

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING
DECEMBER 31, 2022

PREPARED FOR:

NEIGHBORHOOD NETWORK FOR SENIORS
1895 LAUREL AVE
ST. PAUL, MN 55104

PREPARED BY:

CARPENTER, EVERT & ASSOCIATES, LTD.
7760 FRANCE AVE S, SUITE 940
BLOOMINGTON, MN 55435

AMOUNT OF FEES:

BALANCE DUE OF \$25 (PLUS \$50 LATE FEE IF APPLICABLE)

MAKE PAYMENT :

CAN BE PAID BY CHECK (MADE OUT TO "STATE OF MN" AND INCLUDE THE ORGANIZATION'S FEDERAL EMPLOYMENT IDENTIFICATION NUMBER AND "2021 ANNUAL REPORT" ON THE CHECK OR MONEY ORDER

OR PAY BY CREDIT CARD AT WWW.AG.STATE.MN.US/CHARITY/CHARFEES.ASPX

SEND REPORT DIRECTLY TO THE MN ATTORNEY GENERAL'S OFFICE:

BY MAIL: IF SUBMITTING THE FORMS VIA MAIL, PLEASE DO NOT USE STAPLES.

MINNESOTA ATTORNEY GENERALS OFFICE
CHARITIES DIVISION
445 MINNESOTA STREET, SUITE 1200
ST. PAUL, MN 55101-2130

OR BY EMAIL:

CHARITY.REGISTRATION@AG.STATE.MN.US

EMAIL & ATTACHMENTS CAN BE NO LARGER THAN 25 MB & BE IN PDF FORMAT
& NAMED IN AN IDENTIFYING MANNER (E.G., MN CHARITY REPORT)

REPORT MUST BE MAILED ON OR BEFORE:

JULY 17, 2023

SPECIAL INSTRUCTIONS:

WHAT TO INCLUDE:

- MN CHARITY REPORT
- COPY OF THE "FORM 990 PUBLIC COPY" (AND COPY OF 990-T IF FILED)
- LIST OF BOARD OF DIRECTORS, INCLUDING NAMES, ADDRESSES, AND TOTAL COMPENSATION PAID
- COPY OF AUDIT (IF ORGANIZATION HAS TOTAL REVENUE OVER \$750,000)
- \$25 FEE (PLUS \$50 LATE FEE IF THE ORGANIZATION FAILED TO REQUEST AN EXTENSION OR SUBMIT ITS COMPLETED REPORT BY DUE DATE OR IF PRIOR YEAR REPORT WAS SUBMITTED LATE)

THE REPORT SHOULD BE **SIGNED AND DATED BY TWO** AUTHORIZED INDIVIDUALS.

TO CHECK YOUR ORGANIZATION'S STATUS OR IF YOU HAVE QUESTIONS, PLEASE VISIT THE MN ATTORNEY GENERAL'S WEBSITE AT: WWW.CHARITY.REGISTRATION@AG.STATE.MN.US

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

C2

Website Address:

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization NEIGHBORHOOD NETWORK FOR SENIORS

Federal EIN: 41-1728322

Fiscal Year-End: 12312022
mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

| | |
|---|--|
| Mailing Address: <u>ALISON SCHAUB</u> Contact Person <u>1895 LAUREL AVE</u> Street Address <u>ST. PAUL, MN 55104</u> City, State, and ZIP Code <u>651-646-2301</u> Phone Number <u>ALISON@NEIGHBORHOODNETWORKFOR</u> Email Address | Physical Address: <u>ALISON SCHAUB</u> Contact Person <u>1895 LAUREL AVE</u> Street Address <u>ST. PAUL, MN 55104</u> City, State, and ZIP Code <u>651-646-2301</u> Phone Number <u>ALISON@NEIGHBORHOODNETWORKFORSENIOR</u> Email Address |
|---|--|

1. Organization's website: NEIGHBORHOODNETWORKFORSENIORS.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

 Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).
NEIGHBORHOOD NETWORK FOR SENIORS

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 139,946.

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser Compensation

Street Address City, State, and ZIP Code

10. Is the organization a food shelf? Yes No
If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
If yes, provide the following information for the five highest paid individuals:

| Name and title | Compensation* | Other compensation |
|----------------|---------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

| | | | |
|----------------------------|----|-----------------|---|
| 1. Contributions Received | \$ | <u>90,571.</u> | 1 |
| 2. Government Grants | \$ | <u>49,375.</u> | 2 |
| 3. Program Service Revenue | \$ | <u>1,748.</u> | 3 |
| 4. Other Revenue | \$ | <u>263.</u> | 4 |
| 5. TOTAL INCOME | \$ | <u>141,957.</u> | 5 |

EXPENSES

| | | | |
|----------------------------------|----|-----------------|----|
| 6. Program Expenses | \$ | <u>134,029.</u> | 6 |
| 7. Management & General Expenses | \$ | <u>13,669.</u> | 7 |
| 8. Fund-raising Expenses | \$ | | 8 |
| 9. TOTAL EXPENSES | \$ | <u>147,698.</u> | 9 |
| 10. EXCESS or DEFICIT | \$ | <u>-5,741.</u> | 10 |

(Line 5 minus Line 9)

ASSETS

| | | | |
|---------------------------------|----|-----------------|----|
| 11. Cash | \$ | <u>142,869.</u> | 11 |
| 12. Land, Buildings & Equipment | \$ | | 12 |
| 13. Other Assets | \$ | | 13 |
| 14. TOTAL ASSETS | \$ | <u>142,869.</u> | 14 |

LIABILITIES

| | | | |
|------------------------------|----|-------------|----|
| 15. Accounts Payable | \$ | <u>278.</u> | 15 |
| 16. Grants Payable | \$ | | 16 |
| 17. Other Liabilities | \$ | | 17 |
| 18. TOTAL LIABILITIES | \$ | <u>278.</u> | 18 |

FUND BALANCE/NET WORTH

| | | | |
|--|----|-----------------|--|
| | \$ | <u>142,591.</u> | |
|--|----|-----------------|--|

(Line 14 minus Line 18)

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1. Grants and other assistance to governments and organizations in the U.S. | | | | |
| 2. Grants and other assistance to individuals in the U.S. | | | | |
| 3. Grants and other assistance to governments, organizations, and individuals outside the U.S. | | | | |
| 4. Benefits paid to or for members | | | | |
| 5. Compensation of current officers, directors, trustees, and key employees | 45,792. | 45,792. | | |
| 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 | 80,680. | 80,680. | | |
| 8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9. Other employee benefits | | | | |
| 10. Payroll taxes | | | | |
| 11. Fees for services (non-employees): | | | | |
| a. Management | 3,926. | | 3,926. | |
| b. Legal | | | | |
| c. Accounting | 1,583. | | 1,583. | |
| d. Lobbying | | | | |
| e. Professional fundraising services | | | | |
| f. Investment management fees | | | | |
| g. Other | 2,512. | | 2,512. | |
| 12. Advertising and promotion | | | | |
| 13. Office expenses | 2,899. | | 2,899. | |
| 14. Information technology | 2,648. | | 2,648. | |
| 15. Royalties | | | | |
| 16. Occupancy | 4,321. | 4,321. | | |
| 17. Travel | 307. | 307. | | |
| 18. Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19. Conferences, conventions, and meetings | | | | |
| 20. Interest | 25. | | 25. | |
| 21. Payments to affiliates | | | | |
| 22. Depreciation, depletion, and amortization | | | | |
| 23. Insurance | 76. | | 76. | |
| 24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25). | | | | |
| a. OUTREACH EVENTS | 2,929. | 2,929. | | |
| b. | | | | |
| c. | | | | |
| d. | | | | |
| 25. Total functional expenses. Add lines 1 through 24d | 147,698. | 134,029. | 13,669. | |
| 26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation | | | | |

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and **must be signed by two officers** of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

TREASURER (Title) and CHAIR (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

_____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20 ____, approving the contents of the document, and do hereby certify that the

_____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

THOMAS DIETSCH

Name (Print)

X

Signature

TREASURER

Title

Date

JAVON ALLEN

Name (Print)

X

Signature

CHAIR

Title

Date

