



May 10, 2022

Simpson Housing Services, Inc  
160 Glenwood Ave  
Minneapolis, MN 55405  
Attention: Pat Botten

Dear Pat:

Enclosed are the 2020 Exempt Organization returns, as follows...

2020 Form 990

2020 Minnesota Annual Report

2020 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

Please review the return for completeness and accuracy.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Deb Nelson, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

June 30, 2021

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**Prepared For:**

Simpson Housing Services, Inc  
160 Glenwood Ave  
Minneapolis, MN 55405

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**Prepared By:**

Eide Bailly LLP  
800 Nicollet Mall, Ste. 1300  
Minneapolis, MN 55402-7033

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 16, 2022

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>Simpson Housing Services, Inc</b>	Taxpayer identification number (TIN)  <b>41-1759477</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>160 Glenwood Ave</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Minneapolis, MN 55405</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Pat Botten

- The books are in the care of ► **160 Glenwood Ave - Minneapolis, MN 55405**

Telephone No. ► **612-455-0842**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ \_\_\_\_\_
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **May 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or► ☒ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**Department of the Treasury  
Internal Revenue Service

Extended to May 16, 2022

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**Simpson Housing Services, Inc**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**160 Glenwood Ave**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**Minneapolis, MN 55405****F** Name and address of principal officer: **Ivan Ludmer****same as C above****D** Employer identification number**41-1759477****E** Telephone number**612-874-8683****G** Gross receipts \$ **12,419,641.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.simpsonhousing.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1993** **M** State of legal domicile: **MN****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To house, support, and advocate for people experiencing homelessness.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) ..... <b>19</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>19</b>
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>144</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>248</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... <b>9,090,449.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) ..... <b>1,002,885.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>96,205.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>33,827.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>10,223,366.</b>
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b>
<b>Expenses</b>	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>4,735,801.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>60,550.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>405,989.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>4,686,479.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>9,482,830.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 ..... <b>740,536.</b>
	<b>20</b>	Total assets (Part X, line 16) ..... <b>9,904,866.</b>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>4,166,123.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>5,738,743.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date
	<b>Steve Horsfield, Executive Director</b> Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Deb Nelson, CPA</b>	Preparer's signature <b>Deb Nelson, CPA</b>
	Date <b>05/10/22</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01264758</b>
	Firm's name ▶ <b>Eide Bailly LLP</b>	Firm's EIN ▶ <b>45-0250958</b>
	Firm's address ▶ <b>800 Nicollet Mall, Ste. 1300 Minneapolis, MN 55402-7033</b>	Phone no. <b>612-253-6500</b>

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Simpson Housing Services' mission is to house, support, & advocate for people experiencing homelessness. We know that with close, individual advocacy & support, men, women & families experiencing homelessness achieve housing stability.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 4,000,600. including grants of \$ ) (Revenue \$ 911,316. )

Youth and Family Housing: Families who are experiencing homelessness receive intensive case management, advocacy services, and subsidized rental housing. Most of the families we work with have major barriers to their future housing stability. Emphasis is placed on helping families quickly secure stable housing. Individualized services are focused on life skills, positive parenting, education, and employment to help families achieve long-term housing stability and success. Uniquely, this program uses subsidized, supportive rental housing for families with children, both site-based and scattered-site. In fiscal year 2021 we worked with 283 families with 588 children.

**4b** (Code: ) (Expenses \$ 1,698,501. including grants of \$ ) (Revenue \$ 0. )

Emergency Shelter: Provides shelter to 66 single individuals, including a bed, three meals, housing and benefit referral services, showers, laundry, a savings program, employment listings, as well as mental and physical healthcare resources. A housing navigator assists shelter guests to obtain housing. Thousands of hours of service are provided by volunteers. In fiscal year 2021, 380 individuals, including 150 men, 215 women and 15 non-binary individuals received a bed at the shelter and 56 guests were moved directly from the shelter into stable housing.

**4c** (Code: ) (Expenses \$ 3,161,718. including grants of \$ ) (Revenue \$ )

Single Adult Housing: Simpson provides support to single men and women who have experienced homelessness through three housing programs: The Women's Housing Partnership, Opportunity Housing Partnership, and Rapid Rehousing. Intensive support and advocacy services are a key component of participant success. In fiscal year 2021, Simpson Housing Services provided permanent, subsidized, supportive rental housing for a total of 249 single men and women who have been homeless long-term, programs include:

The Women's Housing Partnership is a supportive housing program for women who face long-term-homelessness. Staff work intensively with program participants to forge ongoing relationships that foster

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 55,975. including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **8,916,794.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

**Part 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 ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	6
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> 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	<b>2a</b>	144
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> 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?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		



**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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	19			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		19		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				X
<b>6</b> Did the organization have members or stockholders?				X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			X	
<b>b</b> Each committee with authority to act on behalf of the governing body?			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **► MN, OR**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**Pat Botten - 612-455-0842**  
**160 Glenwood Ave, Minneapolis, MN 55405**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Stephen Horsfield Executive Director	40.00			X				129,788.	0.	9,280.
(2) Laura Straw Director of Finance	40.00			X				57,332.	0.	3,323.
(3) John Green President	3.00	X		X				0.	0.	0.
(4) Ivan Ludmer Vice President	3.00	X		X				0.	0.	0.
(5) Lee Thoresen Secretary	3.00	X		X				0.	0.	0.
(6) Victor Okoye Treasurer	3.00	X		X				0.	0.	0.
(7) Muffie Gabler Director - until 12/31/20	2.00	X						0.	0.	0.
(8) Cindy Aegerter Director	2.00	X						0.	0.	0.
(9) Frank Fallon Director	2.00	X						0.	0.	0.
(10) Buffy Moore Director - until 12/31/20	2.00	X						0.	0.	0.
(11) Kimberly Senn Director	2.00	X						0.	0.	0.
(12) Audra Williams Director	2.00	X						0.	0.	0.
(13) Carolyn Morgan Director	2.00	X						0.	0.	0.
(14) Dan Griep Director	2.00	X						0.	0.	0.
(15) Patricia Harmon Director	2.00	X						0.	0.	0.
(16) Sharon Anders-Mahto Director	2.00	X						0.	0.	0.
(17) Steve Havig Director - until 12/31/20	2.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Tony Szczepaniak Director	2.00	X						0.	0.	0.
(19) Lori Boisclair Director - until 12/31/20	2.00	X						0.	0.	0.
(20) Malissa Adams Director - as of 1/1/21	2.00	X						0.	0.	0.
(21) Reagan Henderson Director - as of 1/1/21	2.00	X						0.	0.	0.
(22) Jill LaViolette Director - as of 1/1/21	2.00	X						0.	0.	0.
(23) Megan Mahoney Director - as of 1/1/21	2.00	X						0.	0.	0.
(24) Kimberly Smith Moore Director - as of 1/1/21	2.00	X						0.	0.	0.
(25) Jan Russell Director - as of 1/1/21	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								187,120.	0.	12,603.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								187,120.	0.	12,603.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>	73,965.			
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	44,865.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	7,478,636.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,960,087.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 302,524.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		10,557,553.			
<b>Program Service Revenue</b>	<b>2 a</b>	Contract Income	Business Code	624200	478,492.	478,492.	
	<b>b</b>	Rental Income		624200	402,172.	402,172.	
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....		900099	30,652.	30,652.	
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		911,316.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		26,305.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	(ii) Personal			
<b>b</b>		Less: rental expenses ...					
<b>c</b>		Rental income or (loss) .....					
<b>d</b>		Net rental income or (loss) .....					
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
<b>b</b>		Less: cost or other basis and sales expenses .....					
<b>c</b>		Gain or (loss) .....					
<b>d</b>		Net gain or (loss) .....					
<b>8 a</b>		Gross income from fundraising events (not including \$ 44,865. of contributions reported on line 1c). See Part IV, line 18 .....		109,427.			
<b>b</b>		Less: direct expenses .....		58,319.			
<b>c</b>		Net income or (loss) from fundraising events .....		51,108.			
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....					
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
	<b>12</b>	<b>Total revenue.</b> See instructions .....		11,738,483.	911,316.	0.	269,614.

**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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	245,195.		210,364.	34,831.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	4,186,649.	3,608,920.	325,201.	252,528.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	51,163.	47,424.	963.	2,776.
<b>9</b> Other employee benefits .....	440,958.	381,932.	46,388.	12,638.
<b>10</b> Payroll taxes .....	285,079.	235,335.	29,326.	20,418.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	15,495.		15,495.	
<b>b</b> Legal .....	220.		220.	
<b>c</b> Accounting .....	63,096.		63,096.	
<b>d</b> Lobbying .....	49,751.		49,751.	
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	38,000.			38,000.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	287,642.	131,109.	140,275.	16,258.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	532,171.	433,666.	79,544.	18,961.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	28,775.	22,206.	6,221.	348.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	218,695.	152,483.	66,212.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	126,730.	115,866.	10,864.	
<b>23</b> Insurance .....	77,652.	69,669.	5,669.	2,314.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>Occupancy Assistance</u> .....	3,378,778.	3,378,778.		
<b>b</b> <u>Program Event &amp; Supplie</u> .....	164,545.	157,674.	1,661.	5,210.
<b>c</b> <u>Professional Developmen</u> .....	20,417.	12,376.	7,101.	940.
<b>d</b> _____				
<b>e</b> All other expenses .....	256,603.	169,356.	86,480.	767.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	10,467,614.	8,916,794.	1,144,831.	405,989.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,564,849.	<b>2</b>	3,114,192.
	<b>3</b> Pledges and grants receivable, net .....	957,135.	<b>3</b>	1,152,860.
	<b>4</b> Accounts receivable, net .....	7,101.	<b>4</b>	5,461.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	62,375.	<b>9</b>	255,231.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,267,795.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 972,345.		
	<b>11</b> Investments - publicly traded securities .....	3,780,134.	<b>10c</b>	3,295,450.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,533,272.	<b>11</b>	2,538,422.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	9,904,866.	<b>15</b>		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	454,136.	<b>16</b>	10,361,616.
	<b>18</b> Grants payable .....		<b>17</b>	567,275.
	<b>19</b> Deferred revenue .....	29,181.	<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	24,603.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,822,906.	<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	859,900.	<b>23</b>	2,760,126.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,166,123.	<b>25</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,849,842.	<b>26</b>	3,352,004.
	<b>28</b> Net assets with donor restrictions .....	2,888,901.	<b>27</b>	3,807,690.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>	3,201,922.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>	
	<b>32</b> Total net assets or fund balances .....	5,738,743.	<b>31</b>	
	<b>33</b> Total liabilities and net assets/fund balances .....	9,904,866.	<b>32</b>	7,009,612.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	11,738,483.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,467,614.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,270,869.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,738,743.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	7,009,612.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form 990 (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**Simpson Housing Services, Inc**

Employer identification number

**41-1759477**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the 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 **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ 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 income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6154438.	6649859.	11606721.	9090449.	10557553.	44059020.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6154438.	6649859.	11606721.	9090449.	10557553.	44059020.
<b>5</b> 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) .....						1616580.
<b>6 Public support.</b> Subtract line 5 from line 4.						42442440.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	6154438.	6649859.	11606721.	9090449.	10557553.	44059020.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,133.	3,631.	19,362.	59,570.	26,305.	112,001.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						44171021.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,247,795.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.09	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	95.25	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

## Part VI

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

Employer identification number

**Simpson Housing Services, Inc****41-1759477**

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

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

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).



Name of organization	Employer identification number
<b>Simpson Housing Services, Inc</b>	<b>41-1759477</b>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	State of MN DHS 444 Lafayette St. Paul, MN 55155	\$ 3,959,871.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Hennepin County 300 South 6th Street Minneapolis, MN 55487	\$ 1,632,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HUD Box 237 Washington, DC 20026	\$ 1,026,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Small Business Administration 409 3rd Street SW Washington, DC 20416	\$ 859,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

41-1759477

## Part II

[illegible]

Name of organization	Employer identification number
<b>Simpson Housing Services, Inc</b>	<b>41-1759477</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

**If 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.
- 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.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**Simpson Housing Services, Inc**

Employer identification number

**41-1759477**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$ .....

3 Volunteer hours for political campaign activities ..... ▶ .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ .....

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ .....

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ .....

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$ .....

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$ .....

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

**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 of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		12,751.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		37,000.
<b>j</b> Total. Add lines 1c through 1i .....			49,751.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) .....	5	

**Part IV Supplemental Information**

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

**Part II-B, Line 1, Lobbying Activities:**

The general focus of lobbying activities is to support policy changes that serve the needs of the community we serve. We organize staff, board and volunteers to attend 'Homeless Day on The Hill' where we speak to state legislators about the importance of funding programs related to supportive housing and economic equity. When there are

**Part IV** **Supplemental Information** *(continued)*

current policy matters to be addressed, we frequently collaborate with Minnesota Coalition for the Homeless to provide testimony, share important messaging with our constituents and join other organizations in formally supporting appropriate policy recommendations. In addition, over the past year, we have paid a lobby firm to advocate on our behalf to the legislature for funding for a new homeless shelter.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****Open to Public  
Inspection****Name of the organization**

Simpson Housing Services, Inc

**Employer identification number**

41-1759477

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

(ii) Assets included in Form 990, Part X ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X ▶ \$ .....



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,678,795.		1,678,795.
b Buildings		2,440,759.	881,533.	1,559,226.
c Leasehold improvements				
d Equipment		137,991.	90,812.	47,179.
e Other		10,250.		10,250.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,295,450.

**Part VII Investments - Other Securities.**

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) .....		
<b>Total.</b> (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) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**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) .....	
<b>Total.</b> (Column (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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (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 ... ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	11,776,962.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	38,479.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	38,479.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	11,738,483.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	11,738,483.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	10,506,093.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	38,479.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	38,479.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	10,467,614.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	10,467,614.

**Part XIII Supplemental Information.**

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

**Part X, Line 2:**

The Organization believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

Name of the organization

Simpson Housing Services, Inc

Employer identification number

41-1759477

## Part I

### Fundraising Activities.

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations

- e ☒ Solicitation of non-government grants

- b** ☒ Internet and email solicitations

- ☒ Solicitation of government grants

- c **X** Phone solicitations

- g **X** Special fundraising events

- d ☒ In-person solicitations

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Crowley, White, Helmer & Sevig, Inc. - 1619 Dayton	See Part IV		X	0.	38,000.	0.
Total					38,000.	

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

 $\overline{MN}$

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Art 4 Shelter (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts .....	154,292.			154,292.
	2 Less: Contributions .....	44,865.			44,865.
	3 Gross income (line 1 minus line 2) .....	109,427.			109,427.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	58,319.			58,319.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				58,319.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				51,108.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:**

(i) Name of Fundraiser: Crowley, White, Helmer & Sevig, Inc.

(i) Address of Fundraiser: 1619 Dayton Ave, Suite 106, St. Paul, MN 55104

Part I, 2b(ii)

The professional fundraiser reported in Part I line 2b(i) is

compensated for strategic advice and guidance in relation to an upcoming capital campaign. The Organization's relationship with the

**Part IV** Supplemental Information *(continued)*

fundraiser consists only of guidance and all implementation and completion of upcoming and future capital campaigns are the responsibility of the Organization's staff and volunteers. This is why zero is reported for gross receipts from activity in Part I line 2b(iv).

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**Simpson Housing Services, Inc**

Employer identification number

**41-1759477**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		134,418.	FMV
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	11	2,392.	FMV
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>Interest Expe</u> ) .....	X	5	120,850.	FMV
26 Other ▶ ( <u>Special Event</u> ) .....	X	1,075	44,865.	FMV
27 Other ▶ ( _____ ) .....				
28 Other ▶ ( _____ ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement .....

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020



## Supplemental Information.

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Number of contributors.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Simpson Housing Services, Inc

Employer identification number

41-1759477

Form 990, Part III, Line 2, New Program Services:

In January of 2021, Simpson Housing Services launched a Shelter  
Diversion program. This program is intended to assist those newly  
seeking shelter in Hennepin County to avoid a stay in the shelter  
system through resources, referrals, and problem solving.

Form 990, Part III, Line 4c, Program Service Accomplishments:

individual strength, housing stability, and progress toward personal  
goals.

Opportunity Housing Partnership is a collaboration between Simpson,  
Aeon, and Avivo to provide increased supportive services in two housing  
communities in downtown Minneapolis. The properties offer efficiency  
apartments for long-term homeless individuals. Residents are connected  
to ongoing case management and opportunities for community engagement.

Simpson's Rapid Rehousing Program is a shorter intervention program  
that provides financial assistance and services to help individuals  
experiencing homelessness by quickly rehousing and stabilizing them in  
their community.

Form 990, Part III, Line 4d, Other Program Services:

Children and Youth Services: Simpson's dual focus on family support and  
children's programming is unique among organizations providing services  
to families experiencing homelessness. Dedicated advocates help connect  
parents to our Children and Youth Services Programs to provide specific

Name of the organization

Simpson Housing Services, Inc

Employer identification number

41-1759477

support to children. In fiscal year 2021, 213 children participated in one or more of the following programs: Early Childhood, Education Support, Literacy Mentoring, and Middle School Mentoring.

Early Childhood Program: The Early Childhood Program uses a home visiting model to promote the healthy development of young children and their families. Goals for the program include on-track developmental growth, parental engagement in literacy and language activities, and placement in high-quality childcare. Staff partners with parents to provide the support and resources to ensure their children are ready for kindergarten through a combination of wellness, developmental, and educational support services.

Passage Tutoring Program: Educational support advocates and highly trained literacy volunteers work closely with children and families to improve reading and academic skills through weekly tutoring specifically designed to meet the needs of each individual student. Goals for the program include improved academic performance, increased attendance, improved self-efficacy, and strong parental involvement in their child's education.

Mentoring and Youth Development Program: For school-aged children in our Family Housing program we offer two mentoring programs, one for students grades K-5th with a focus on literacy skills and one for students grades 5-8th focusing on leadership and personal exploration. The Mentoring and Youth Development programs pair youth with highly qualified volunteer mentors for weekly meetings that explore mentees' areas of interest in academics and enrichment opportunities to help

Name of the organization

Simpson Housing Services, Inc

Employer identification number

41-1759477

them build skills in a supportive relationship with caring adults.

Expenses \$ 55,975. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section A, line 1:

Executive Committee membership shall consist of the officers, the immediate past president, and the committee chairpersons. No individual shall continue to be a member of the Executive Committee who is not a director. Except for the power to amend the Articles of Incorporation and these Bylaws, the Executive Committee shall have all of the powers and authority of the Board in the intervals between meetings of the Board, subject to the direction and control of the Board. The Executive Committee shall report all actions to the Board at the next meeting of the Board.

Form 990, Part VI, Section B, line 11b:

The 990 is first reviewed by the Finance Committee and then reviewed by the entire Board prior to filing.

Form 990, Part VI, Section B, Line 12c:

Prior to board or committee action on a contract or transaction involving a conflict of interest, a director or committee member having a conflict of interest and who is in attendance at the meeting shall disclose all facts material to the conflict of interest. Such disclosure shall be reflected in the minutes of the meeting.

A director or committee member who plans not to attend a meeting at which he or she has reason to believe that the board or committee will act on a matter in which the person has a conflict of interest shall disclose to the Chair of the meeting all facts material to the conflict of interest. The

Name of the organization

Simpson Housing Services, Inc

Employer identification number

41-1759477

Chair shall report the disclosure at the meeting and the disclosure shall be reflected in the minutes of the meeting.

A person who has a conflict of interest shall not participate in or be permitted to hear the board's or committee's discussion of the matter except to disclose material facts and to respond to questions. Such person shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting.

A person who has a conflict of interest with respect to a contract or transaction that will be voted on at a meeting shall not be counted in determining the presence of a quorum for purposes of the vote. The person having a conflict of interest may not vote on the contract or transaction and shall not be present in the meeting room when the vote is taken, unless the vote is by secret ballot. Such person's ineligibility to vote shall be reflected in the minutes of the meeting.

Responsible persons who are not members of the Board of Directors of Simpson Housing Services, Inc., or who have a conflict of interest with respect to a contract or transaction that is not the subject of board or committee action, shall disclose to the Chair or the Chair's designee any conflict of interest that such responsible person has with respect to a contract or transaction. Such disclosure shall be made as soon as the conflict of interest is known to the responsible person. The responsible person shall refrain from any action that may affect Simpson Housing Services, Inc.'s participation in such contract or transaction.

In the event it is not entirely clear that a conflict of interest exists,

Name of the organization

Simpson Housing Services, Inc

Employer identification number

41-1759477

the individual with the potential conflict shall disclose the circumstances to the Chair or the Chair's designee, who shall determine whether there exists a conflict of interest that is subject to agency policy.

Form 990, Part VI, Section B, Line 15a:

The Past President and other members of the Executive Committee determine the Executive Director's compensation annually based on agency established range and performance and information from the MN Council of Nonprofits, which is reviewed by the full board. The Executive Director sets salary levels for key employees and other officers based on salary surveys and performance.

Form 990, Part VI, Section C, Line 19:

The Organization does not make its governing documents or conflict of interest policy available to the public. The annual report and audited financial statements are published on the Organization's website for the general public to access.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**Simpson Housing Services, Inc**

Employer identification number

**41-1759477**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Passage Community Housing, LLC - 36-3377712 160 Glenwood Minneapolis, MN 55405	Housing Services	Minnesota	339,432.	789,301.	Simpson Housing Services, Inc.
Simpson Properties, LLC - 85-1299661 160 Glenwood Minneapolis, MN 55405	Administration Offices	Minnesota	30,958.	3,244,745.	Simpson Housing Services, Inc.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2020

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

**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 country)	(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) Section 512(b)(13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

**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.

[illegible]

## Part VII Supplemental Information

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

[illegible]

# TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

**FOR THE YEAR ENDING**

June 30, 2021

---

**Prepared For:**

Simpson Housing Services, Inc  
160 Glenwood Ave  
Minneapolis, MN 55405

---

**Prepared By:**

Eide Bailly LLP  
800 Nicollet Mall, Ste. 1300  
Minneapolis, MN 55402-7033

---

**Amount of Tax:**

Balance due of \$25

---

**Make Check Payable To:**

State of Minnesota

---

**Mail Tax Return To:**

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

---

**Return Must Be Mailed On Or Before:**

Please mail as soon as possible.

---

**Special Instructions:**

The report should be signed and dated by an authorized individual(s).

Include the organization's Federal Employer Identification Number and 2020 Annual Report on the check or money order.

**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](http://www.ag.state.mn.us/charity)

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information**

Legal Name of Organization Simpson Housing Services, Inc

Federal EIN: 41-1759477

Fiscal Year-End: 06302021

mm/dd/yyyy

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

<b>Mailing Address:</b> <u>Stephen Horsfield</u> Contact Person <u>160 Glenwood Ave</u> Street Address <u>Minneapolis, MN 55405</u> City, State, and ZIP Code <u>612-455-0841</u> Phone Number <u>shorsfield@simpsonhousing.org</u> Email Address	<b>Physical Address:</b> <u>Stephen Horsfield</u> Contact Person <u>160 Glenwood Ave</u> Street Address <u>Minneapolis, MN 55405</u> City, State, and ZIP Code <u>612-455-0841</u> Phone Number <u>shorsfield@simpsonhousing.org</u> Email Address
---	--

1. Organization's website: www.simpsonhousing.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).

Simpson Housing Services, Inc.

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

5. Total amount of contributions the organization received from Minnesota donors: \$ 6,864,063.

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):

<u>Crowley, White, Helmer &amp; Sevig, Inc.</u>	<u>38,000.</u>
Name of Professional Fundraiser	Compensation
<u>1619 Dayton Ave, Suite 106</u>	<u>St. Paul, MN 55104</u>
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
Stephen Horsfield Executive Director	129,788.	9,280.

\*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	\$		1
2.	Government Grants	\$		2
3.	Program Service Revenue	\$		3
4.	Other Revenue	\$		4
5.	<b>TOTAL INCOME</b>	<b>\$</b>		<b>5</b>

#### EXPENSES

6.	Program Expenses	\$		6
7.	Management & General Expenses	\$		7
8.	Fund-raising Expenses	\$		8
9.	<b>TOTAL EXPENSES</b>	<b>\$</b>		<b>9</b>
10.	<b>EXCESS or DEFICIT</b>	<b>\$</b>		<b>10</b>

(Line 5 minus Line 9)

#### ASSETS

11.	Cash	\$		11
12.	Land, Buildings & Equipment	\$		12
13.	Other Assets	\$		13
14.	<b>TOTAL ASSETS</b>	<b>\$</b>		<b>14</b>

#### LIABILITIES

15.	Accounts Payable	\$		15
16.	Grants Payable	\$		16
17.	Other Liabilities	\$		17
18.	<b>TOTAL LIABILITIES</b>	<b>\$</b>		<b>18</b>

#### FUND BALANCE/NET WORTH

		\$		
--	--	----	--	--

(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
<b>1.</b> Grants and other assistance to governments and organizations in the U.S.				
<b>2.</b> Grants and other assistance to individuals in the U.S.				
<b>3.</b> Grants and other assistance to governments, organizations, and individuals outside the U.S.				
<b>4.</b> Benefits paid to or for members				
<b>5.</b> Compensation of current officers, directors, trustees, and key employees				
<b>6.</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
<b>7.</b> Other salaries and wages				
<b>8.</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9.</b> Other employee benefits				
<b>10.</b> Payroll taxes				
<b>11.</b> Fees for services (non-employees):				
<b>a.</b> Management				
<b>b.</b> Legal				
<b>c.</b> Accounting				
<b>d.</b> Lobbying				
<b>e.</b> Professional fundraising services				
<b>f.</b> Investment management fees				
<b>g.</b> Other				
<b>12.</b> Advertising and promotion				
<b>13.</b> Office expenses				
<b>14.</b> Information technology				
<b>15.</b> Royalties				
<b>16.</b> Occupancy				
<b>17.</b> Travel				
<b>18.</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19.</b> Conferences, conventions, and meetings				
<b>20.</b> Interest				
<b>21.</b> Payments to affiliates				
<b>22.</b> Depreciation, depletion, and amortization				
<b>23.</b> Insurance				
<b>24.</b> Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
<b>a.</b>				
<b>b.</b>				
<b>c.</b>				
<b>d.</b>				
<b>25. Total functional expenses.</b> Add lines 1 through 24d				
<b>26. Joint costs.</b> 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)**

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**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

Executive Director (Title) and President (Title) respectively, and

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

Board of Directors (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 (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.

Steve Horsfield

Name (Print)

\_\_\_\_\_  
Signature

Executive Director

Title

\_\_\_\_\_  
Date

Ivan Ludmer

Name (Print)

\_\_\_\_\_  
Signature

President

Title

\_\_\_\_\_  
Date

# TAX RETURN FILING INSTRUCTIONS

OREGON FORM CT-12

**FOR THE YEAR ENDING**

June 30, 2021

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**Prepared For:**

Simpson Housing Services, Inc  
160 Glenwood Ave  
Minneapolis, MN 55405

---

**Prepared By:**

Eide Bailly LLP  
800 Nicollet Mall, Ste. 1300  
Minneapolis, MN 55402-7033

---

**Amount of Tax:**

Balance due of \$771

---

**Make Check Payable To:**

Oregon Department of Justice

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**Mail Tax Return To:**

Oregon Department of Justice  
Charitable Activities Section  
100 SW Market Street  
Portland, OR 97201-5702

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**Return Must Be Mailed On Or Before:**

May 16, 2022

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**Special Instructions:**

The report should be signed and dated by an authorized individual(s).

Form <b>CT-12</b> <b>For Oregon Charities</b> For Accounting Periods Beginning in: <div style="font-size: 2em; font-weight: bold; text-align: center;">2020</div>	<b>Charitable Activities Section</b> <b>Oregon Department of Justice</b> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>           100 SW Market Street            Portland, OR 97201-5702            Email: <a href="mailto:charitable@doj.state.or.us">charitable@doj.state.or.us</a>            Website: <a href="https://www.doj.state.or.us">https://www.doj.state.or.us</a> </div> <div>           VOICE (971) 673-1880            TTY (800) 735-2900            FAX (971) 673-1882         </div> </div> <b>Line-by-line instructions for completing the annual report form can be found on our website.</b>	<b>You can now file reports and pay by credit card using our online form at</b> <b><a href="https://justice.oregon.gov/paymentportal/Account/Login">https://justice.oregon.gov/paymentportal/Account/Login</a></b>
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## Section I. General Information

1. Cross Through Incorrect Items and Correct Here:  
(See instructions for change of name or accounting period.)

Registration #: 59778

Organization Name: Simpson Housing Services, Inc.

Address: 160 Glenwood Ave

City, State, Zip: Minneapolis, MN 55405

Phone: 612-874-8683      Fax: N/A      Amended Report? ☐

Email: N/A

Period Beginning: 07 / 01 / 2020    Period Ending: 06 / 30 / 2021 ☐

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. ☒ Yes ☐ No
3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, check the type of solicitations; ☐ in-person; ☐ direct mail; ☐ advertising; ☐ vending machine; ☐ telephone; or ☐ other solicitations. ☐ Yes ☒ No  
 If yes, also write the name of the fundraising firm(s) here: \_\_\_\_\_ (If you checked "other solicitations", attach an explanation.)
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. ☐ Yes ☒ No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. ☐ Yes ☒ No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) ☐ Yes ☒ No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
Steve Horsfield	Executive Director	612-874-8683	160 Glenwood Ave, Minneapolis, MN 55405 shorsfield@simpsonhousing.org

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. **(Oregon law requires a minimum of three directors for nonprofit public benefit corporations.)**

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	See IRS Form		
Address:	_____		
Phone:	(____) _____ Email: _____		
Name:	_____		
Address:	_____		
Phone:	(____) _____ Email: _____		
Name:	_____		
Address:	_____		
Phone:	(____) _____ Email: _____		

Form Continued on Reverse Side

## Section II. Fee Calculation

9.	Total Revenue ..... (From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see the CT-12 instructions for how to calculate total revenue. <b>Attach explanation if Total Revenue is \$0.</b> )	9.	\$11,738,483.00																
10.	Revenue Fee ..... (See chart below. Minimum fee is \$20, even if total revenue is \$0 or a negative amount.)	10.	\$400.00																
<table border="1"> <thead> <tr> <th>Amount on Line 9</th> <th>Revenue Fee</th> </tr> </thead> <tbody> <tr> <td>\$0 - \$24,999</td> <td>\$20</td> </tr> <tr> <td>\$25,000 - \$49,999</td> <td>\$50</td> </tr> <tr> <td>\$50,000 - \$99,999</td> <td>\$90</td> </tr> <tr> <td>\$100,000 - \$249,999</td> <td>\$150</td> </tr> <tr> <td>\$250,000 - \$499,999</td> <td>\$200</td> </tr> <tr> <td>\$500,000 - \$999,999</td> <td>\$300</td> </tr> <tr> <td>\$1,000,000 or more</td> <td>\$400</td> </tr> </tbody> </table>				Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$20	\$25,000 - \$49,999	\$50	\$50,000 - \$99,999	\$90	\$100,000 - \$249,999	\$150	\$250,000 - \$499,999	\$200	\$500,000 - \$999,999	\$300	\$1,000,000 or more	\$400
Amount on Line 9	Revenue Fee																		
\$0 - \$24,999	\$20																		
\$25,000 - \$49,999	\$50																		
\$50,000 - \$99,999	\$90																		
\$100,000 - \$249,999	\$150																		
\$250,000 - \$499,999	\$200																		
\$500,000 - \$999,999	\$300																		
\$1,000,000 or more	\$400																		
11.	Net Assets or Fund Balances at End of the Reporting Period ..... (From Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate. <b>Attach explanation if amount is \$0 or a negative number</b> )	11.	\$7,009,612.00																
12.	Net Fixed Assets Used to Conduct Charitable Activities ..... (Generally, from Part X, Line 10c on Form 990; Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)	12.	\$3,295,450.00																
13.	Amount Subject to Net Assets or Fund Balances Fee ..... (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)	13.	\$3,714,162.00																
14.	Net Assets or Fund Balances Fee ..... (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. <b>Not to exceed \$2,000.</b> Round cents to the nearest whole dollar.)	14.	\$371.00																
15.	Are you filing this report late? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ..... (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)	15.	\$0.00																
16.	Total Amount Due ..... (Add Lines 10, 14, and 15. Make check payable to the <b>Oregon Department of Justice.</b> )	16.	\$771.00																
<p>17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 &amp; 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.</p>																			

**Please Sign Here**

Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.



Signature of officer

Steve Horsfield

Officer's name (printed)

Date

160 Glenwood Ave, Minneapolis, MN 55405

Address

612-874-8683

Phone

Executive Director

Title

**Paid Preparer's Use Only**



Preparer's signature

Deb Nelson, CPA

Preparer's name (printed)

5/12/2022

Date

800 Nicollet Mall, Ste. 1300, Minneapolis, MN 55402-7033

Address

612-253-6500

Phone

Line-by-line instructions for completing the annual report form can be found at <https://www.doj.state.or.us/charitable-activities/annual-reporting-for-charities/file-your-annual-report>. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to [charitable@doj.state.or.us](mailto:charitable@doj.state.or.us).



# 2020 Form CT-12 Instructions

You can now complete and file reports online at <https://justice.oregon.gov/paymentportal/Account/Login>

## General Instructions

### Purpose

Oregon law charges the Attorney General with the duty and responsibility to represent the public's interest in charitable organizations and in assets held or received for charitable purposes. The Attorney General carries out this responsibility by requiring charitable organizations to register and file periodic financial reports.

Once submitted, this Form and all attachments become a part of the public record. Any interested person may examine or obtain a copy of an annual report of a charitable organization by contacting the Charitable Activities Section. Reports can also be viewed on our website at <https://justice.oregon.gov/Charities>.

### Who Must File

All organizations registered with the Charitable Activities Section of the Oregon Department of Justice must annually file Form CT-12, CT-12F, or CT-12S unless the Attorney General has specifically exempted the organization from the reporting requirements.

### What Form to File

File Form CT-12 if the organization is either incorporated, organized, or headquartered in Oregon.

File Form CT-12F if the organization is organized and headquartered outside of Oregon. The Charitable Activities Section does not accept multi-state annual report forms in lieu of a completed Form CT-12F.

File Form CT-12S if the organization is a split-interest trust that holds assets for the benefit of both charitable and non-charitable beneficiaries.

If the organization does not fit within any of the above categories, file Form CT-12.

**The form year should match the starting year of the fiscal period covered by the report.**

### Due Date

The form, all required attachments and schedules, and payment of fees are due in the

Charitable Activities Section's office no later than 4 months and 15 days after the end of the organization's fiscal year. If the due date falls on a weekend or legal holiday, the due date is the next business day.

The Charitable Activities Section does not use the postmark date to determine whether an organization has filed timely. Instead, filings are considered timely if they are physically received within 5 business days after the due date. All filings received more than 5 business days after the due date will be assessed a late charge. See Instruction 15 Late Fees.

### Extensions for Filing

An organization may apply for an extension of time to file. Extension requests must be received on or before the due date of the report to avoid a late fee. The maximum available extension period is 180 days. An extension to file is also an extension to pay any associated fees. Therefore, estimated payments should not be included with extension requests.

Please do not submit an incomplete CT-12/CT-12F/CT-12S if you intend to later supplement or amend your report with a copy of your IRS return. Instead, file an extension request so that you can submit a complete report by the extended due date with a copy of the appropriate IRS form attached.

Extensions may be requested through the Department of Justice website at <https://justice.oregon.gov/Charities/Extensions>. Follow the instructions carefully to ensure that we receive your request. Please contact our office if you have any questions or difficulties with your online request.

You should print and retain a copy of the online Confirmation of Extension Request. You should also expect to receive a confirmation of receipt of your online request.

You may also submit a written request or a copy of the organization's federal extension request (IRS Form 8868) so long as the Charitable Activities Section receives the request or copy before the due date of the report. The organization's 4 or 5-digit registration number should be noted on the top of all extension requests. If you would like acknowledgement that your extension request has been received, you should enclose an additional copy of the request and a self-addressed, stamped envelope.

In the event your request is denied, to avoid a late fee, the annual report must be submitted by the later of the due date or within 10 days after the organization receives notice of denial of the requested extension.

**Important Note—An extension request filed with the IRS or the Oregon Department of Revenue does NOT act as an extension with the Charitable Activities Section unless a copy is submitted to the Charitable Activities Section by the due date.**

### Record Keeping

Please retain a copy of this report and all supporting documentation for at least five years after the due date.

### Rounding and Blank Lines

Round all amounts on the report to the nearest whole dollar. Drop amounts under 50 cents and increase amounts from 50 to 99 cents to the next whole dollar. If the amount is zero write "\$0." and attach an explanation if requested.

**Do not leave any line blank.** Your report may be treated as incomplete if you leave blank lines.

### Important Reminders

**Don't lose your tax-exempt status.** Most tax-exempt organizations other than churches must file a yearly return with the IRS. Very small organizations are required to file IRS Form 990-N, also known as the e-Postcard. The IRS is required by law to revoke the tax-exempt status of any organization that has failed to file a required return for three consecutive years.

Please refer to <https://www.irs.gov/charities-and-nonprofits> for more information about these requirements.

**Important information regarding Social Security numbers (SSNs) – Forms submitted to this office become a public record.** In order to protect the privacy of named individuals, you should redact any SSNs (if used) from copies of any IRS forms submitted. Although we endeavor to redact SSNs from any forms we receive, we request your assistance in safeguarding this information by not including it in your submission.

## Online Filing Option

The Department has an online filing option if you would like to complete and file your report electronically and pay via credit card. For additional information, visit <https://www.doj.state.or.us/charitable-activities/annual-reporting-for-charities/file-your-annual-report/>

## How to Contact the Charitable Activities Section

To obtain blank forms, mailed instructions, technical assistance or information about a charitable organization, contact the Charitable Activities Section or visit our website at:

Charitable Activities Section  
Oregon Department of Justice  
100 SW Market Street  
Portland, OR 97201-5702  
Phone: (971)673-1880  
TTY: (800)735-2900  
Fax: (971)673-1882  
Email: [charitable@doj.state.or.us](mailto:charitable@doj.state.or.us)  
Website: <https://www.doj.state.or.us>

## Where to File

Send completed forms and corresponding fees to the above address. Do not send cash.

# Line Instructions

## Section I.

### General Information

#### **1. Missing or Incorrect Information**

The Charitable Activities Section sends a form preprinted with name, address, contact information and registration number to all registered organizations. If the organization is returning one of these preprinted forms, provide any missing or corrected information. If the organization is completing a blank form, provide the requested information in this section.

#### **Name Changes**

If applicable, write the organization's new legal name. Attach a copy of the filed amended articles of incorporation or trust document that changed the organization's name.

#### **Address, Email, and Phone Number Changes**

If applicable, write the new address where mail for the organization should be directed in the future. If applicable, write the new daytime phone number, fax number and email address for the organization.

## Accounting Year Changes

If applicable, write the organization's new or short reporting period. Preprinted forms are based upon the accounting period we have on record for the organization. If the organization has changed its fiscal year or is filing a final report for a period less than 12 months, the shortened period covered by the report must be noted here. If the organization is filing a final report, also see the instructions for line 6 for closing requirements.

**Short Year Report**—If the organization is filing a shortened report due to a change in fiscal year, see the instructions for line 13 for calculation of prorated Net Assets or Fund Balances fee.

## Amended Reports

If amending previously submitted information for the same accounting period, check the amended report box. Either complete a blank form that includes the amended information or provide a copy of the previously submitted form that clearly shows what information is being amended. Submit any additional fee due with the amended report.

## **2. Independent Audit**

Check yes if the organization had an independent audit of its financial records performed by a certified public accountant. **Attach a copy of the auditor's report, the financial statements, the accompanying notes, schedules, or other documents supplementing the report or financial statements.** Do not submit copies that are professionally bound. If the audit has not been completed prior to the report due date, please note that and the estimated completion date on the CT-12.

## **3. Fundraising Contracts**

Check yes if the organization entered into a contract with a fundraising firm that relates to solicitations in Oregon, including in-person, direct mail, advertising, vending machine, telephone, or other solicitations made in Oregon. Check the type(s) of campaign to which the contract(s) relates and write the name(s) of the fundraising firm(s) in the space provided. If you checked "other solicitations" as the type of campaign, attach an explanation.

## **4. Disclosure of Legal Action**

Check yes if the organization or any of its officers, directors, trustees or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices. This includes assurances of voluntary compliance or discontinuance involving the organization or any other proceeding in which the organization or any current officer, director, trustee, or key

employee is subject to any injunction, order, or pending action relating to the solicitation of contributions, or administration of charitable assets. **Attach a written explanation of each such action or agreement, including the agency involved and the allegations. Also, attach a copy of any agreements or actions that occurred in the current reporting period.**

## **5. Amendments to Articles of Incorporation, Bylaws, Trust Documents, or Tax-Exempt Status**

Check yes if during the reporting period the organization amended its articles, bylaws, or trust documents, or if the IRS issued a new tax-exempt status ruling for the organization, including revocation.

**Important Note**—Attach copies of amendments to articles of incorporation bearing the Secretary of State's file stamp, signed and dated copies of amended bylaws, amended trust documents, and/or IRS determination letters.

## **6. Final Report**

Check yes if this is the final report for the organization.

If the organization is dissolving, the Charitable Activities Section must be notified in writing 30 days prior to the dissolution or the distribution of the organization's assets. This notification may be done either through a letter or submission of a completed Closing Form which can be obtained by contacting the Charitable Activities Section or from our website. Notification must include the disposition of assets including the name, address, phone number, and contact person of each organization that will receive any remaining assets and the amount of the assets involved or a copy of the minutes of the board meeting that approved the dissolution containing the same information.

If the organization is filing a final report for a reason other than a dissolution, such as the discontinuance of soliciting contributions, holding assets or conducting charitable activities in Oregon, there are similar notification requirements.

If the organization is a trust and is filing a final report for any reason, the Charitable Activities Section should be contacted for specific instructions and requirements related to closing procedures.

A final report must reflect the financial transactions of the charitable organization from the day after the close of its last accounting period to the date of the disposition of all remaining assets.

**Important Note**—Dissolving corporations must submit a copy of any articles of dissolution filed with the Corporation Division in addition to the information required above. If articles of

dissolution have not been filed, then the anticipated date of dissolution must be provided.

**Important Note**—The organization must submit this information even if the distribution of assets has already occurred.

## 7. Who Keeps the Books?

Indicate the person to be contacted if the organization's books need to be accessed for information or review. Either a business or personal phone number, email, and mailing address are acceptable. If the person does not have an email address, please note that on the form.

## 8. Officers, Directors, Trustees, and Other Key Employees

List each person who was an officer, director, trustee, or key employee (defined below) of the organization at any time during the year even if they are a volunteer and do not receive any compensation from the organization. Give the daytime phone number and preferred mailing address at which officers, etc., want the Charitable Activities Section to contact them. Use an attachment if there are more persons to list than there are lines available.

A failure to fully complete this part can subject the organization to late fees or civil penalties for filing an incomplete form.

If the organization is an Oregon public benefit corporation, it must have a minimum of three individuals serving on its board of directors.

Officers include those officers required by applicable state law, such as president, secretary, or treasurer, and also includes the person(s) elected or appointed to implement the decisions of the governing body or for supervising the management, administration, or operation of the organization, regardless of title or the amount of compensation received. The CEO or Executive Director is an officer for purposes of this form. The top financial official may also be an officer if they are responsible for managing the organization's finances.

A "key employee" is any person, other than an officer, director, or trustee, who has responsibilities over the organization that are similar to those of its officers, directors, or trustees. If the organization attaches a 990 or 990EZ, it may rely on the IRS definition of key employee in the corresponding IRS instructions for purposes of this form.

### Column (C)

If an IRS form is attached that includes complete and accurate compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section.

Otherwise, for each person listed, report the total amount of compensation paid or deferred for payment to a later date, including salary, fees,

bonuses, benefits, taxable allowances or reimbursements, the value of noncash compensation, and severance payments.

Enter a zero in column (C) if the person was a volunteer and was not paid or did not accrue any compensation during the reporting year.

The organization may provide an attachment to explain the entire compensation package for any person listed in this part, including whether the compensation includes the payment of amounts previously deferred.

## Section II.

## 9. Total Revenue

The Charitable Activities Section has adopted the definition for "Total Revenue" used by the Internal Revenue Service. If the organization completed one of the following IRS Forms for this reporting period, the Total Revenue figure should come from the line number listed:

- IRS Form 990, Part I, line 12 (current year)
- IRS Form 990-EZ, Part I, line 9
- IRS Form 990-PF, Part I, line 12a
- IRS Form 1041, line 9

If the organization was not required to complete one of these IRS Forms, or filed an IRS Form 990-N, a summary of what constitutes Total Revenue is provided within these instructions. A more detailed definition can be found in the IRS instructions for the forms listed above.

"Total Revenue" includes such items as:

- Contributions, gifts, or grants
- donated real property
- donated thrift items
- membership dues & assessments
- program service revenue
- government fees & contracts
- interest or dividend income
- gross rental income less rental expense
- other investment income
- gain or loss on sales of assets other than inventory
- gain or loss from special events & activities which may include bingo, raffles, and Monte Carlo events
- gain or loss on sale of inventory
- all other sources of revenue.
- include amounts obtained from both Oregon and out of state sources.

To report contributions received in a form other than cash, use the market value as of the date of the contribution. When market value cannot be readily determined, use an appraised or estimated value.

To determine the amount of any noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value in assigning a value to the revenue received. "Fair market value" is the amount a reasonable person would pay for the item at the time it was donated to the organization.

**Important Note**—Do not include the value of services donated to the organization, or items such as the free use of materials, equipment, or facilities in reporting Total Revenue.

**Important Note**—If Total Revenue is zero, attach an explanation of why Total Revenue is zero and indicate whether the organization plans to continue operations. See the instructions for line 6 if this is the organization's final report.

## 10. Revenue Fee

Use the Total Revenue figure from line 9 to calculate the revenue fee according to the following schedule.

### Revenue Fee Schedule

Amount on Line 9		Revenue Fee
\$ 0 -	\$ 24,999	\$ 20
25,000 -	49,999	50
50,000 -	99,999	90
100,000 -	249,999	150
250,000 -	499,999	200
500,000 -	999,999	300
1,000,000 or more		400

The maximum amount subject to a revenue fee is \$1,000,000. The maximum revenue fee is \$400. The minimum revenue fee is \$20, even if total revenue is zero or a negative amount.

## 11. Net Assets or Fund Balances at the End of the Reporting Period

The Charitable Activities Section has adopted the definitions for "Net Assets" and "Fund Balances" used by the Internal Revenue Service. If the organization completed one of the following IRS forms for this reporting period, the Net Assets or Fund Balances figure should come from the line number listed:

- IRS Form 990, Part I, line 22 (end of year)
- IRS Form 990-EZ, Part I, line 21
- IRS Form 990-PF, Part III, line 6

If the organization was not required to complete one of these IRS forms, or filed an IRS Form 990-N, a summary of what constitutes Net Assets or Fund Balances is provided below. A more detailed definition can be found in the IRS instructions for the forms listed above.

Net Assets and Fund Balances refer to the organization's assets minus liabilities.

"Assets" are items of value to the organization, such as cash, receivables less any allowance for doubtful accounts, inventory, prepaid expenses, investments, land, buildings & equipment less any accumulated depreciation if the organization records depreciation.

"Liabilities" are the amount of debts and obligations owed by the organization, such as accounts payable, accrued expenses, deferred revenue, loans, and mortgages.

## 12. Net Fixed Assets Used to Conduct Charitable Activities

Enter the amount of the organization's Net Fixed Assets that were held for use in the operation of charitable activities at the end of the reporting period.

**Important Note—You should not include any cash, bank accounts, stock holdings, investment accounts, or other liquid assets in Line 12.** Line 12 should only include fixed assets that are used for charitable purposes, such as land, buildings, or equipment that are used directly for charitable purposes.

The following instructions provide guidance on how to calculate Net Fixed Assets, where the amount may be located on the organization's IRS return, and whether that amount should be adjusted to include only those fixed assets used for charitable purposes.

The Charitable Activities Section defines "Net Fixed Assets" as the organization's book value (cost or other basis less any accumulated depreciation) of all owned land, buildings, or equipment, **that are used directly for charitable purposes.** For example, if the charity owns and operates a museum, the building that houses the museum is a net fixed asset. However, undeveloped land, a building owned and used for rental income, or any other fixed asset used for investment purposes should not be included in Line 12. Accordingly, the net fixed assets used for charitable purposes on Line 12 may be less than the organization's total net fixed assets.

If the organization completed one of the following IRS Forms for this reporting period and all its Net Fixed Assets are held for use in conducting charitable activities, the figure should come from the line number listed:

- IRS Form 990, Part X, line 10c
- IRS Form 990-EZ, Part II, line 23B And/or 24B to the extent 24B includes equipment or similar assets used for charitable programs.
- IRS Form 990-PF, Part II, line 14b

If the organization was not required to complete one of these IRS Forms, or filed an IRS Form 990-N, this figure will need to be calculated from the organization's accounting records, but the 990/990EZ can be used as worksheets to determine the amount to report.

## 13. Amount Subject to Net Assets or Fund Balances Fee

Subtract line 12 from line 11. If the result is less than \$50,000 enter \$0 on line 13. If the result is more than \$20,000,000 enter \$20,000,000.

Example #1 line 11 \$ 100,000  
line 12 (25,000)  
75,000  
line 13 \$ 75,000

Example #2 line 11 \$ 100,000  
line 12 (80,000)  
20,000  
line 13 \$ 0

**Important Note—**If the organization is filing a short report of less than one year due to a change in accounting periods, the amount entered on line 13 should be prorated by the number of months covered by the report. To determine the prorated amount, divide the amount determined above by 12 and multiply by the number of months covered by the short report. No similar proration should be made if the short report is due to the initial or final reporting period.

## 14. Net Assets or Fund Balances Fee

Multiply the amount subject to a Net Assets or Fund Balances fee from line 13 by .0001 and enter this figure on line 14. Round to the nearest whole dollar. If the result is less than \$5 enter \$0. If the amount is more than \$2,000 enter \$2,000.

## 15. Late Fees

If the report is not filed or the fee is not paid by the due date (or the extended due date), an initial late fee of \$20 will be due. If the report or payment remains outstanding more than 13 months past the end of the fiscal year covered by the report, the late fee will increase to \$50. If the delinquency is not corrected within 16 months of the end of the fiscal year covered by the report, the late fee increases to \$100.

Late Fee Schedule

Fiscal Year End Dates	Late Report Received Before This Date	Late Report Received Between These Dates	Late Report Received After This Date
<b>Late Fee:</b>	<b>\$20</b>	<b>\$50</b>	<b>\$100</b>
12/31/20	2/1/22	2/1/22-4/30/22	4/30/22
1/31/21	3/1/22	3/1/22-5/31/22	5/31/22
2/28/21	4/1/22	4/1/22-6/30/22	6/30/22
3/31/21	5/1/22	5/1/22-7/31/22	7/31/22
4/30/21	6/1/22	6/1/22-8/31/22	8/31/22
5/31/21	7/1/22	7/1/22-9/30/22	9/30/22
6/30/21	8/1/22	8/1/22-10/31/22	10/31/22
7/31/21	9/1/22	9/1/22-11/30/22	11/30/22
8/31/21	10/1/22	10/1/22-12/31/22	12/31/22
9/30/21	11/1/22	11/1/22-1/31/23	1/31/23
10/31/21	12/1/22	12/1/22-2/28/23	2/28/23
11/30/21	1/1/23	1/1/23-3/31/23	3/31/23

The above late fees apply automatically and cannot be waived. The Department has the

authority to obtain additional civil penalties against the organization and its officers and directors or take other administrative action in connection with the failure to file timely and complete reports.

## 16. Total Amount Due

Add lines 10, 14, and 15. This is the total amount due. Make check or money order payable to the "Oregon Department of Justice". Do not send cash. Mail payment together with the report to:

**Charitable Activities Section  
Oregon Department of Justice  
100 SW Market Street  
Portland, Oregon 97201-5702**

**Important Note—**Indicate on the check the organization's 4 or 5-digit Oregon Department of Justice registration number. The registration number is located on line 1 of the preprinted Form CT-12 or can be obtained by contacting the Charitable Activities Section or looking up the charity on our website at <https://justice.oregon.gov/Charities>.

## 17. IRS Forms, Schedules, and Attachments

**All organizations must attach a complete copy of all forms, supporting schedules, and attachments filed with the IRS, except publicly-supported charities are not required to attach Schedule B, Listing of Contributors.**

Even if your organization is not required to file a Form 990, 990-EZ, or 990-PF with the IRS, if the organization's revenues or net assets exceed certain thresholds, it may be required to complete one of these forms for Oregon purposes to meet the Charitable Activities Section's filing requirements.

In general, if your organization's total revenues are at least \$50,000, or its assets are more than \$100,000, you may be asked to complete a 990-EZ or 990 for Oregon purposes only. If the organization has not filed the form with the IRS, it should note on the form that it is for Oregon purposes only.

Additional instructions are provided below for 990-N filers and for organizations that do not file any type of 990 with the IRS.

**For 990-N Filers—**If your organization does not complete an IRS Form 990 or 990-EZ because it files an IRS form 990-N, the Charitable Activities Section will consider suspending the requirement to file a Form 990 or 990-EZ for Oregon purposes upon request.

If the organization files an IRS Form 990-N because its gross receipts are normally \$50,000 or less, but its assets are more than \$100,000, please contact this office in writing if you would like the Charitable Activities Section to consider suspending the requirement to file an IRS Form 990 or 990-EZ for Oregon purposes. The



amount of assets in excess of \$100,000 is material to consideration of suspension requests. Please include a balance sheet or similar statement listing your assets to expedite review of your request.

**For organizations that do not file a 990/990EZ/990-N with the IRS.** Please attach to your CT-12 a copy of your Form 1120 or other return your organization has filed with the IRS for the reporting period. We will contact you if this office determines that a 990-EZ or 990 is required for Oregon purposes.

**Important Note**—Organizations that file Form 990 or 990-EZ with the IRS are not required to attach any schedule of contributors to filings with the Charitable Activities Section. Therefore, there is no requirement to attach Schedule B. However, if voluntarily submitted, this information may be made available for public inspection.

This exclusion does not apply to Form 990-PF filers who must submit their schedule of contributors.

**Important Note for CPAs/Paid Preparers/Beneficiaries** – Forms submitted to this office become a public record. In order to protect the privacy of named individuals, you should redact Social Security Numbers (if used) from the copy of the IRS Form 990/990-EZ/990-PF/5227/1041-A (Schedule K) submitted to this office. Although we endeavor to redact social security numbers from any forms we receive, we request your assistance in safeguarding this information by not including it in your submission.

## **Signature Block**

To make the return complete, an authorized officer must sign in the space provided. For a corporation or association, this officer may be the president, vice president, treasurer, chief executive officer, executive director, chief financial officer, or other corporate officer, such as tax officer. A trustee, receiver, or assignee must sign any return he or she files for a trust. Signature stamps and labels are not acceptable. Power of Attorney signature is not accepted.

In the paid preparer's information section, include the name, daytime phone number, and address of any person who was paid by the organization to complete this report.

# Contact the Following Agencies for Assistance

## Charitable Activities Section

Oregon Department of Justice  
100 SW Market Street  
Portland, Oregon 97201-5702  
Phone: (971)673-1880  
TTY: (800)735-2900  
Fax: (971)673-1882  
Email: [charitable@doj.state.or.us](mailto:charitable@doj.state.or.us)  
Website: <https://www.doj.state.or.us>

### **Issues**

- Questions about annual reports for charitable organizations-Forms CT-12, CT-12F, and CT-12S
- Registration of charitable organizations and trusts
- Merging nonprofit organizations
- Dissolving nonprofit organizations
- Reporting illegal activity by nonprofit organizations
- Serving as a board member of a nonprofit organization
- Information about charitable organizations and copies of annual reports
- Questions about raffles and other charitable gaming

### **Forms**

- RF-C, Registration Form for Charitable Organizations
- RF-T, Registration Form for Trusts
- CT-12, Annual Report Form for Oregon Charities
- CT-12F, Annual Report Form for Foreign Charities
- CT-12S, Annual Report Form for Split-Interest Trusts
- Closing Form

### **Publications**

- Oregon Wise Giving Guide
- A Guide to Non-Profit Board Service in Oregon

### **Oregon Revised Statutes**

- Chapter #65, Nonprofit Corporations
- Chapter #128, Trusts; Charitable Activities
- Chapter #130, Uniform Trust Code
- Chapter #464, Charitable Gaming
- Chapter #646, Trade Practices & Antitrust Regulation

### **Oregon Administrative Rules**

- Chapter #137-010-0005 *et seq.*

## Internal Revenue Service

Phone: (877)829-5500  
Website: <https://www.irs.gov/charities-and-nonprofits>

### **Issues**

- Obtaining federal tax identification number or federal tax-exempt status
- Completing federal tax forms

### **Forms**

- 990, Return of Organization Exempt From Income Tax
- 990-EZ, Short Form - Return of Organization Exempt From Income Tax
- 990-PF, Return of Private Foundation
- 990-T, Exempt Organization Business Income Tax Return
- 1023/1023-EZ, Application for Recognition of Exemption Under §501(c)(3)
- 1024, Application for Recognition of Exemption Under §501(a)
- 1041, U.S. Income Tax Return for Estates and Trusts
- 1041-A, U.S. Information Return - Trust Accumulation of Charitable Amounts
- 1128, Application to Adopt, Change, or Retain a Tax Year
- 4720, Return of Certain Excise Taxes on Charities and Other Persons
- 5227, Split-Interest Trust Return
- 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation
- 8822, Change of Address
- 8868, Application for Extension of Time to File an Exempt Organization Return
- 8976, Notice of Intent to Operate Under Section 501(c)(4)

### **Publications**

- Pub. 526, Charitable Contributions
- Pub. 538, Accounting Periods and Methods
- Pub. 557, Tax-Exempt Status for Your Organization
- Pub. 583, Starting a Business and Keeping Records
- Pub. 598, Tax on Unrelated Business Income of Exempt Organizations
- Pub. 3079, Gaming Publication for Tax-Exempt Organizations
- Pub. 4220, Applying for 501(c)(3) Tax-Exempt Status
- Pub. 4221, Compliance Guide for 501(c)(3) Organizations

## Oregon Secretary of State Corporation Division

Public Service Building  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327  
Phone: (503)986-2200  
Website: <https://sos.oregon.gov/business/Pages/default.aspx>

### **Issues**

- Forming a new corporation
- Merging nonprofit corporations
- Dissolving nonprofit corporations
- Amending articles of incorporation
- Obtaining copies of filed articles of incorporation and amendments

### **Forms**

- Articles of Incorporation
- Assumed Business Name Registration
- Articles of Amendment
- Restated Articles
- Articles of Dissolution
- Revocation of Dissolution

### **Publications**

- Oregon Business Guide

## Oregon Department of Revenue

Revenue Building  
955 Center St. NE  
Salem, OR 97301-2555  
Phone: (503)378-4988 and (800)356-4222  
Website: <https://www.oregon.gov/DOR>

### **Issues**

- State taxation and filing requirements

### **Forms**

- 20, Oregon Corporation Excise Tax Return
- 41, Oregon Fiduciary Income Tax Return

## State of Oregon

Website: <https://www.oregon.gov>

## Lindsey Phillips

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**From:** DoNotReply@doj.state.or.us  
**Sent:** Wednesday, October 27, 2021 12:59 PM  
**To:** Lindsey Phillips; charitable@doj.state.or.us; rory.oneill@doj.state.or.us  
**Subject:** Extension Request Approval for Simpson Housing Services, Inc.

Registration Number: 59778  
EIN: 411759477

Requestor Name: Lindsey Phillips  
Requestor Email: lphillips@eidebailly.com Relation to Charity: Tax Preparer Day time Phone: 612-253-6715

Date Submitted: Wednesday, October 27, 2021 10:47 AM

We recently reviewed the CT-12/CT-12F/CT-12S extension request you submitted for the fiscal year beginning 7/1/2020 and ending 6/30/2021. Thank you for your submission.

Your extension has been accepted and the new due date is 5/15/2022.



Consolidated Financial Statements  
June 30, 2021 and 2020

**Simpson Housing Services, Inc.**

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## Independent Auditor's Report

To the Board of Directors  
Simpson Housing Services, Inc.  
Minneapolis, Minnesota

### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Simpson Housing Services, Inc. (the Organization), which comprise the consolidated statements of financial position as of June 30, 2021 and 2020, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Other Reporting Required by Government Auditing Standards**

In accordance with *Government Auditing Standards*, we have also issued a report dated April 27, 2022, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Fargo, North Dakota  
April 27, 2022

Simpson Housing Services, Inc.  
Consolidated Statements of Financial Position  
June 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 2,687,545	\$ 2,130,540
Restricted cash - other	130,664	129,715
Restricted cash - escrow and reserves	87,234	95,845
Certificates of deposit	208,749	208,749
Accounts receivable	5,461	7,101
Promises to give - current	397,227	413,600
Grants receivable	624,633	516,535
Prepaid expenses	255,231	62,375
Total current assets	4,396,744	3,564,460
Investments	2,538,422	2,533,272
Promises to Give	131,000	27,000
Property and Equipment, Net	3,295,450	3,780,134
Total assets	<u>\$ 10,361,616</u>	<u>\$ 9,904,866</u>
Liabilities and Net Assets		
Current Liabilities		
Current portion of debt	\$ 813,389	\$ 445,391
Accounts payable	14,333	13,896
Accrued expenses	552,942	440,240
Agency liability	24,603	29,181
Total current liabilities	1,405,267	928,708
Long-Term Liabilities		
Debt, net of current portion	1,946,737	3,237,415
Total liabilities	3,352,004	4,166,123
Net Assets		
Without donor restrictions		
Undesignated	3,749,711	2,791,863
Designated by the Board for endowment	57,979	57,979
Total without donor restrictions	3,807,690	2,849,842
With donor restrictions	3,201,922	2,888,901
Total net assets	7,009,612	5,738,743
Total liabilities and net assets	<u>\$ 10,361,616</u>	<u>\$ 9,904,866</u>



Simpson Housing Services, Inc.

Consolidated Statements of Activities

Year Ended June 30, 2021

	Without Donor Restrictions	With Donor Restrictions	Total
Support and Revenue			
Contributions	\$ 1,159,022	\$ 1,543,406	\$ 2,702,428
In-kind contributions	161,721	-	161,721
Government contracts	6,618,736	-	6,618,736
Contract income	478,492	-	478,492
United Way	73,965	-	73,965
Rental income	402,172	-	402,172
Gross special event revenue	154,292	-	154,292
Less cost of direct benefits to donors	(58,319)	-	(58,319)
Net special events revenue	95,973	-	95,973
Other income	31,881	-	31,881
Gain on disposal of assets	212,127	-	212,127
Net investment return	5,150	-	5,150
Net assets released from restrictions	1,230,385	(1,230,385)	-
Total support and revenue	10,469,624	313,021	10,782,645
Expenses			
Program services			
Shelters	1,631,293	-	1,631,293
Family housing	3,953,554	-	3,953,554
Single services	3,141,555	-	3,141,555
Advocacy	55,975	-	55,975
Total program services	8,782,377	-	8,782,377
Support services			
Management and general	1,183,310	-	1,183,310
Fundraising	405,989	-	405,989
Total support services	1,589,299	-	1,589,299
Total operating expenses	10,371,676	-	10,371,676
Change in Operating Income	97,948	313,021	410,969
Non-Operating Activity			
In-kind contributions	134,417	-	134,417
In-kind expense	(134,417)	-	(134,417)
Paycheck Protection Program loan forgiveness income	859,900	-	859,900
Total non-operating activity	859,900	-	859,900
Change in Net Assets	957,848	313,021	1,270,869
Net Assets, Beginning of Year	2,849,842	2,888,901	5,738,743
Net Assets, End of Year	\$ 3,807,690	\$ 3,201,922	\$ 7,009,612

Simpson Housing Services, Inc.  
Consolidated Statements of Activities  
Year Ended June 30, 2020

	Without Donor Restrictions	With Donor Restrictions	Total
Support and Revenue			
Contributions	\$ 2,075,374	\$ 810,477	\$ 2,885,851
In-kind contributions	345,578	-	345,578
Government contracts	5,636,944	-	5,636,944
Contract income	533,267	-	533,267
United Way	53,951	-	53,951
Rental income	448,219	-	448,219
Special event revenue	118,061	-	118,061
Less cost of direct benefits to donors	(50,099)	-	(50,099)
Net special events revenue	67,962	-	67,962
Other income	23,516	-	23,516
Net investment return	94,088	-	94,088
Net assets released from restrictions	763,822	(763,822)	-
Total support and revenue	10,042,721	46,655	10,089,376
Expenses			
Program services			
Shelters	1,138,406	-	1,138,406
Family housing	4,269,363	-	4,269,363
Single services	2,733,766	-	2,733,766
Advocacy	30,759	-	30,759
Total program services	8,172,294	-	8,172,294
Support services			
Management and general	787,949	-	787,949
Fundraising	388,597	-	388,597
Total support services	1,176,546	-	1,176,546
Total operating expenses	9,348,840	-	9,348,840
Change in Operating Income	693,881	46,655	740,536
Non-Operating Activity			
In-kind contributions	243,802	-	243,802
In-kind expense	(243,802)	-	(243,802)
Total non-operating activity	-	-	-
Change in Net Assets	693,881	46,655	740,536
Net Assets, Beginning of Year	2,155,961	2,842,246	4,998,207
Net Assets, End of Year	\$ 2,849,842	\$ 2,888,901	\$ 5,738,743

Simpson Housing Services, Inc.  
Consolidated Statements of Functional Expenses  
For the Year Ended June 30, 2021

	Program Services					Support Services			
	Shelters	Family Housing	Single Services	Advocacy	Total Program Services	Management and General	Fundraising	Total Support Services	Total Expenses
Expenses									
Salaries	\$ 970,567	\$ 1,557,121	\$ 1,046,455	\$ 34,777	\$ 3,608,920	\$ 517,090	\$ 284,742	\$ 801,832	\$ 4,410,752
Employee benefits	60,868	203,926	162,906	1,656	429,356	65,826	18,031	83,857	513,213
Payroll taxes	57,949	107,915	66,939	2,532	235,335	29,326	20,418	49,744	285,079
Total salaries and related expenses	1,089,384	1,868,962	1,276,300	38,965	4,273,611	612,242	323,191	935,433	5,209,044
Rental assistance and housing support	324,886	1,413,587	1,640,305	-	3,378,778	-	-	-	3,378,778
Supplies	57,691	44,657	10,062	93	112,503	7,764	1,520	9,284	121,787
Interest	-	152,483	-	-	152,483	66,212	-	66,212	218,695
Transportation	42	13,830	8,334	-	22,206	6,221	348	6,569	28,775
Insurance	27,145	27,813	14,711	-	69,669	5,669	2,314	7,983	77,652
Professional fees	15,413	67,107	47,095	1,494	131,109	307,316	54,258	361,574	492,683
Office space	21,136	37,610	56,327	-	115,073	14,590	72	14,662	129,735
Telephone and utilities	56,629	24,545	19,113	-	100,287	33,925	1,828	35,753	136,040
Repairs and maintenance	16,860	51,089	15,354	11	83,314	18,839	184	19,023	102,337
Program events	766	5,388	3,103	14,000	23,257	1,661	5,210	6,871	30,128
Printing and postage	3,094	10,354	9,008	33	22,489	4,426	15,357	19,783	42,272
Dues and subscriptions	1,665	7,836	5,040	-	14,541	25,112	748	25,860	40,401
Professional development and recruitment	1,943	8,151	903	1,379	12,376	7,101	940	8,041	20,417
Bank charges	-	-	-	-	-	3,828	-	3,828	3,828
Special events	-	-	-	-	-	-	58,319	58,319	58,319
Miscellaneous	7,014	111,901	35,900	-	154,815	57,540	19	57,559	212,374
Total operating expenses excluding depreciation	1,623,668	3,845,313	3,141,555	55,975	8,666,511	1,172,446	464,308	1,636,754	10,303,265
Simpson Housing Services depreciation	7,625	-	-	-	7,625	10,864	-	10,864	18,489
Passage Community Housing depreciation	-	82,720	-	-	82,720	-	-	-	82,720
Simpson Properties LLC depreciation	-	25,521	-	-	25,521	-	-	-	25,521
	7,625	108,241	-	-	115,866	10,864	-	10,864	126,730

See Notes to Consolidated Financial Statements

Simpson Housing Services, Inc.  
Consolidated Statements of Functional Expenses  
For the Year Ended June 30, 2021

	Program Services				Total Program Services	Support Services			Total Expenses
	Shelters	Family Housing	Single Services	Advocacy		Management and General	Fundraising	Total Support Services	
Less expenses included with revenues on the statement of activities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (58,319)	\$ (58,319)	\$ (58,319)
Total operating expenses	1,631,293	3,953,554	3,141,555	55,975	8,782,377	1,183,310	405,989	1,589,299	10,371,676
Non-operating in-kind expense	67,208	47,046	20,163	-	134,417	-	-	-	134,417
Total expenses	<u>\$ 1,698,501</u>	<u>\$ 4,000,600</u>	<u>\$ 3,161,718</u>	<u>\$ 55,975</u>	<u>\$ 8,916,794</u>	<u>\$ 1,183,310</u>	<u>\$ 405,989</u>	<u>\$ 1,589,299</u>	<u>\$ 10,506,093</u>

Simpson Housing Services, Inc.  
Consolidated Statements of Functional Expenses  
For the Year Ended June 30, 2020

	Program Services					Support Services			
	Shelters	Navigation Center	Family Housing	Single Services	Total Program Services	Management and General	Fundraising	Total Support Services	Total Expenses
Expenses									
Salaries	\$ 636,028	\$ 1,611,340	\$ 1,027,643	\$ 21,891	\$ 3,296,902	\$ 447,643	\$ 227,960	\$ 675,603	\$ 3,972,505
Employee benefits	68,296	209,851	160,442	153	438,742	12,873	18,964	31,837	470,579
Payroll taxes	48,244	116,980	75,705	1,612	242,541	33,179	16,997	50,176	292,717
Total salaries and related expenses	752,568	1,938,171	1,263,790	23,656	3,978,185	493,695	263,921	757,616	4,735,801
Rental assistance and housing support	203,746	1,666,292	1,285,221	-	3,155,259	-	-	-	3,155,259
Supplies	56,606	59,950	15,443	179	132,178	2,241	978	3,219	135,397
Interest	-	130,736	-	-	130,736	-	-	-	130,736
Transportation	679	37,891	24,689	200	63,459	3,387	242	3,629	67,088
Insurance	13,927	22,151	12,377	-	48,455	2,156	1,499	3,655	52,110
Professional fees	8,685	75,070	12,837	-	96,592	195,129	69,311	264,440	361,032
Office space	9,994	38,021	48,378	-	96,393	12,270	83	12,353	108,746
Telephone and utilities	55,750	22,902	17,391	-	96,043	19,068	1,005	20,073	116,116
Repairs and maintenance	20,035	78,929	13,181	-	112,145	667	101	768	112,913
Program events	-	16,980	2,523	5,445	24,948	1,200	656	1,856	26,804
Printing and postage	3,453	15,765	11,838	216	31,272	4,241	29,857	34,098	65,370
Dues and subscriptions	1,237	3,333	3,797	-	8,367	12,487	19,162	31,649	40,016
Professional development and recruitment	1,181	14,118	6,040	1,063	22,402	5,082	453	5,535	27,937
Bank charges	4	-	-	-	4	3,312	-	3,312	3,316
Special events	-	-	-	-	-	-	50,099	50,099	50,099
Miscellaneous	3,115	66,334	16,261	-	85,710	13,915	1,329	15,244	100,954
Total operating expenses excluding depreciation	1,130,980	4,186,643	2,733,766	30,759	8,082,148	768,850	438,696	1,207,546	9,289,694
Simpson Housing Services depreciation	7,426	-	-	-	7,426	19,099	-	19,099	26,525
Passage Community Housing depreciation	-	82,720	-	-	82,720	-	-	-	82,720
	7,426	82,720	-	-	90,146	19,099	-	19,099	109,245

Simpson Housing Services, Inc.  
Consolidated Statements of Functional Expenses  
For the Year Ended June 30, 2020

	Program Services					Support Services			
	Shelters	Navigation Center	Family Housing	Single Services	Total Program Services	Management and General	Fundraising	Total Support Services	Total Expenses
Less expenses included with revenues on the statement of activities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (50,099)	\$ (50,099)	\$ (50,099)
Total operating expenses	1,138,406	4,269,363	2,733,766	30,759	8,172,294	787,949	388,597	1,176,546	9,348,840
Non-operating in-kind expense	114,428	95,045	34,329	-	243,802	-	-	-	243,802
Total expenses	\$ 1,252,834	\$ 4,364,408	\$ 2,768,095	\$ 30,759	\$ 8,416,096	\$ 787,949	\$ 388,597	\$ 1,176,546	\$ 9,592,642

Simpson Housing Services, Inc.  
Consolidated Statements of Cash Flows  
For the Years Ended June 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Operating Activities		
Change in net assets	\$ 1,270,869	\$ 740,536
Adjustments to reconcile change in net assets to net cash from (used for) operating activities		
Depreciation	126,730	109,245
Paycheck Protection Program loan forgiveness income	(859,900)	-
Net investment return	(5,150)	(84,750)
Gain on disposal of property and equipment	(212,127)	-
Contributions restricted to capital campaign	(1,540,906)	(63,000)
Changes in operating assets and liabilities		
Accounts receivable	1,640	(4,616)
Grants receivable	(108,098)	(95,865)
Prepaid expenses	(192,856)	(12,486)
Accounts payable	437	(34,204)
Accrued expenses	112,702	148,119
Agency liability	(4,578)	21,109
Net Cash from (used for) Operating Activities	<u>(1,411,237)</u>	<u>724,088</u>
Investing Activities		
Change in promises to give	(87,627)	(216,521)
Purchase of property and equipment	(44,629)	(2,154,930)
Proceeds from sale of property and equipment	614,711	-
Purchase of investments	(200,330)	(500,000)
Proceeds from sale of investments	200,329	574,083
Net Cash used for Investing Activities	<u>482,454</u>	<u>(2,297,368)</u>
Financing Activities		
Payments on notes payable	(62,780)	(25,919)
Contributions restricted to capital campaign	1,540,906	63,000
Proceeds from issuance of debt	-	2,584,900
Net Cash from Financing Activities	<u>1,478,126</u>	<u>2,621,981</u>
Net Change in Cash, Cash Equivalents, and Restricted Cash	549,343	1,048,701
Cash, Cash Equivalents, and Restricted Cash, Beginning of Year	<u>2,356,100</u>	<u>1,307,399</u>
Cash, Cash Equivalents, and Restricted Cash, End of Year	<u>\$ 2,905,443</u>	<u>\$ 2,356,100</u>
Cash and Cash Equivalents	\$ 2,687,545	\$ 2,130,540
Restricted Cash - Other	130,664	129,715
Restricted Cash - Escrows and Reserves	<u>87,234</u>	<u>95,845</u>
Total cash, cash equivalents, and restricted cash	<u>\$ 2,905,443</u>	<u>\$ 2,356,100</u>
Supplemental Disclosure		
Cash paid for interest	<u>\$ 25,004</u>	<u>\$ 7,906</u>

**Note 1 - Nature of Activities and Summary of Significant Accounting Policies**

Simpson Housing Services, Inc. (the Organization) was incorporated on July 26, 1993, pursuant to the Minnesota Nonprofit Corporation Act. The Organization is dedicated to providing shelter and affordable housing with support services to homeless or imminently homeless families, men, women, and children, to assist them in their efforts to improve their life situation and to advocate for their human and civil rights. The mission is to house, support, and advocate for people experiencing homelessness. The Organization's program activities are:

Shelters

The Emergency Shelter provides shelter accommodations for up to 70 single individuals. Staff regularly meet with guests to work towards resolving housing barriers – connecting guests to resources to support ongoing stability, including a variety of housing assistance programs and supportive housing options, Veteran's services, and services to support stability in mental, chemical, and physical health.

Guests receive access to showers, laundry, toiletries, mail, and a savings program, as well as on-site mental health services, healthcare, and Veteran's services. Guests are provided three meals each day. The shelter has a savings program in which guests are encouraged to save money to apply toward more stable housing when they leave.

Family Housing

- Transitions – To provide up to two years of rental subsidy and case management services for 15 homeless families. Program emphasis is on locating permanent housing, continuing education, and employment.
- Passage Community Housing, LLC – An Organization-owned, 17-unit apartment building, providing transitional housing and case management to resident families. Program emphasis is on locating permanent housing, continuing education, and employment.
- Rapid Rehousing Program – To provide short-term rental assistance and case management services for 40 homeless families. Program emphasis is on maintaining permanent housing and employment.
- Cedar View, Youth Housing – A supportive housing project for homeless families with a youth parent. Parents must be between the ages of 18 and 24. Case management services are provided for ten families at an affordable housing project owned by Beacon Interfaith Housing Collaborative in South Minneapolis.
- Young Parent Program – To provide short-term rental assistance and case management services for 12 families. Parents must be between the ages of 18 and 24. Program emphasis is on locating permanent housing, continued education, and employment.
- Third Avenue Townhomes – A permanent supportive housing project for homeless families with a disabled family member. Case management services are provided for five families at a HUD rental certificate program Section 8 (Section 8) affordable housing project owned by Beacon Interfaith Housing Collaborative in South Minneapolis.
- Transitional Housing Program (THP) – To provide up to two years of rental subsidy and case management services for 13 homeless families. Program emphasis is on locating permanent housing, continuing education, and employment.



- Rental Assistance Program (RAP) – To provide long-term rental assistance and support services for 28 families. The program is designed to provide housing stability.
- Children and Youth Services – To provide educational support services designed to affect positive change in family dynamics and child educational success by providing parenting support, tutoring, mentoring, and direct children’s services.
- Riverside Plaza – A permanent supportive housing project for long-term homeless families. Case management services are provided for 15 families at a Section 8 affordable housing project owned by Sherman Associates in the West Bank neighborhood of Minneapolis.
- Elliot Park Apartments – A permanent supportive housing project for long-term homeless families. Case management services are provided for eight families at a Section 8 affordable housing project owned by Community Housing Development Corporation in the Elliot Park neighborhood near downtown Minneapolis.
- Family Housing Support – A permanent supportive housing project for long-term homeless families with a disabled family member. Sixty families live in site-based and scattered-site housing in Hennepin, Anoka, and Carver Counties and are provided rental assistance and case management services.

#### Single Services

- Rapid Rehousing – To provide short-term rental assistance and case management services for single adults moving directly from shelter to stable housing. Program emphasis is on locating permanent housing and employment.
- Adult Shelter Connect (ASC) – Simpson Housing Services, in collaboration with the four other shelter providers serving single adults in Hennepin County, operate the Adult Shelter Connect office located at St. Olaf Church in Minneapolis. Single adults who are in need of emergency shelter visit Adult Shelter Connect for an assessment and placement with one of the Hennepin County shelters and referrals to other services. In 2021, we added a Diversion program at the ASC, which works to prevent homelessness by diverting potential shelter guests to other community options.
- Opportunity Housing Partnership (OHP) – A collaboration between Simpson Housing Services, Aeon, and Avivo. The partnership provides support to residents at Aeon’s OHP properties, the Lamoreaux, and the Continental. These two buildings provide 129 formerly homeless adults with a safe and permanent home and provides support services to help residents regain and maintain stability in their lives, homes, and community.
- Women’s Housing Partnership (WHP) and Single Adult Rental Assistance (SARA) – To provide 50 single adults with rental subsidy and case management needed to obtain and maintain permanent housing after experiencing long-term homelessness. The program includes intensive support services and weekly meetings with a case manager.
- 66 West, Youth Housing – A supportive housing project for youth, ages 16-24, transitioning out of homelessness. Case management services are provided for 39 youth at an affordable housing project owned by Beacon Interfaith Housing Collaborative in Edina. Program emphasis is on setting and working toward personal goals in education, employment, and wellness.

### Advocacy

The focus of public policy advocacy activities at Simpson Housing is to support changes that serve the needs of the community we serve. Our program empowers staff, participants, and volunteers to speak to state legislators about funding, housing, and economic equity legislation. We pay for staff time to organize events that promote public awareness, policy change, and initiatives of the Racial Justice Task Force.

### **Principles of Consolidation**

The consolidated financial statements include the Organization's wholly owned subsidiary, Passage Community Housing, LLC, because Simpson Housing Services, Inc. has both control of and economic interest in Passage Community Housing, LLC as well as Simpson Properties, LLC, another Simpson Housing wholly owned subsidiary formed to handle the 160 Glenwood property and capital campaign funding and expenses. All material intercompany transactions have been eliminated. Unless otherwise noted, the consolidated entities are hereinafter referred to as the Organization.

### **Cash and Cash Equivalents**

The Organization considers all cash and highly liquid financial instruments with original maturities of three months or less, and which are neither held for nor restricted by donors for long-term purposes, to be cash and cash equivalents. Restricted cash – other is considered to be cash and cash equivalents.

### **Restricted Cash – Escrows and Reserves**

Passage Community Housing, LLC has specific agreements which require the establishment of tax and insurance escrows, replacement reserves, residual receipts, and development cost escrows. Restricted cash related to these items is considered to be cash and cash equivalents.

### **Investments**

Investment purchases are recorded at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their fair values in the consolidated statement of financial position. Net investment gain is reported in the consolidated statement of activities and consists of interest and dividend income, realized and unrealized gains and losses, less investment management and custodial fees.

### **Receivables and Credit Policies**

Accounts receivable and grants receivable are stated at net realizable value. Management determines the allowance for uncollectable accounts receivable based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Accounts receivable are written off when deemed uncollectable. There was no allowance recorded at June 30, 2021 or 2020.

### **Promises to Give**

Unconditional promises to give expected to be collected within one year are recorded at net realizable value. Unconditional promises to give expected to be collected in future years are initially recorded at fair value using present value techniques incorporating risk-adjusted discount rates designed to reflect the assumptions market participants would use in pricing the asset. In subsequent years, amortization of the discounts is included in contribution revenue in the consolidated statement of activities. Management determines the allowance for uncollectable promises to give based on historical experience, an assessment of economic conditions, and a review of subsequent collections. All promises to give are current and due within one year. There was no allowance recorded at June 30, 2021 or 2020.

### **Property and Equipment**

Property and equipment additions over \$1,500 are recorded at cost, or if donated, at fair value on the date of donation. Depreciation and amortization are computed using the straight-line method over the estimated useful lives of the assets ranging from three to 30 years. When assets are sold or otherwise disposed of, the cost and related depreciation or amortization are removed from the accounts, and any remaining gain or loss is included in the consolidated statement of activities. Costs of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed currently.

The Organization reviews the carrying values of property and equipment for impairment whenever events or circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. When considered impaired, an impairment loss is recognized to the extent carrying value exceeds the fair value of the asset. There were no indicators of asset impairment during the years ended June 30, 2021 and 2020.

### **Compensated Absences**

Under the Organization's policies and procedures, employees are granted vacation leave based on the number of years of experience they have at the Organization. Employees may carryover a maximum of 120 hours of their earned paid time off (PTO) leave benefit. Unused accumulated PTO, up to 120 hours, is paid to employees upon termination.

In May of 2020, Simpson Housing Services made a temporary change to the current PTO policy to allow employees to carry over 200 hours of PTO rather than 120 for the fiscal year end June 30, 2020. This temporary policy change put into effect due to the COVID-19 Pandemic which affected many vacation plans. After July 1, 2020, staff with over 120 hours were required to take 40 hours of PTO by October 1, 2020, and 60 hours by February 1, 2021, or make a PTO plan with supervisors to ensure that each employee's balance is under 120 hours at June 30, 2021.

## **Net Assets**

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

*Net Assets Without Donor Restrictions* – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions. The governing Board has designated, from net assets without donor restrictions, net assets for a Board-designated endowment.

*Net Assets With Donor Restrictions* – Net assets subject to donor- (or certain grantor-) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. The Organization reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of activities as net assets released from restrictions.

## **Revenue and Revenue Recognition**

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

The Organization's federal and state contracts and grants are conditioned upon certain performance requirements and the incurrence of allowable qualifying expenses. Rent income from tenants and tenant assistance payments is recognized in the month in which it is earned.

## **Contributed Property and Services**

Donated services are recognized as contributions if the services (a) create or enhance non-financial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Organization. Property, services, and other non-cash donations are recorded as in-kind contributions at their estimated market value at the date of donation.

In addition, many individuals volunteer their time and perform a variety of tasks that assist the Organization, but these services do not meet the criteria for recognition as contributed services.

### **Functional Allocation of Expenses**

The costs of program and supporting services activities have been summarized on a functional basis in the consolidated statements of activities. The consolidated statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The consolidated financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation, which is allocated based on full time equivalents utilizing each facility and by function. Salaries, benefits, payroll taxes, and professional fees are classified by functional area. Additionally, interest, insurance, and miscellaneous, are allocated on the basis of full-time equivalents by functional area.

### **Income Taxes**

The Organization is organized as a Minnesota nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3), qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi), and has been determined not to be a private foundation under Section 509(a)(1). Passage Community Housing, LLC and Simpson Properties, LLC maintain exempt status under the Organizations exemption since the Organization is the sole member of Passage Community Housing, LLC and Simpson Properties, LLC. The Organization is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Organization is subject to income tax on net income that is derived from business activities that are unrelated to the exempt purposes. The Organization has determined it does not have any unrelated trade or business activities.

The Organization believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

### **Estimates**

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

### **Financial Instruments and Credit Risk**

The Organization manages deposit concentration risk by placing cash and certificates of deposit with financial institutions believed by management to be creditworthy. At times, amounts on deposit may exceed insured limits. To date, the Organization has not experienced losses in any of these accounts. Credit risk associated with accounts receivable, promises to give, and grants receivable is considered to be limited due to high historical collection rates and because substantial portions of the outstanding amounts are due from governmental agencies and nonprofit organizations supportive of the Organization's mission.

## Subsequent Events

The Organization has evaluated subsequent events through April 27, 2022, the date the financial statements were available to be issued.

## Note 2 - Liquidity and Availability

The Organization manages its liquidity and reserves following three guiding principles: Operating within a prudent range of financial soundness and stability, maintaining adequate liquid assets to fund near-term operating needs, and maintaining sufficient reserves to provide reasonable assurance that long-term obligations will be discharged. The Organization has a liquidity policy to maintain current financial assets, less current liabilities at a minimum of 30 days operating expenses.

Financial assets available to meet cash needs for general expenditures within one year consist of the following:

- Assets without donor restrictions listed below.
- Contributions with donor restrictions for use in current programs which are ongoing, major, and central to its annual operations, expected to be used in the next 12 months.

	<u>2021</u>	<u>2020</u>
Assets without donor restrictions available within 12 months		
Cash and cash equivalents	\$ 2,687,545	\$ 2,130,540
Certificates of deposit	208,749	208,749
Accounts receivable, net	5,461	7,101
Grants receivable, net	<u>624,633</u>	<u>516,535</u>
	3,526,388	2,862,925
Assets with donor restrictions available within 12 months		
Contributions expected to be collected	327,518	813,866
Investments	<u>612,096</u>	<u>575,978</u>
Total	<u>\$ 4,466,002</u>	<u>\$ 4,252,769</u>

As part of a liquidity management plan, cash in excess of daily requirements is invested in short-term investments, certificates of deposit, and money market funds

### Note 3 - Promises to Give

Unconditional promises to give are established to be collected as follows at June 30, 2021 and 2020:

	2021	2020
Amount due		
Within one year	\$ 397,227	\$ 386,600
In one to five years	131,000	27,000
Promises to give	<u>\$ 528,227</u>	<u>\$ 413,600</u>

### Note 4 - Investments

Fair value is defined as the price that would be received to sell an asset in the principal or most advantageous market for the asset in an orderly transaction between market participants on the measurement date. Fair value should be based on the assumptions market participants would use when pricing an asset. Generally accepted accounting principles in the United States establishes a fair value hierarchy that prioritizes investments based on those assumptions. The fair value hierarchy gives the highest priority to quoted prices in active markets (observable inputs) and the lowest priority to an entity's assumptions (unobservable inputs). The Organization groups assets at fair value in three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value. These levels are:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organization can access at the measurement date.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, and market-corroborated inputs.

Level 3 – Unobservable inputs for the asset or liability. In these situations, the Organization develops inputs using the best information available in the circumstances.

The Organization invests in mutual funds with readily determinable fair values based on daily redemption values which are classified within Level 1. The Organization invests in certificates of deposit (CDs) traded in the financial markets. Those CDs and U.S. government obligations are valued by the custodians of the securities using pricing models based on credit quality, time to maturity, stated interest rates, and market-rate assumptions and are classified within Level 2. Cash and money market funds are recorded at cost.

The following table present assets measured at fair value on a recurring basis at June 30, 2021 and 2020:

		Fair Value Measurements at Report Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
<u>June 30, 2021</u>				
Investments				
Certificates of deposit	\$ 398,834	\$ -	\$ 398,834	\$ -
Mutual funds	1,111,327	1,111,327	-	-
U.S. Government obligations	405,322	-	405,322	-
	<u>1,915,483</u>	<u>\$ 1,111,327</u>	<u>\$ 804,156</u>	<u>\$ -</u>
Cash and money market funds (at cost)	<u>622,939</u>			
	<u>\$ 2,538,422</u>			
Certificate of deposit (at cost)	<u>\$ 208,749</u>			
<u>June 30, 2020</u>				
Investments				
Certificates of deposit	\$ 724,351	\$ -	\$ 724,351	\$ -
Mutual funds	630,629	630,629	-	-
U.S. Government obligations	815,604	-	815,604	-
	<u>2,170,584</u>	<u>\$ 630,629</u>	<u>\$ 1,539,955</u>	<u>\$ -</u>
Cash and money market funds (at cost)	<u>362,688</u>			
	<u>\$ 2,533,272</u>			
Certificate of deposit (at cost)	<u>\$ 208,749</u>			



**Note 5 - Restricted Cash**

Certain cash balances are restricted as of June 30, 2021 and 2020, for the following purposes:

	2021	2020
Transitional housing	\$ 106,253	\$ 106,242
Shelter guest savings	4,800	4,185
Security deposits (Passage)	19,611	19,288
Escrows and reserves (Passage)	87,234	95,845
	<u>\$ 217,898</u>	<u>\$ 225,560</u>

**Real Estate Tax and Insurance Escrow**

The Minnesota Housing Finance Agency (MHFA) mortgage agreement requires the establishment of a property tax and insurance escrow. These amounts are held by MHFA. Amounts consisted of (\$10,062) and \$153, respectively, as of June 30, 2021, and \$4,767 and \$4,143, respectively, as of June 30, 2020, for property tax insurance escrow.

**Replacement Reserve**

The MHFA mortgage agreement requires a certain amount to be set aside for maintenance work on the property. These amounts are held by MHFA. As of June 30, 2021 and 2020, the replacement reserve balance totaled \$48,969 and \$36,127, respectively.

**Development Cost Escrow**

The MHFA mortgage agreement requires a certain amount to be set aside in the event the Organization cannot meet debt service requirements. These amounts are held by MHFA. As of June 30, 2021 and 2020, the development cost escrow balance totaled \$0.

**Residual Receipts**

The MHFA mortgage agreement requires a certain amount to be set aside for excess cash payments made among other escrow and reserve accounts. These amounts are held by MHFA. As of June 30, 2021 and 2020, the replacement reserve balance totaled \$43,560 and \$55,422, respectively.

## Note 6 - Property and Equipment

Property and equipment as of June 30, 2021 and 2020, consists of the following:

	2021	2020
Land	\$ 1,678,795	\$ 1,879,295
Building	1,926,134	2,355,634
Vehicles	36,363	36,363
Building improvements	514,625	645,713
Furniture and equipment	101,628	70,409
Construction in process	10,250	-
	<u>4,267,795</u>	<u>4,987,414</u>
Less accumulated depreciation	<u>(972,345)</u>	<u>(1,207,280)</u>
	<u><u>\$ 3,295,450</u></u>	<u><u>\$ 3,780,134</u></u>

Currently, the Organization is developing plans to transform a site into a new shelter and housing facility with expanded services and the addition of 40 units of affordable, supportive housing. As part of these plans, the Organization has established a Comprehensive Campaign to raise the funds to support these building and service expansion plans, as well as offices and other strategic investments.

## Note 7 - Notes and Mortgage Payable

The Organization has various debt agreements for interest-bearing and non-interest-bearing loans. The following schedule of debt reflects the balance of outstanding loans at June 30, 2021 and 2020:

	2021	2020
5% Mortgage note payable to Minnesota Housing Finance Agency (MHFA). Payable in monthly amounts of \$2,631, including interest, with the last payment due September 2021. Secured by assets of Passage Community Housing, LLC. Lien Priority 1.	\$ 6,931	\$ 34,176
0% Installment note payable to MHFA is due if units are not used for low income housing through September 2021. If the Organization is not in default of the loan through that date, the note is due in one lump sum in September 2021. Secured by assets of Passage Community Housing, LLC. Lien Priority 2.	35,000	35,000

Simpson Housing Services, Inc.  
Notes to Consolidated Financial Statements  
June 30, 2021 and 2020

	<u>2021</u>	<u>2020</u>
0% Installment note payable to City Finance Agency is due if units are not used for low income housing through September 2021. If the Organization is not in default of the loan through that date, the note is due in one lump sum in September 2021. Secured by assets of Passage Community Housing, LLC. Lien Priority 3.	\$ 425,730	\$ 425,730
1% Installment note payable to City Finance Agency is due if units are not used for low income housing through July 2033. If the Organization is not in default of the loan through that date, the note is due in one lump sum, including interest, in July 2033. Secured by assets of Passage Community Housing, LLC. Lien Priority 4.	300,000	300,000
0% Installment note payable to MHFA is due if units are not used for low income housing through September 2021. If the Organization is not in default of the loan through that date, the note is due in one lump sum in September 2021. Secured by assets of Passage Community Housing, LLC. Lien Priority 5.	148,500	148,500
0% Installment note payable to MHFA is due if units are not used for low income housing through September 2021. If the Organization is not in default of the loan through that date, the note is due in one lump sum in September 2021. Secured by assets of Passage Community Housing, LLC. Lien Priority 6.	120,500	120,500
4.15% Mortgage note payable to Bremer Bank for land and building at 160 Glenwood. Due in monthly installments of \$9,250, which reflects a 25-year amortization period with a balloon payment of \$1,410,162 due June 29, 2027.	1,689,465	1,725,000
1% Paycheck Protection Program loan, due in monthly installments of \$48,393 starting November 2020, including interest to April 2022, unsecured (1).	-	859,900
0% Installment note payable to Wells Fargo Bank Minnesota, NA is due if units are not used for low income housing through September 2021. If the Organization is not in default of the loan through that date, the note is due in one lump sum in September 2021. Secured by assets of Passage Community Housing, LLC. Lien Priority 7.	<u>34,000</u>	<u>34,000</u>
	2,760,126	3,682,806
Less current portion	<u>(813,389)</u>	<u>(445,391)</u>
Long-term portion	<u>\$ 1,946,737</u>	<u>\$ 3,237,415</u>

Order of lien priority was agreed upon in the Management and Assumption Agreement between MHFA and Passage Community Housing, LLC.

- (1) The Organization was granted a \$859,900 loan under the Paycheck Protection Program (PPP) administered by a Small Business Administration (SBA) approved partner. The loan was uncollateralized and fully guaranteed by the Federal government. The Organization initially recorded a note payable and subsequently recorded forgiveness when the loan obligation was legally released by the SBA. The Organization recognized \$859,900 of loan forgiveness income for the year ended June 30, 2021.

Future principal payments required are as follows:

Years Ending June 30,	Amount
2022	\$ 813,389
2023	43,478
2024	45,317
2025	47,234
2026	49,231
Thereafter	1,761,477
	<u>\$ 2,760,126</u>

In-kind interest expense of \$120,850 for below-market loans has been recorded as an in-kind contribution and included in interest expense for the years ended June 30, 2021 and 2020.

## Note 8 - Leases

The Organization leases office space and office equipment under non-cancelable operating leases. Minimum future rental payments under the non-cancelable leases for each year during the remaining lease terms are as follows:

Years Ending June 30,	Office Space	Office Equipment	Total
2022	\$ 36,282	\$ 19,565	\$ 55,847
2023	-	8,526	8,526
2024	-	2,517	2,517
2025	-	1,289	1,289
	<u>\$ 36,282</u>	<u>\$ 31,897</u>	<u>\$ 68,179</u>

Lease expense for the year ended June 30, 2021 and 2020, was \$105,583 and \$100,440, respectively.

**Note 9 - Board-Designated Endowment**

As of June 30, 2021 and 2020, \$57,979 of net assets without donor restrictions were included in an endowment created by and designated by the Board of Directors. The Board has designated this endowment for major capital expenditures or new projects or programs. In a 12-month period, expenditures from the Board-designated endowment may not exceed 10% of the overall value of the fund. All expenditures from the fund must be approved by the Board.

**Note 10 - Net Assets With Donor Restrictions**

Net assets with donor restrictions are restricted for the following purposes or periods as June 30, 2021 and 2020:

	2021	2020
Subject to expenditure for specified purpose		
Child and youth services	\$ 142,555	\$ 420,734
Shelter	11,222	148,913
Emerson Legacy Fund	99,972	100,912
Day 1 Family Fund	1,224,203	1,780,091
Comprehensive Campaign	1,663,906	181,000
Subject to the passage of time	60,064	257,251
	<u>\$ 3,201,922</u>	<u>\$ 2,888,901</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the years ended June 30, 2021 and 2020, consist of the following:

	2021	2020
Satisfaction of purpose restrictions		
Child and youth services	\$ 278,179	\$ 194,956
Shelter	137,691	2,639
Emerson Legacy Fund	940	7,800
Day 1 Family Fund	555,888	555,888
Comprehensive Campaign	58,000	-
Expiration of time restrictions	199,687	2,539
	<u>\$ 1,230,385</u>	<u>\$ 763,822</u>

#### **Note 11 - Donated Materials and Interest**

The fair value of donated materials included in special event revenue and as supporting services expenses for the years ended June 30, 2021 and 2020, totaled \$44,865 and \$34,135, respectively. The fair value of donated materials included as non-operating revenue and expense for the years ended June 30, 2021 and 2020, totaled \$134,417 and \$243,802, respectively. The fair value of donated materials (primarily meals) included as program service expense for the years ended June 30, 2021 and 2020, totaled \$40,871 and \$224,728.

The estimated value of donated interest expense on non-interest bearing or below market mortgages and notes payable has been included as program services expenses for the years ended June 30, 2021 and 2020. For the years ended June 30, 2021 and 2020, this totaled to \$120,850 for both years.

#### **Note 12 - Retirement Plan**

The Organization has a simple IRA plan for all eligible employees. The annual employer's matching contribution is mandatory. The contributions made by the Organization totaled \$57,219 and \$53,982 for the years ended June 30, 2021 and 2020, respectively.

#### **Note 13 - Related Party Transactions**

The Organization receives contributions from Board members and other related parties. Contributions received from Board members, staff, and other related parties were \$45,803 and \$47,550 in the years ended June 30, 2021 and 2020, respectively.

#### **Note 14 - Contingency**

##### **COVID-19 Pandemic**

During the year-end June 30, 2021 and 2020, the United States and global markets experienced significant volatility resulting from uncertainty caused by the world-wide coronavirus pandemic. The Organization is closely monitoring its investment portfolio and its liquidity and is actively working to minimize the impact of this volatility. The Organization's consolidated financial statements do not include adjustments to fair value of investments that have resulted from this volatility.

Furthermore, the Organization has been impacted by the overall effects of the world-wide coronavirus pandemic. The Organization is closely monitoring its operations, liquidity, and capital resources and is actively working to minimize the current and future impact of this unprecedented situation. As of the date of issuance of these consolidated financial statements, the full impact to the Organization's financial position is not known.



Supplementary Information  
June 30, 2021 and 2020

**Simpson Housing Services, Inc.**



## Independent Auditor's Report on Supplementary Information

The Board of Directors  
Simpson Housing Services, Inc.  
Minneapolis, Minnesota

We have audited the consolidated financial statements of Simpson Housing Services, Inc. as of and for the years ended June 30, 2021 and 2020, and our report thereon dated April 27, 2022, which expressed an unmodified opinion on those consolidated financial statements, appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The supplementary information on pages 27 through 32 is presented for the purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

A handwritten signature in black ink that reads "EideBailly LLP".

Fargo, North Dakota  
April 27, 2022



Simpson Housing Services, Inc.  
Consolidating Statement of Financial Position  
June 30, 2021

	<u>Simpson Housing Services, Inc.</u>	<u>Passage Community Housing, LLC</u>	<u>Simpson Properties LLC</u>	<u>Eliminations</u>	<u>Total</u>
Assets					
Current Assets					
Cash and cash equivalents	\$ 1,989,016	\$ 3,069	\$ 695,460	\$ -	\$ 2,687,545
Restricted cash - other	111,053	19,611	-	-	130,664
Restricted cash - escrow and reserves	-	87,234	-	-	87,234
Certificates of deposit	208,749	-	-	-	208,749
Accounts receivable	578,038	5,461	-	(578,038)	5,461
Promises to give	117,600	-	279,627	-	397,227
Grants receivable	624,633	-	-	-	624,633
Prepaid expenses	250,231	-	5,000	-	255,231
Total current assets	3,879,320	115,375	980,087	(578,038)	4,396,744
Investments	2,538,422	-	-	-	2,538,422
Long-Term Pledges	6,000	-	125,000	-	131,000
Property and Equipment, Net	481,866	673,926	2,139,658	-	3,295,450
Total assets	<u>\$ 6,905,608</u>	<u>\$ 789,301</u>	<u>\$ 3,244,745</u>	<u>\$ (578,038)</u>	<u>\$ 10,361,616</u>

Simpson Housing Services, Inc.  
Consolidating Statement of Financial Position  
June 30, 2021

	Simpson Housing Services, Inc.	Passage Community Housing	Simpson Properties LLC	Eliminations	Total
<b>Liabilities and Net Assets</b>					
<b>Current Liabilities</b>					
Current portion of debt	\$ -	\$ 770,661	\$ 42,728	\$ -	\$ 813,389
Accounts payable	3,197	11,136	578,038	(578,038)	14,333
Accrued expenses	479,564	73,378	-	-	552,942
Agency liability	24,603	-	-	-	24,603
Total current liabilities	507,364	855,175	620,766	(578,038)	1,405,267
<b>Long-Term Liabilities</b>					
Debt, net of current portion	-	300,000	1,646,737	-	1,946,737
Total liabilities	507,364	1,155,175	2,267,503	(578,038)	3,352,004
<b>Net Assets</b>					
Without donor restrictions					
Undesignated	4,467,806	(365,874)	(352,221)	-	3,749,711
Designated by the Board for endowment	57,979	-	-	-	57,979
Total without donor restrictions	4,525,785	(365,874)	(352,221)	-	3,807,690
With donor restrictions	1,872,459	-	1,329,463	-	3,201,922
Total net assets	6,398,244	(365,874)	977,242	-	7,009,612
Total liabilities and net assets	\$ 6,905,608	\$ 789,301	\$ 3,244,745	\$ (578,038)	\$ 10,361,616

Simpson Housing Services, Inc.  
Consolidating Statement of Financial Position  
June 30, 2020

	Simpson Housing Services, Inc.	Passage Community Housing, LLC	Simpson Properties LLC	Eliminations	Total
Assets					
Current Assets					
Cash and cash equivalents	\$ 2,074,358	\$ 1,182	\$ 55,000	\$ -	\$ 2,130,540
Restricted cash - other	110,427	19,288	-	-	129,715
Restricted cash - escrow and reserves	-	95,845	-	-	95,845
Certificates of deposit	208,749	-	-	-	208,749
Accounts receivable	546,376	7,101	-	(546,376)	7,101
Promises to give	388,600	-	25,000	-	413,600
Grants receivable	516,535	-	-	-	516,535
Prepaid expenses	57,374	-	5,001	-	62,375
Total current assets	3,902,419	123,416	85,001	(546,376)	3,564,460
Investments	2,533,272	-	-	-	2,533,272
Long-Term Pledges	27,000	-	-	-	27,000
Property and Equipment, Net	868,560	756,645	2,154,929	-	3,780,134
Total assets	<u>\$ 7,331,251</u>	<u>\$ 880,061</u>	<u>\$ 2,239,930</u>	<u>\$ (546,376)</u>	<u>\$ 9,904,866</u>

Simpson Housing Services, Inc.  
Consolidating Statement of Financial Position  
June 30, 2020

	<u>Simpson Housing Services, Inc.</u>	<u>Passage Community Housing</u>	<u>Simpson Properties LLC</u>	<u>Eliminations</u>	<u>Total</u>
Liabilities and Net Assets					
Current Liabilities					
Current portion of debt	\$ 378,185	\$ 27,245	\$ 39,961	\$ -	\$ 445,391
Accounts payable	8,591	5,305	546,376	(546,376)	13,896
Accrued expenses	373,010	67,230	-	-	440,240
Agency liability	<u>29,181</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>29,181</u>
Total current liabilities	788,967	99,780	586,337	(546,376)	928,708
Long-Term Liabilities					
Debt, net of current portion	<u>481,715</u>	<u>1,070,661</u>	<u>1,685,039</u>	<u>-</u>	<u>3,237,415</u>
Total liabilities	<u>1,270,682</u>	<u>1,170,441</u>	<u>2,271,376</u>	<u>(546,376)</u>	<u>4,166,123</u>
Net Assets					
Without donor restrictions					
Undesignated	3,113,689	(290,380)	(31,446)	-	2,791,863
Designated by the Board for endowment	<u>57,979</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>57,979</u>
Total without donor restrictions	3,171,668	(290,380)	(31,446)	-	2,849,842
With donor restrictions	<u>2,888,901</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,888,901</u>
Total net assets	<u>6,060,569</u>	<u>(290,380)</u>	<u>(31,446)</u>	<u>-</u>	<u>5,738,743</u>
Total liabilities and net assets	<u>\$ 7,331,251</u>	<u>\$ 880,061</u>	<u>\$ 2,239,930</u>	<u>\$ (546,376)</u>	<u>\$ 9,904,866</u>

Simpson Housing Services, Inc.  
Consolidating Statement of Activities  
Year Ended June 30, 2021

	Simpson Housing Services, Inc.	Passage Community Housing, LLC	Simpson Properties LLC	Eliminations	Total
Without Donor Restrictions Activities					
Support and revenue					
Contributions	\$ 1,159,022	\$ -	\$ -	\$ -	\$ 1,159,022
In-kind contributions	40,871	120,850	-	-	161,721
Government contracts	6,618,736	-	-	-	6,618,736
Contract income	514,187	-	-	(35,695)	478,492
United Way	73,965	-	-	-	73,965
Rental income	185,277	216,895	-	-	402,172
Gross special event revenue	154,292	-	-	-	154,292
Less cost of direct benefit to donors	(58,319)	-	-	-	(58,319)
Net special events revenue	95,973	-	-	-	95,973
Other income	30,194	1,687	-	-	31,881
Gain on disposal of assets	212,127	-	-	-	212,127
Net investment return	5,150	-	-	-	5,150
Net assets released from restriction	1,199,427	-	30,958	-	1,230,385
Total support and revenue	10,134,929	339,432	30,958	(35,695)	10,469,624
Expenses					
Program services					
Shelters	1,631,293	-	-	-	1,631,293
Family housing	3,586,465	402,784	-	(35,695)	3,953,554
Single services	3,141,555	-	-	-	3,141,555
Advocacy	55,975	-	-	-	55,975
Total program services	8,415,288	402,784	-	(35,695)	8,782,377
Support services					
Management and general	819,435	12,142	351,733	-	1,183,310
Fundraising	405,989	-	-	-	405,989
Total support services	1,225,424	12,142	351,733	-	1,589,299
Total operating expenses	9,640,712	414,926	351,733	(35,695)	10,371,676
Change in Net Assets Without Donor Restrictions	494,217	(75,494)	(320,775)	-	97,948
Non-Operating Without Donor Restrictions Activity					
In-kind contributions	134,417	-	-	-	134,417
In-kind expense	(134,417)	-	-	-	(134,417)
PPP loan forgiveness income	859,900	-	-	-	859,900
Total unrestricted non-operating activity	859,900	-	-	-	859,900
Change in Net Assets Without Donor Restrictions	1,354,117	(75,494)	(320,775)	-	957,848
With Donor Restrictions Activity					
Support and revenue					
Contributions	182,985	-	1,360,421	-	1,543,406
Net assets released from restriction	(1,199,427)	-	(30,958)	-	(1,230,385)
Change in Net Assets With Donor Restrictions	(1,016,442)	-	1,329,463	-	313,021
Change in Net Assets	337,675	(75,494)	1,008,688	-	1,270,869
Net Assets, Beginning of Year	6,060,569	(290,380)	(31,446)	-	5,738,743
Net Assets, End of Year	\$ 6,398,244	\$ (365,874)	\$ 977,242	\$ -	\$ 7,009,612

Simpson Housing Services, Inc.  
Consolidating Statement of Activities  
Year Ended June 30, 2020

	Simpson Housing Services, Inc.	Passage Community Housing, LLC	Simpson Properties LLC	Eliminations	Total
Without Donor Restrictions Activities					
Support and revenue					
Contributions	\$ 2,050,374	\$ -	\$ 25,000	\$ -	\$ 2,075,374
In-kind contributions	224,728	120,850	-	-	345,578
Government contracts	5,636,944	-	-	-	5,636,944
Contract income	570,047	-	-	(36,780)	533,267
United Way	53,951	-	-	-	53,951
Rental income	209,540	238,679	-	-	448,219
Gross special event revenue	118,061	-	-	-	118,061
Less cost of direct benefit to donors	(50,099)	-	-	-	(50,099)
Net special events revenue	67,962	-	-	-	67,962
Other income	26,008	4,308	-	(6,800)	23,516
Net investment return	94,088	-	-	-	94,088
Net assets released from restriction	763,822	-	-	-	763,822
Total support and revenue	9,697,464	363,837	25,000	(43,580)	10,042,721
Expenses					
Program services					
Shelters	1,138,406	-	-	-	1,138,406
Family housing	3,863,656	449,287	-	(43,580)	4,269,363
Single services	2,733,766	-	-	-	2,733,766
Advocacy	30,759	-	-	-	30,759
Total program services	7,766,587	449,287	-	(43,580)	8,172,294
Support services					
Management and general	731,417	137	56,395	-	787,949
Fundraising	388,546	-	51	-	388,597
Total support services	1,119,963	137	56,446	-	1,176,546
Total operating expenses	8,886,550	449,424	56,446	(43,580)	9,348,840
Change in Net Assets Without Donor Restrictions	810,914	(85,587)	(31,446)	-	693,881
Non-Operating Without Donor Restrictions Activity					
In-kind contributions	243,802	-	-	-	243,802
In-kind expense	(243,802)	-	-	-	(243,802)
Total non-operating activity without donor restrictions	-	-	-	-	-
Change in Net Assets Without Donor Restrictions	810,914	(85,587)	(31,446)	-	693,881
With Donor Restrictions Activity					
Support and Revenue					
Contributions	810,477	-	-	-	810,477
Net assets released from restriction	(763,822)	-	-	-	(763,822)
Change in Net Assets With Donor Restrictions	46,655	-	-	-	46,655
Change in Net Assets	857,569	(85,587)	(31,446)	-	740,536
Net Assets, Beginning of Year	5,203,000	(204,793)	-	-	4,998,207
Net Assets, End of Year	\$ 6,060,569	\$ (290,380)	\$ (31,446)	\$ -	\$ 5,738,743