BETWEEN 2019 AND 2020.

CERTAIN BUSINESSES WERE INELIGIBLE, INCLUDING:

HOME-BASED BUSINESSES; THOSE WITHOUT A PHYSICAL ESTABLISHMENT, (EXCEPT

IN-HOME CHILDCARE PROVIDERS WERE ELIGIBLE) (RAMSEY OPENED FUNDING TO

HOME-BASED BUSINESSES IN SUBSEQUENT ROUNDS)

132291 04-01-21 Schedule I (Form 990) DEVEL
Part IV Supplemental Information

NON-PROFIT ORGANIZATIONS

CORPORATE CHAINS, MULTI-STATE CHAINS

BUSINESSES IN DEFAULT CONDITIONS PRIOR TO FEBRUARY 29, 2020

BUSINESSES THAT PRIMARILY DERIVE INCOME FROM GAMBLING

BUSINESSES THAT DERIVE ANY INCOME FROM ADULT ENTERTAINMENT

BUSINESSES THAT PRIMARILY SELL PAWNED MERCHANDISE, GUNS, TOBACCO OR VAPING PRODUCTS

BUSINESSES THAT DERIVE INCOME FROM PASSIVE INVESTMENTS;

BUSINESS-TO-BUSINESS TRANSACTIONS; REAL ESTATE TRANSACTIONS; PROPERTY

RENTALS OR PROPERTY MANAGEMENT; BILLBOARDS; OR LOBBYING

USE OF GRANT FUNDS: THE APPLICANT CERTIFIED THAT THE FUNDS WOULD BE USED FOR THE FOLLOWING QUALIFYING EXPENSES.

FUNDS CAN BE USED FOR OPERATING EXPENSES, INCLUDING RENT PAYMENTS,

MORTGAGE PAYMENTS, UTILITIES, PAYMENTS TO SUPPLIERS, PRODUCTION OF BUSINESS

CONTINGENCY PLANS, TECHNICAL ASSISTANCE/REOPENING SERVICES, TECHNOLOGY

CAPITAL OR MARKETING ASSISTANCE/TOOLS, SECURITY OR OTHER CRITICAL

NON-PAYROLL BUSINESS EXPENSES (INCLUDING EXPENSES RELATED TO REOPENING) AS

APPROVED BY THE FUND ADMINISTRATOR.

REQUIREMENTS FOR DEED MAIN STREET GRANT

THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT (DEED)

OVERSAW THE MAIN STREET COVID RELIEF GRANTS PROGRAM APPROVED BY THE

MINNESOTA STATE LEGISLATURE AND SIGNED BY GOV. TIM WALZ ON JUNE 30, 2021.

APPLICATIONS WERE REVIEWED AND AWARDS WERE DISBURSED AND ADMINISTERED BY

QUALIFIED LOCAL AND REGIONALLY BASED NONPROFIT ORGANIZATIONS.

THIS PROGRAM MADE AVAILABLE \$10,000 - \$25,000 GRANTS TO MINNESOTAN OWNED

112

Schedule I (Form 990)

METROPOLITAN CONSORTIUM OF COMMUNITY <u>Schedule 1 (Form 990)</u> <u>DEVELOPERS</u> <u>41-1658654</u> Page 2 Part IV Supplemental Information AND OPERATED BUSINESSES THAT CAN DEMONSTRATE FINANCIAL HARDSHIP AS A RESULT OF THE COVID-19 OUTBREAK. A TOTAL \$64,200,000 IS AVAILABLE FOR GRANT APPLICATIONS SELECTED FOR CONSIDERATION THROUGH A COMPUTER-GENERATED, RANDOMIZED SELECTION PROCESS.

APPLICANTS THAT HAVE NOT RECEIVED ASSISTANCE THROUGH PREVIOUS RELIEF PROGRAMS WERE PRIORITIZED FOR CONSIDERATION. THESE PROGRAMS INCLUDE THE SMALL BUSINESS EMERGENCY LOAN PROGRAM, THE SMALL BUSINESS RELIEF GRANT PROGRAM, THE MOVIE THEATER AND CONVENTION CENTER RELIEF GRANT PROGRAM, AND THE COUNTY RELIEF GRANT PROGRAM.

MCCD WAS ON THE OF THE QUALIFIED LOCAL AND REGIONALLY BASED NONPROFIT ORGANIZATIONS. DEED PROVIDED MCCD WITH ACCESS TO A REVIEW DATABASE FOR MCCD TO ACCESS PARTICIPANT APPLICATION INFORMATION AND REVIEW THE INFORMATION PROVIDED TO REVIEW EACH APPLICATION FOR ELIGIBILITY.

THE ELIGIBILITY REQUIREMENTS WERE AS FOLLOWS:

- BE PRIVATE FOR-PROFIT BUSINESS OR NON-PROFIT ORGANIZATION (THAT EARNS REVENUE IN WAYS SIMILAR TO A BUSINESS) WITH PRIMARY OPERATIONS LOCATED IN THE STATE OF MINNESOTA.

- BE AT LEAST 50% OWNED BY ONE OR MORE RESIDENT(S) OF MINNESOTA.

- EMPLOYEE THE EQUIVALENT OF 200 FULL-TIME WORKERS OR LESS.

- BE ABLE TO DEMONSTRATE FINANCIAL HARDSHIP AS A RESULT OF THE COVID-19 OUTBREAK.

<u>- MINIMUM TOTAL SALES OR REVENUE OF AT LEAST \$10,000 FOR THE 2020 OR 2019</u> TAX YEAR.

GRANT AMOUNTS WERE DETERMINED BY THE NUMBER OF FULL-TIME EQUIVALENT (FTES) Schedule I (Form 990)

113

METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS

41-1658654 Page 2

EMPLOYEES ON STAFF. THOSE AMOUNTS WERE AS FOLLOWS:

\$10,000 6 FTES OR LESS.

Part IV Supplemental Information

Schedule I (Form 990)

\$15,000 BETWEEN 7 AND 49 FTES

\$20,000 BETWEEN 50 AND 99 FTES

\$25,000 BETWEEN 100 AND 200 FTES

USE OF GRANT FUNDS:

GRANT FUNDS RECEIVED BY INDIVIDUAL BUSINESSES SHALL BE USED FOR WORKING

CAPITAL TO SUPPORT PAYROLL EXPENSES, RENT, MORTGAGE PAYMENTS, UTILITY

BILLS, AND OTHER SIMILAR EXPENSES THAT OCCUR OR HAVE OCCURRED SINCE MARCH

12, 2020, IN THE REGULAR COURSE OF BUSINESS. THESE ARE GRANTS AND NO

REPAYMENT WILL BE REQUIRED.

Schedule I (Form 990)

132291 04-01-21

SCHEDULE	Compensation Information	I	OMB No. 1	545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2021		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU		1
Department of the Tre	N Alles to the Farmer 000		Open to		ic
Internal Revenue Serv	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the org		Employer i			nber
Devit L Ou	DEVELOPERS	41-1	65865	4	
Part I Qu	stions Regarding Compensation				
				Yes	No
	propriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	ion A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	ss or charter travel Housing allowance or residence for perso				
	or companions Payments for business use of personal re emnification and gross-up payments Health or social club dues or initiation fee				
	onary spending account				
		ar, cherj			
b If any of the	poxes on line 1a are checked, did the organization follow a written policy regarding payment or				
-	nt or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
	nization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
tructoco, a					
3 Indicate wh	h, if any, of the following the organization used to establish the compensation of the organization's	5			
	ve Director. Check all that apply. Do not check any boxes for methods used by a related organizati				
	npensation of the CEO/Executive Director, but explain in Part III.				
	nsation committee Written employment contract				
·	dent compensation consultant				
	00 of other organizations \overline{X} Approval by the board or compensation of	ommittee			
4 During the	ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organizatio	or a related organization:				
a Receive a s	verance payment or change-of-control payment?		4a		X
b Participate	or receive payment from a supplemental nonqualified retirement plan?		4b		X
c Participate	or receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	n the revenues of:				77
	tion?				X
	rganization?		5 b		X
	ne 5a or 5b, describe in Part III.				
	isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	n the net earnings of:				v
	tion?				X
	organization?		6b		X
	ne 6a or 6b, describe in Part III.				
-	isted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
	d on lines 5 and 6? If "Yes," describe in Part III		7		~
	ounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the according described in Part III.		8		x
			o		
	ne 8, did the organization also follow the rebuttable presumption procedure described in		9		
	section 53.4958-6(c)? rork Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	2024
LINA FOI Paper		Sched		1 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

DEVELOPERS

41-1658654

Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELENA GAARDER	(i)	145,946.	0.	0.	7,298.	7,462.	160,706.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

METROPOLITAN	CONSORTIUM	OF	COMMUNITY
DEVELOPERS			

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS



 $\frac{41-1658654}{41-1658654}$

FORM 990 PART III, LINE 4A

SMALL BUSINESS SUPPORT:

IN 2011, MCCD LAUNCHED THE OPEN TO BUSINESS PROGRAM (02B), TO PROVIDE

FORMAL, SMALL BUSINESS DEVELOPMENT SERVICES TO COMMUNITIES ACROSS THE

TWIN CITIES, WITH A FOCUS ON PEOPLE OF COLOR (POC), WOMEN, IMMIGRANTS

AND OTHER UNDERSERVED GROUPS. TODAY, THE PROGRAM WORKS IN PARTNERSHIP

WITH LOCAL AND REGIONAL MUNICIPALITIES, SERVING THE SEVEN-COUNTY METRO

AREA, INCLUDING THE CORE CITIES OF MINNEAPOLIS AND SAINT PAUL AND 141

SUBURBAN COMMUNITIES.

SINCE THE LAUNCH OF 02B, MCCD HAS HAD A STRONG TRACK RECORD OF WORKING TO INCREASE THE FINANCIAL SUSTAINABILITY AND GROWTH OF BIPOC AND LOW WEALTH INDIVIDUALS AND COMMUNITIES. THROUGH 02B, IN THE PAST DECADE WE HAVE PROVIDED OVER 45,000 HOURS OF TECHNICAL ASSISTANCE TO MORE THAN 10,000 ASPIRING ENTREPRENEURS AND BUSINESS OWNERS. MCCD HAS ALSO PROVIDED DIRECT FINANCING TO 550 ENTREPRENEURS, TOTALING APPROXIMATELY \$20 MILLION, WHILE LEVERAGING MORE THAN \$120,000,000 IN CAPITAL. THESE EFFORTS HAVE CREATED/RETAINED NEARLY 1500 JOBS.

 O2B PROVIDES SUPPORT AND GUIDANCE TO NEW, EMERGING AND GROWING BUSINESS

 OWNERS BY OFFERING ACCESS TO A HIGHLY SKILLED AND EXPERIENCED STAFF OF

 PROFESSIONALS TO SERVE AS ADVISORS, ADVOCATES, AND PARTNERS. OUR

 SERVICES ARE PROVIDED FREE OF CHARGE AND INCLUDE BUSINESS PLAN

 DEVELOPMENT, FEASIBILITY STUDIES, CASH FLOW AND FINANCING PROJECTIONS,

 MARKETING PLANS, LICENSING, FILING REQUIREMENTS, AND DEVELOPMENT AND

 IMPLEMENTATION OF SOUND FINANCIAL MANAGEMENT AND TRACKING SYSTEMS.

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

132211 11-11-21

118

Schedule O (Form 990) 2021	Page 2
Name of the organization METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS	Employer identification number $41 - 1658654$
MCCD HAS SOMALI, SPANISH AND HMONG LANGUAGE SPEAKERS AVAIL	ABLE TO
ASSIST CLIENTS. IN ADDITION, THE O2B PROGRAM ALSO PROVIDES	ACCESS TO
CAPITAL FOR NEW, EMERGING AND SECOND STAGE BUSINESSES, WIT	H A FOCUS ON
THOSE COMMUNITIES WHO HAVE FACED BARRIERS TO ACCESSING THE	TRADITIONAL
COMMERCIAL BANKING SYSTEM.	

DEMAND FOR SMALL BUSINESS TECHNICAL ASSISTANCE REMAINS HIGH AS OPEN TO BUSINESS ADVISORS HAVE ASSISTED IN 815 CLIENT ENGAGEMENTS AND 5,388 DIRECT TECHNICAL ASSISTANCE HOURS. WE CLOSED 17 LOANS WITH \$261,680 IN DIRECT LENDING IN 2021. TRADITIONAL SMALL BUSINESS LENDING IS PICKING UP IN A COMPETITIVE LENDING MARKET AS GRANT AND FORGIVABLE LOAN PROGRAMS HAVE LARGELY ENDED. TECHNICAL ADVISORY HAS BEEN CENTERED AROUND STRATEGIC PLANNING, RESOURCE-MATCHING AND START-UP ASSISTANCE.

IN 2021, MCCD ADMINISTERED 1,280 IN COVID-19 SMALL BUSINESS EMERGENCY GRANTS RESULTING IN \$15.7MM TO SMALL BUSINESSES. IN ADDITION, IN NOVEMBER 2021 MCCD WAS SELECTED TO PARTICIPATE IN THE ADMINISTRATION OF MN DEED'S MAIN STREET COVID RELIEF PROGRAM AND MCCD FUNDED 237 SMALL BUSINESS GRANTS TOTALING \$2.4MM.

FORM 990, PART III, LINE 4B

MEMBER SERVICES:

NETWORKING AND INFORMATION SHARING

MCCD CONTINUES TO BRING TOGETHER OUR MEMBERS AND COMMUNITY PARTNERS TO

SUPPORT COMMUNITY DEVELOPMENT WORK AND ADVOCACY EFFORTS. MCCD HELD 10

MEMBER MEETINGS VIA ZOOM, COVERING RELEVANT TOPICS ON AFFORDABLE

HOUSING AND COMMUNITY ECONOMIC DEVELOPMENT. IN 2021, MCCD CONTINUED TO

119

Schedule O (Form 990) 2021

132212 11-11-21

2021.05000 METROPOLITAN CONSORTIUM O 139509_1

Schedule O (Form 990) 2021 Name of the organization METROPOLITAN CONSORTIUM OF COMMUNITY	Page 2 Employer identification number
DEVELOPERS	41-1658654
OPERATE POLICY WORK REMOTELY AGAIN DUE TO THE ONGOING COVI	D-19
PANDEMIC. MCCD LED ADVOCACY EFFORTS TO SECURE HISTORIC BUD	GET INCREASES
AND HOUSING INFRASTRUCTURE BONDS TO SUPPORT THE COMMUNITY	DEVELOPMENT
FIELD.	
EMERGING LEADERS IN COMMUNITY DEVELOPMENT	

THE EMERGING LEADERS IN COMMUNITY DEVELOPMENT (ELCD) KICKED OFF THE

11TH ROUND OF THE MENTORSHIP PROGRAM IN 2021. THE COHORT INCLUDED 13

MENTORS AND MENTEES WITH AN EMPHASIS OF ENGAGING BIPOC MENTORS AND

MENTEES. THE ELCD STEERING COMMITTEE AND ELCD MEMBERS CONTINUE TO

FIND NEW WAYS TO "EQUIP EARLY-CAREER AND MID-CAREER COMMUNITY

DEVELOPMENT PROFESSIONALS WITH THE KNOWLEDGE AND RELATIONSHIPS NEEDED

TO EFFECTIVELY WORK WITH PEOPLE AND PLACES TO BUILD OUR BEST POSSIBLE

FUTURE".

FORM 990, PART III, LINE 4C

LOAN PROGRAM:

AS A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI), MCCD PROVIDES
CAPITAL TO PEOPLE WHO FACE CHALLENGES IN ACCESSING THE COMMERCIAL
BANKING SYSTEM, WITH A FOCUS ON BLACK, INDIGENOUS AND PEOPLE OF COLOR
(POC), WOMEN, AND LOW-WEALTH ENTREPRENEURS. MCCD HAS BEEN MANAGING AND
ADMINISTERING LOAN PROGRAMS, INCLUDING PROVIDING THE REQUIRED REPORTS
AND REPAYMENTS OF CAPITAL, TO FUNDERS AND LENDING PARTNERS SINCE 1989.
MCCD IS CURRENTLY A LENDING PARTNER WITH SEVERAL STATE-FUNDED PROGRAMS,
AS WELL AS THE CITIES OF MINNEAPOLIS, BROOKLYN PARK, NEW BRIGHTON AND
ROSEVILLE, AS WELL AS ANOKA COUNTY

120

132212 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS	Employer identification number $41 - 1658654$
THE LOAN PROGRAM STRIVES TO DO THE FOLLOWING:	
(1) PROVIDE PATIENT, LOW-INTEREST RATE LOANS (3-5%) TO TA	RGET-MARKET
ELIGIBLE BUSINESSES, WITH A FOCUS ON BIPOC INDIVIDUALS AND	OWNERS TO
MITIGATE DISRUPTIONS TO OPERATIONS AND PROVIDE ACCESS TO C	APITAL. THIS
ADDRESSES THE GAPS THAT EXIST WITH MANY STATE PROGRAMS AND	THE LACK OF
BANK LOANS GOING TO IMPACTED COMMUNITIES. WHEN NEEDED, SOM	E LOANS MAY
OFFER INTEREST ONLY PAYMENTS FOR THE FIRST 1-2 YEARS. BY S	TRUCTURING
OUR PRODUCTS TO MINIMIZE MONTHLY/ANNUAL DEBT EXPENSES FOR	BUSINESS
OWNERS, THOSE MOST IMPACTED BY THE PANDEMIC WILL HAVE A BE	TTER CHANCE
TO STABILIZE AND GROW THEIR OPERATIONS.	

(2) PROVIDE LOANS WITH A FORGIVABLE PORTION AND GRANTS TO BIPOC BUSINESSES IN TARGET-MARKET AREAS TO ACT AS EQUITY-TYPE INVESTMENTS TO BETTER ATTRACT AND LEVERAGE TRADITIONAL BANK FINANCING). AS MENTIONED ABOVE, THERE WERE DISPARITIES IN ACCESSING EMERGENCY FUNDING THROUGH GOVERNMENT PROGRAMS. THESE WILL PROVIDE IMMEDIATE ACCESS TO CAPITAL AND HELP BETTER POSITION BORROWERS FOR INCREASED BANK FINANCING (NEW ACTIVITY SINCE COVID).

FORM 990, PART VI, SECTION A, LINE 6:

ALL MEMBERS OF THE METROPOLITAN CONSORTIUM ARE TWIN CITIES BASED NON-PROFIT COMMUNITY DEVELOPMENT ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBERS OF THE METROPOLITAN CONSORTIUM ARE TWIN CITIES BASED NON-PROFIT

COMMUNITY DEVELOPMENT ORGANIZATIONS. THE MEMBER ORGANIZATIONS ELECT THE

BOARD OF DIRECTORS (THE GOVERNING BODY). TO BE ELIGIBLE FOR ELECTION, THE
132212 11-11-21
Schedule O (Form 990) 2021
121

2021.05000 METROPOLITAN CONSORTIUM O 139509_1

Schedule O (Form 990) 2021	Page 2			
Name of the organization METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS	Employer identification number $41 - 1658654$			
CANDIDATE MUST BE THE EXECUTIVE DIRECTOR OF ONE OF OUR MEM	BER			
ORGANIZATIONS. BEYOND ELECTION, THE MEMBERSHIP AT LARGE HA	S NO APPROVAL			
ROLE OF BOARD DECISIONS (THOUGH THEIR INPUT IS SOUGHT THRU	SEVERAL			
COMMITTEES THAT REPORT TO THE BOARD- FINANCE COMMITTEE, EC	ONOMIC			
DEVELOPMENT COMMITTEE, HOUSING COMMITTEE.) WHILE SOME MEMB	ERS DO			
PARTICIPATE IN PROGRAMS/GRANTS WITH MCCD THAT MAY RESULT IN COMPENSATION,				
THE MEMBERSHIP AT LARGE DOES NOT RECEIVE ANY SHARE OF EXCE	SS ASSETS (NOR			
ARE THEY RESPONSIBLE FOR SHORTFALLS).				

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

THE ORGANIZATION'S FORM 990 IS SUBMITTED TO EACH MEMBER OF THE GOVERNING BOARD ELECTRONICALLY. AS THE BOARD ONLY MEETS ON A QUARTERLY BASIS, BOARD MEMBERS ARE ASKED TO REVIEW INDIVIDUALLY AND EITHER SUBMIT A VOTE FOR APPROVAL, OR VOCALIZE ANY QUESTIONS OR OBJECTIONS. IF THERE ARE NO OBJECTIONS OR UNANSWERABLE QUESTIONS, STAFF FILES THE FORM AS SUBMITTED. IF MEMBERS OF THE BOARD OBJECT, OR DEEM FURTHER DISCUSSION NECESSARY, THE FORM IS TABLED TO BE PRESENTED AND REVIEWED AT THE NEXT SCHEDULED BOARD MEETING.

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

THE ORGANIZATION'S POLICY REGARDING CONFLICT OF INTEREST IS DISTRIBUTED TO ALL MEMBERS OF THE GOVERNING BOARD ON AN ANNUAL BASIS. THE POLICY GOVERNS ANY CONTRACT OR TRANSACTION WITH (A) ONE OR MORE OF ITS DIRECTORS, (B) A DIRECTOR OF A RELATED ORGANIZATION, OR (C) AN ORGANIZATION IN OR OF WHICH A DIRECTOR OF ORGANIZATION IS A DIRECTOR, OFFICER, OR LEGAL REPRESENTATIVE, OR IN SOME OTHER WAY HAS A MATERIAL FINANCIAL INTEREST. MEMBERS OF THE BOARD ARE ASKED TO SIGN AND RETURN A STATEMENT WARRANTING THAT THEY UNDERSTAND THE POLICY, AND AGREE TO COMPLIANCE. FOR ANY TRANSACTION WHICH IS DEEMED BY A MEMBER OF THE BOARD TO BE A CONFLICT OF INTEREST, THAT Schedule O (Form 990) 2021 132212 11-11-21 122

Schedule O (Form 990) 2021	Page 2
Name of the organization METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS	Employer identification number $41 - 1658654$
INTERESTED DIRECTOR MUST DISCLOSE THE CONFLICT, AND IS BAR	RED FROM VOTING
ON THE MATTER. THE DIRECTOR MAY BE PRESENT DURING DISCUSSI	ON FOR
QUESTIONING, BUT MAY NOT EXPRESSLY ADVOCATE FOR THE ACTION	, AND MUST LEAVE
THE ROOM PRIOR TO A VOTE. ANY FINANCIAL TRANSACTION FOR WH	ICH THERE IS A
POTENTIAL CONFLICT OF INTEREST MUST BE EXPRESSLY RATIFIED	BY A MAJORITY OF
THE BOARD- NOT COUNTING THE INTERESTED DIRECTOR, AT A MEET	ING WHERE QUORUM
IS PRESENT- NOT COUNTING THE INTERESTED DIRECTOR. FOR AN	Y SUCH MEETING,
MINUTES WILL BE KEPT, AND CLEARLY REFLECT THAT ALL REQUIRE	MENTS OF THE
POLICY HAVE BEEN ADHERED TO.	

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

THE EXECUTIVE DIRECTOR'S SALARY IS SET BY THE EXECUTIVE COMMITTEE AND IS APPROVED BY THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR SETS THE SALARIES OF OTHER OFFICERS AND KEY STAFF MEMBERS. THE ORGANIZATION USES THE MINNESOTA COUNCIL OF NON-PROFIT'S SALARY SURVEY AS A GUIDE TO COMPARABLE MARKET SALARIES. THE DELIBERATION PROCESS AND DECISION OF THE COMPENSATION ARRANGEMENT IS DOCUMENTED IN THE EMPLOYEE'S REVIEW DOCUMENTS. THIS PROCESS FOR THE EXECUTIVE DIRECTOR WAS LAST UNDERTAKEN IN JANUARY 2022.

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

MCCD MAKES ITS FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC IN 2 FORMS: COPIES OF THE ORGANIZATION'S AUDIT ARE AVAILABLE BY REQUEST, AND THE ORGANIZATION PUBLISHES AN ANNUAL REPORT. THE ANNUAL REPORT INCLUDES FINANCIAL STATEMENTS, AS WELL AS PROGRAM UPDATES AND PRIOR YEAR RESULTS AND IMPACTS. THE ANNUAL REPORT IS AVAILABLE IN PRINT AND ELECTRONICALLY, AND DISTRIBUTED TO A MAILING LIST OF MEMBERS, SUPPORTERS AND FUNDERS. HARD COPIES ARE ALSO AVAILABLE IN THE ORGANIZATION'S LOBBY FOR VISITORS. MCCD'S Schedule O (Form 990) 2021

```
17351108 143399 139509
```

123 1 05000 METROI

5	METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS	Page 2 Employer identification number 41-1658654
ORGANIZATIONAL	DOCUMENTS, INCLUDING ARTICLES OF INCORPORAT	ION, BYLAWS, AND
CONFLICT OF IN	TEREST POLICY, ARE AVAILABLE FOR INSPECTION,	BY REQUEST, IN
THE ORGANIZATI	ON'S OFFICES LOCATED AT 3137 CHICAGO AVE, MI	NNEAPOLIS.
FORM 990 PART 2	XII, LINE 2C	
THE ORGANIZATI	ON HAS NOT CHANGED ITS OVERSIGHT PROCESS OF	THE AUDIT NOR
ITS SELECTION	PROCESS OF AN INDEPENDENT ACCOUNTANT DURING	THE TAX YEAR.

132212 11-11-21

DEVELOPE	► Go to www.irs.gov/Form990 f LITAN CONSORTIUM OF COMMU ERS	יYes" on Form 990, Part IV, I ach to Form 990. for instructions and the lates ואודץ	ine 33, 34, 35b, 36, st information.	or 37.		OMB No. 154 202 Open to P Inspect entification n 58654	2 1 Public tion
Part I Identification of Disregarded Entitient (a) Name, address, and EIN (if applicable of disregarded entity	ies. Complete if the organization answered "Yes" (b) Primary activity	(c) Legal domicile (state o foreign country)	(d)	e End-of-year a	assets Di	(f) irect controllin entity	g
(a) Name, address, and EIN	hpt Organizations. Complete if the organization (b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controll	ing Cection	(g) 512(b)(13) trolled
of related organization ST PAUL COALITION FOR COMMUNITY DEVE 41-1677079, 3137 CHICAGO AVE SOUTH, MINNEAPOLIS, MN 55407	COMMUNITY DEV	foreign country)		tatus (if section 501(c)(3)) INE 10 N	entity	Yes	No

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 DEVELOPERS

41-1658654 Page 2

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

		-									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

Schedule R (Form 990) 2021 DEVELOPERS

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

uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ift, grant, or capital contribution to related organization(s)	1a		
	1a		
			Х
	1b		Х
ift, grant, or capital contribution from related organization(s)	1c		Х
pans or loan guarantees to or for related organization(s)	1d		Х
pans or loan guarantees by related organization(s)	1e		Х
ividends from related organization(s)	1f		Х
ale of assets to related organization(s)	1g		Х
urchase of assets from related organization(s)	1h		Х
	1i		Х
ease of facilities, equipment, or other assets to related organization(s)	1j		Х
ease of facilities, equipment, or other assets from related organization(s)	1k		Х
	11		Х
	1m		Х
	1n		Х
naring of paid employees with related organization(s)	10		Х
eimbursement paid to related organization(s) for expenses	1p		Х
eimbursement paid by related organization(s) for expenses	1q		Х
ther transfer of cash or property to related organization(s)	1r		Х
ther transfer of cash or property from related organization(s)	1s		Х
ivaukeeen hee tit	vidends from related organization(s)	vidends from related organization(s)	vidends from related organization(s)

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
<u>(2)</u>				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
<u>(</u> 6)				

Schedule R (Form 990) 2021 DEVELOPERS

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income	(e) Are all partners se 501(c)(3 orgs.?	total	(g) Share of end-of-year assets	(h Dispro tiona allocati) ate ons?		(j) General o managing partner?	(k) Percentage ownership
			3001013 3 12 3 14)	Yes N	0		Yes	NO	(1011111003)	Yes NC	

Schedule R (Form 990) 2021

METROPOLITAN	CONSORTIUM	OF	COMMUNITY
DEVELOPERS			

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21