



**FAMILY  
TREE  
CLINIC**

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**2020  
FINANCIAL  
REPORT**

**INDEX**

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# Annual Financial Report

Family Tree, Inc.  
dba Family Tree Clinic  
(a Nonprofit Organization)  
St. Paul, Minnesota

For the Years Ended  
December 31, 2020 and 2019



Family Tree, Inc.  
dba Family Tree Clinic  
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## INDEPENDENT AUDITOR'S REPORT

Board of Directors  
Family Tree, Inc.  
dba Family Tree Clinic  
St. Paul, Minnesota

### **Reports on the Financial Statements**

We have audited the accompanying financial statements of Family Tree, Inc. dba Family Tree Clinic (the Organization), a Minnesota not-for-profit corporation, which comprise the statement of financial position as of December 31, 2020, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these 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 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 financial statements based on our audit. We conducted our audit 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the 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 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 financial statements.

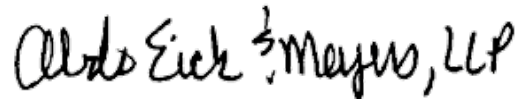
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## Prior Period Financial Statements

The financial statements of the Organization as of December 31, 2019 were audited by other auditors whose report dated July 29, 2020 expressed an unmodified opinion on those statements.



ABDO, EICK & MEYERS, LLP  
Minneapolis, Minnesota  
August 11, 2021

## FINANCIAL STATEMENTS

Family Tree, Inc.  
 dba Family Tree Clinic  
 Statements of Financial Position  
 December 31, 2020 and 2019

	2020	2019
Assets		
Current Assets		
Cash and cash equivalents	\$ 1,123,266	\$ 584,589
Accounts receivable, net of allowance for doubtful accounts of \$67,938 and \$62,535 in 2020 and 2019, respectively	115,795	170,319
Grants and pledges receivable, current	784,081	570,693
Inventory	48,008	68,423
Prepaid expenses	23,266	9,126
Total Current Assets	2,094,416	1,403,150
Property and Equipment		
Land and improvements	1,579,512	1,579,512
Furniture and equipment	241,686	238,020
Total Property and Equipment	1,821,198	1,817,532
Less: accumulated depreciation	(225,445)	(219,152)
Property and Equipment, Net	1,595,753	1,598,380
Other Assets		
Grants and pledges receivable, non-current	169,401	201,543
Construction in process	291,602	239,007
Deferred financing costs	92,950	-
Total Other Assets	553,953	440,550
Total Assets	\$ 4,244,122	\$ 3,442,080

See Independent Auditor's Report and Notes to the Financial Statements.

Family Tree, Inc.  
 dba Family Tree Clinic  
 Statements of Financial Position (Continued)  
 December 31, 2020 and 2019

	2020	2019
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 84,299	\$ 176,043
Accrued wages	34,343	81,407
Accrued vacation	77,322	63,275
Other accrued liabilities	3,223	10,644
Fiscal sponsorships	322,357	24,032
Accrued income taxes	-	60,020
Total Current Liabilities	521,544	415,421
Long-Term Debt, net of loan costs of \$3,240 and \$5,300 in 2020 and 2019, respectively	101,760	99,700
Total Liabilities	623,304	515,121
Net Assets		
Net assets without donor restrictions	2,677,977	1,882,245
Net assets with donor restrictions	942,841	1,044,714
Total Net Assets	3,620,818	2,926,959
Total Liabilities and Net Assets	\$ 4,244,122	\$ 3,442,080

See Independent Auditor's Report and Notes to the Financial Statements.



Family Tree, Inc.  
 dba Family Tree Clinic  
 Statements of Activities  
 For the Year Ended December 31, 2020

	2020		
	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and Support			
Revenue			
Patient service revenue, net	\$ 617,602	\$ -	\$ 617,602
Rent income	1,500	-	1,500
Other income	22,858	-	22,858
Total Revenue	<u>641,960</u>	<u>-</u>	<u>641,960</u>
Support			
Grants	900,755	350,000	1,250,755
Contributions	1,392,323	365,547	1,757,870
In-kind contributions	60,090	-	60,090
Net assets released from restriction	817,420	(817,420)	-
Total Support	<u>3,170,588</u>	<u>(101,873)</u>	<u>3,068,715</u>
Total Revenue and Support	<u>3,812,548</u>	<u>(101,873)</u>	<u>3,710,675</u>
Expenses			
Program services			
Medical and education			
Clinic	1,439,737	-	1,439,737
Community education	537,852	-	537,852
Hotline	82,475	-	82,475
Deaf education	166,840	-	166,840
Total Program Services	<u>2,226,904</u>	<u>-</u>	<u>2,226,904</u>
Management and general	260,095	-	260,095
Fundraising	529,817	-	529,817
Total Expenses	<u>3,016,816</u>	<u>-</u>	<u>3,016,816</u>
Change in Net Assets	795,732	(101,873)	693,859
Beginning Net Assets	<u>1,882,245</u>	<u>1,044,714</u>	<u>2,926,959</u>
Ending Net Assets	<u>\$ 2,677,977</u>	<u>\$ 942,841</u>	<u>\$ 3,620,818</u>

See Independent Auditor's Report and Notes to the Financial Statements.

Family Tree, Inc.  
dba Family Tree Clinic  
Statements of Activities (Continued)  
For the Year Ended December 31, 2019

	2019		Total
	Without Donor Restrictions	With Donor Restrictions	
Revenue and Support			
Revenue			
Patient service revenue, net	\$ 1,080,251	\$ -	\$ 1,080,251
Rent income	92,074	-	92,074
Other income	111,631	-	111,631
Gain on sale of property and equipment	2,373,836	-	2,373,836
Total Revenue	<u>3,657,792</u>	<u>-</u>	<u>3,657,792</u>
Support			
Grants	843,551	-	843,551
Contributions	534,115	831,088	1,365,203
In-kind contributions	106,324	-	106,324
Net assets released from restriction	208,142	(208,142)	-
Total Support	<u>1,692,132</u>	<u>622,946</u>	<u>2,315,078</u>
Total Revenue and Support	<u>5,349,924</u>	<u>622,946</u>	<u>5,972,870</u>
Expenses			
Program services			
Medical and education			
Clinic	1,729,749	-	1,729,749
Community education	467,121	-	467,121
Hotline	81,551	-	81,551
Deaf education	185,865	-	185,865
Total Program Services	<u>2,464,286</u>	<u>-</u>	<u>2,464,286</u>
Management and general	359,354	-	359,354
Fundraising	452,080	-	452,080
Total Expenses	<u>3,275,720</u>	<u>-</u>	<u>3,275,720</u>
Change in Net Assets	2,074,204	622,946	2,697,150
Beginning Net Assets	<u>(191,959)</u>	<u>421,768</u>	<u>229,809</u>
Ending Net Assets	<u>\$ 1,882,245</u>	<u>\$ 1,044,714</u>	<u>\$ 2,926,959</u>

See Independent Auditor's Report and Notes to the Financial Statements.

Family Tree, Inc.  
 dba Family Tree Clinic  
 Statements of Functional Expenses  
 For the Year Ended December 31, 2020

	Medical		Education			Total Medical and Education	Management and General	Fundraising	Total Expenses
	Clinic	Community	Hotline	Deaf Education					
Personnel Expenses									
Salaries and wages	\$ 878,353	\$ 411,787	\$ 66,923	\$ 105,902	\$ 1,462,965	\$ 157,708	\$ 166,268	\$ 1,786,941	
Payroll taxes	63,806	30,168	4,804	7,869	106,647	11,806	12,158	130,611	
Employee benefits	65,346	48,014	4,754	13,715	131,829	9,897	10,633	152,359	
Total Personnel Expenses	1,007,505	489,969	76,481	127,486	1,701,441	179,411	189,059	2,069,911	
Professional services	43,448	15,982	1,227	25,987	86,644	53,036	44,407	184,087	
In-kind legal services	-	-	-	-	-	-	55,084	55,084	
Office supplies	14,393	2,742	320	894	18,349	4,545	3,611	26,505	
Electronic health records	33,611	-	-	-	33,611	-	-	33,611	
Medical and lab supplies	200,549	-	-	-	200,549	-	-	200,549	
Lab test fees	29,619	-	-	-	29,619	-	-	29,619	
Printing	1,935	652	608	217	3,412	3,307	9,012	15,731	
Dues and subscriptions	9,681	1,726	211	634	12,252	2,046	5,166	19,464	
Licenses and fees	331	-	-	-	331	147	750	1,228	
Advertising and publicity	23,550	3,736	400	192	27,878	1,141	5,228	34,247	
Repairs and maintenance	500	-	-	-	500	-	49	549	
Travel and meetings	29	1,740	10	245	2,024	30	532	2,586	
Minnesota care provider tax	10,556	-	-	-	10,556	-	-	10,556	
Miscellaneous	473	-	-	-	473	-	308	781	
Insurance	10,467	1,108	291	298	12,164	2,777	3,053	17,994	
Telephone and utilities	5,893	2,239	2,468	330	10,930	1,277	7,511	19,718	
Property taxes	-	-	-	-	-	-	3,868	3,868	
Interest expense	-	-	-	-	-	6,715	1,307	8,022	
Provision for bad debts	6,648	-	-	-	6,648	-	-	6,648	
Fundraising expenses	-	-	-	-	-	-	90,639	90,639	
Staff and board development	9,380	4,218	443	2,483	16,524	4,569	548	21,641	
Bank fees	5,384	56	-	-	5,440	45	5,600	11,085	
Occupancy	-	-	-	1,800	1,800	-	102,025	103,825	
Program supplies	23,190	12,349	16	4,960	40,515	-	-	40,515	
Total Expenses Before Depreciation and Amortization	1,437,142	536,517	82,475	165,526	2,221,660	259,046	527,757	3,008,463	
Depreciation and amortization	2,595	1,335	-	1,314	5,244	1,049	2,060	8,353	
Total Expenses	\$ 1,439,737	\$ 537,852	\$ 82,475	\$ 166,840	\$ 2,226,904	\$ 260,095	\$ 529,817	\$ 3,016,816	

See Independent Auditor's Report and Notes to the Financial Statements.

Family Tree, Inc.  
 dba Family Tree Clinic  
 Statements of Functional Expenses (Continued)  
 For the Year Ended December 31, 2019

	Medical	Education				Total Medical and Education	Management and General	Fundraising	Total Expenses
	Clinic	Community	Hotline	Deaf Education					
Personnel Expenses									
Salaries and wages	\$ 931,205	\$ 326,486	\$ 63,487	\$ 107,853	\$ 1,429,031	\$ 154,818	\$ 156,985	\$ 1,740,834	
Payroll taxes	68,144	23,511	4,636	7,908	104,199	11,314	11,363	126,876	
Employee benefits	68,470	34,796	2,677	15,587	121,530	11,850	9,614	142,994	
Total Personnel Expenses	<u>1,067,819</u>	<u>384,793</u>	<u>70,800</u>	<u>131,348</u>	<u>1,654,760</u>	<u>177,982</u>	<u>177,962</u>	<u>2,010,704</u>	
Professional services	73,047	21,723	2,860	36,469	134,099	38,527	73,015	245,641	
In-kind legal services	-	-	-	-	-	105,938	-	105,938	
Office supplies	11,828	2,836	619	1,155	16,438	3,794	2,494	22,726	
Electronic health records	41,914	-	-	-	41,914	-	-	41,914	
Medical and lab supplies	274,623	12	-	-	274,635	-	-	274,635	
Lab test fees	46,604	-	-	-	46,604	-	-	46,604	
Printing	5,958	1,346	533	405	8,242	7,138	7,603	22,983	
Dues and subscriptions	8,479	254	203	195	9,131	1,541	8,833	19,505	
Licenses and fees	299	(36)	(6)	(14)	243	237	(33)	447	
Advertising and publicity	27,955	2,241	225	140	30,561	940	2,773	34,274	
Repairs and maintenance	2,213	406	71	162	2,852	220	369	3,441	
Travel and meetings	322	13,734	60	4,276	18,392	219	3,642	22,253	
Minnesota care provider tax	22,957	-	-	-	22,957	-	-	22,957	
Rental income tax	9,975	2,689	471	1,071	14,206	1,457	56,457	72,120	
Miscellaneous	16,234	14,911	1,713	1,669	34,527	1,626	3,597	39,750	
Insurance	10,973	1,032	265	295	12,565	2,823	1,237	16,625	
Telephone and utilities	13,672	4,319	1,758	1,503	21,252	2,374	4,955	28,581	
Property taxes	3,286	886	155	353	4,680	480	2,041	7,201	
Interest expense	5,596	1,479	259	589	7,923	6,843	4,028	18,794	
Provision for bad debts	57,763	-	-	-	57,763	-	-	57,763	
Fundraising expenses	-	-	-	-	-	-	98,289	98,289	
Staff and board development	9,579	7,719	874	3,754	21,926	2,891	1,230	26,047	
Total Expenses Before Depreciation and Amortization	1,711,096	460,344	80,860	183,370	2,435,670	355,030	448,492	3,239,192	
Depreciation and amortization	18,653	6,777	691	2,495	28,616	4,324	3,588	36,528	
Total Expenses	<u>\$ 1,729,749</u>	<u>\$ 467,121</u>	<u>\$ 81,551</u>	<u>\$ 185,865</u>	<u>\$ 2,464,286</u>	<u>\$ 359,354</u>	<u>\$ 452,080</u>	<u>\$ 3,275,720</u>	

See Independent Auditor's Report and Notes to the Financial Statements.

Family Tree, Inc.  
dba Family Tree Clinic  
Statements of Cash Flows  
For the Years Ended December 31, 2020 and 2019

	2020	2019
Cash Flows from Operating Activities		
Change in net assets	\$ 693,859	\$ 2,697,150
Adjustment to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	6,293	18,743
Amortization	2,060	17,785
Gain on sale of property and equipment	-	(2,373,836)
Bad debts	6,648	57,763
Changes in assets and liabilities:		
Accounts receivable	47,876	(353,956)
Grants and pledges receivable	(181,246)	43,608
Inventory	20,415	(12,987)
Prepaid income taxes	-	3,600
Prepaid expenses	(14,140)	(6,779)
Accounts payable	(91,744)	74,022
Tenent security deposits	-	(21,058)
Accrued wages	(47,064)	8,796
Accrued vacation	14,047	1,533
Accrued interest	-	(4,468)
Other accrued liabilities	(7,421)	-
Fiscal sponsorships	298,325	-
Deferred rent revenue	-	(15,966)
Accrued income taxes	(60,020)	60,020
Other liabilities	-	12,266
Net Cash Flow Provided By Operating Activities	687,888	206,236
Cash Flows from Investing Activities		
Purchase of property and equipment	(3,666)	(1,585,732)
Purchase of construction in progress	(52,595)	(239,007)
Proceeds from sale of property and equipment	-	3,165,537
Net Cash Provided (Used) by Investing Activities	(56,261)	1,340,798
Cash Flows from Financing Activities		
Debt issuance costs	(92,950)	(300)
Advances on long-term debt, net	-	5,000
Payments of long-term debt	-	(1,199,469)
Net Cash Used by Financing Activities	(92,950)	(1,194,769)
Net Change in Cash and Cash Equivalents	538,677	352,265
Cash and Cash Equivalents at Beginning of Year	584,589	232,324
Cash and Cash Equivalents at End of Year	\$ 1,123,266	\$ 584,589
Supplemental Disclosures of Cash Flow Information:		
Cash paid for interest	\$ 8,022	\$ 23,262
Cash paid for income taxes	\$ 60,020	\$ 8,500

See Independent Auditor's Report and Notes to the Financial Statements.

Family Tree, Inc.  
dba Family Tree Clinic  
Notes to the Financial Statements  
December 31, 2020 and 2019

## **Note 1: Summary of Significant Accounting Policies**

### **A. Nature of Activities**

Family Tree, Inc. dba Family Tree Clinic (the Organization) operates a medical clinic and education center. The Organization's mission is to cultivate a healthy community through comprehensive sexual health care and education. A major source of revenue is funding from the State of Minnesota. The Organization charges on a sliding fee scale to medical patients, located mainly in the St. Paul and Minneapolis areas, based on their self-reported income. The Organization also bills insurance and public assistance programs.

The Organization owned the land and building located at 1619 Dayton Avenue in St. Paul, Minnesota. On March 7, 2019, the land and building were sold.

As of September 25, 2020, the Organization formed Family Tree Real Estate Holding LLC, a related building company. The Organization is the sole member of Family Tree Real Estate Holding LLC.

### **B. Basis Presentation**

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Net assets and revenue, expenses, gains, and losses are classified based on the existence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

#### Net Assets Without Donor Restriction

Net assets without donor restrictions are resources available to support operations which the Board of Directors has discretionary control. Designated amounts represent those net assets which the Board has set aside for a particular purpose.

#### Net Assets With Donor Restriction

Net assets with donor restrictions are resources that are restricted by a donor for use for a particular purpose or in a particular future period. Some donor-imposed restrictions are temporary in nature, and the restriction will expire when the resources are used in accordance with the donor's instructions or when the stipulated time has passed. Other donor-imposed restrictions are perpetual in nature; the Organization must continue to use the resources in accordance with the donor's instructions.

### **C. Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

### **D. Cash and Cash Equivalents**

For purposes of the statement of cash flows, the Organization considers short-term, highly liquid investments and investments purchased with a maturity of three months or less to be cash equivalents. The Organization's cash balances held in bank depositories may exceed federally insured limits at times.

Family Tree, Inc.  
 dba Family Tree Clinic  
 Notes to the Financial Statements  
 December 31, 2020 and 2019

**Note 1: Summary of Significant Accounting Policies (Continued)**

**E. Accounts Receivable**

Accounts receivable consist primarily of amounts billed for medical appointments. Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Organization records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. At December 31, 2020 and 2019, the allowance for doubtful accounts was \$67,938 and \$62,535, respectively.

**F. Grants and Pledges Receivable**

Grants and pledges receivable consist of unconditional promises to give and are recognized as revenue in the period made. Conditional promises to give are not recognized until they become unconditional, that is, when the conditions on which they depend are substantially met. Contributions to be received after one year are discounted using present value of future cash flows. Amortization of discounts is recorded as additional contribution revenue. An allowance for uncollectible contributions receivable is provided based upon management’s judgement including such factors as prior collection history.

**G. Inventory**

Inventory consists of goods held for resale such as various medical devices and are recorded at the lower of cost or net realizable value. Cost is determined using the first-in, first-out (FIFO) method. Net realizable value is the estimated selling price in the ordinary course of business.

**H. Property and Equipment**

The Organization considers items with a cost greater than \$1,000 and a useful life greater than one year to be property and equipment. Items below \$1,000 are expensed when purchased. Property and equipment are capitalized at cost. Depreciation is provided for using the straight-line method over the following useful lives:

Asset	Useful Life in Years
Land Improvements	5 - 20
Furniture and Equipment	3 - 10

Depreciation expense for 2020 and 2019 was \$6,293 and \$18,743, respectively.

**I. Debt Issuance Costs**

On November 20, 2020, the Organization entered into two new construction loans with Sunrise Banks, which were received in January 2021. As of December 31, 2020, the loans had a zero balance with related debt issuance costs of \$92,950.

Family Tree, Inc.  
dba Family Tree Clinic  
Notes to the Financial Statements  
December 31, 2020 and 2019

**Note 1: Summary of Significant Accounting Policies (Continued)**

**J. Revenue Recognition**

Fee for service revenue is recorded net of contractual adjustments and related discounts upon completion of the related service. Contractual discounts and adjustments represent estimated differences between service revenue at established rates and amounts expected to be realized from third-party payers under contractual agreements. Certain managed care organizations may refund amounts previously withheld from the Organization based upon managed care performance.

The Organization provides charity care to patients meeting certain established criteria which is provided without charge or at amounts less than established rates. The Organization does not pursue collection of amounts determined to qualify as charity care.

Contributions received and unconditional promises to give are measured at their fair values and are reported as an increase in net assets. The Organization reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the assets, or if they are designated as support for future periods. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions. Donor-imposed contributions are reported as net assets with donor restrictions, even if it is anticipated such restrictions will be met in the current reporting period.

Government grants and contract revenue are recognized when earned. Revenue is earned when eligible expenditures, as defined in each grant or contract, are made. Deferred revenue consists of contract revenue received but not yet expended. Expenditures under government contracts are subject to review by the granting authority. To the extent, if any, that such a review reduces expenditures allowable under these contracts, the Organization will record such disallowances, they would not have a significant effect on the statement of financial position.

**K. In-Kind Contributions**

In-kind contributions are recognized for services that create or enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills, and would ordinarily be purchased if not provided by donation. Contributed services, including promises to give, that do not meet these criteria are not recognized. The Organization received legal services related to its capital project during 2020 and 2019.

Many individuals have donated time and services to advance the Organization's programs and objectives. The value of these services has not been recorded in the financial statements because it does not meet the definition of recognition under generally accepted accounting principles.

**L. Functional Allocation of Expenses**

The cost of providing the Organization's programs and other activities is summarized on a functional basis in the statement of activities and statement of functional expenses. Expenses that can be identified with a specific program or support service are charged directly to that program or support service. Costs common to multiple functions have been allocated among the various functions benefited using a reasonable allocation method that is consistently applied, as follows:

- Salaries and wage, benefits, and payroll taxes are allocated based on the amounts of time spent by employees performing those functions.
- Occupancy and other expenses that cannot be directly identified are allocated on the basis of salaries and wages.

General and administrative expenses include those costs that are not directly identifiable with any specific program, but which provide for the overall support and direction of the Organization. Fundraising costs are expensed as incurred, even though they may result in support received in future years.



Family Tree, Inc.  
dba Family Tree Clinic  
Notes to the Financial Statements  
December 31, 2020 and 2019

## Note 1: Summary of Significant Accounting Policies (Continued)

### M. Income Taxes

The Organization is exempt from Federal and State income taxes under Section 501(c)(3) of the Internal Revenue Code, but is subject to income tax on net unrelated business income. The Organization had income tax expense of \$0 and \$72,120 in 2020 and 2019, respectively. Cash payments for income taxes were \$60,020 and \$8,500 in 2020 and 2019, respectively.

### N. Advertising Expense

The Organization's advertising costs are expensed as incurred. Advertising expense was \$34,247 and \$34,273 for the years ended December 31, 2020 and 2019, respectively.

### O. Upcoming Accounting Pronouncements

In March 2016, the FASB issued ASU No. 2016-02, *Leases*, as a new topic, Accounting Standards Codification 842. The objective of ASU No. 2016-02 is to increase transparency and comparability among organizations by reorganizing lease assets and lease liabilities on the statement of financial position and disclosing key information about leasing arrangements. ASU No. 2016-02 is effective for annual reporting periods beginning after December 15, 2021, and shall be applied using either a full retrospective or modified retrospective approach. Early adoption is permitted. The new guidance is effective for Family Tree, Inc. on January 1, 2022. The Organization is currently evaluating the impact on the results of operations, financial condition and cash flows and has not determined the impact on its consolidated financial statements at this time.

In September 2020, the FASB issued ASU No. 2020-07 Not-for-Profit Entities (Topic 958): *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, which is intended to improve the transparency in the reporting of contributed nonfinancial assets, also known as gifts-in-kind, for not-for-profit organizations. This ASU requires not-for-profit organizations to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash or other financial assets. In addition to separate presentation on the statement of activities, this amendment requires enhanced disclosures around each category of contributed nonfinancial assets for donor-imposed restrictions, valuation techniques, description of programs or activities in which the assets were used, and if monetized a policy about monetizing rather than utilizing the asset(s). The amendments in this ASU should be applied on a retrospective basis and are effective for annual reporting periods beginning after June 15, 2021. Early adoption is permitted. The new guidance is effective for Family Tree, Inc. on January 1, 2022. The Organization is currently evaluating the impact this standard will have on its financial statements.

### P. Subsequent Events

Subsequent events were evaluated through August 11, 2021, which is the date the financial statements were available to be issued.

In January 2021, the Organization entered into a second promissory note agreement with Sunrise Banks in the amount of \$399,800 pursuant to the second Paycheck Protection Program (PPP) created by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and governed by the Small Business Administration (SBA). The note accrues interest at 1 percent per annum and is scheduled to mature January 2026. Up to 100 percent of the loan is forgivable when used to pay specified payroll and other costs within the qualified period (generally 24 weeks after receiving the funds).

In January 2021, the Organization received \$3,500,000 cash for the two construction loans with Sunrise Banks described in Note 10.

Family Tree, Inc.  
 dba Family Tree Clinic  
 Notes to the Financial Statements  
 December 31, 2020 and 2019

**Note 2: Grants and Pledges Receivable**

Grants and pledges are due as of December 31, 2020 as follows:

For the Year Ended December 31,	Amount
2021	\$ 784,081
2022	143,775
2023	13,064
2024	7,504
2025	5,058
Total	<u>\$ 953,482</u>

**Note 3: Long-term Debt**

The Organization had long-term debt at December 31, 2020 and 2019 as follows:

	2020	2019
Note payable in annual interest only payments, at 1% for the first three years and 2% after. Principal payments are due in 1/3 installments, 30, 120 and 180 day after the 5th anniversary, October 2023 through March 2024. The note is secured by substantially all organization assets.	\$ 105,000	\$ 105,000
Debt Issuance Costs	(5,300)	(5,300)
Amortized Loan Costs	2,060	-
Total	<u>101,760</u>	<u>99,700</u>
Less: Current Portion	-	-
Long-term Note Payable	<u>\$ 101,760</u>	<u>\$ 99,700</u>

Future debt maturities as of December 31, 2020 are as follows:

For the Year Ended December 31,	Principal Portion	Less Loan Costs	Total
2021	\$ -	\$ (1,060)	\$ (1,060)
2022	-	(1,060)	(1,060)
2023	33,333	(1,060)	32,273
2024	68,333	(60)	68,273
2025	3,334	-	3,334
Total	<u>\$ 105,000</u>	<u>\$ (3,240)</u>	<u>\$ 101,760</u>

Family Tree, Inc.  
dba Family Tree Clinic  
Notes to the Financial Statements  
December 31, 2020 and 2019

**Note 4: Net Patient Service Revenue**

Net patient service revenue consists of the following for the years ended December 31, 2020 and 2019:

	2020	2019
Gross Patient Fees	\$ 1,049,755	\$ 1,731,994
Contractual Adjustments	(432,153)	(651,743)
Total	\$ 617,602	\$ 1,080,251

**Note 5: Major Grantor**

The Organization received six grants from the Minnesota Department of Health for the year ended December 31, 2020, making up 66% of its grant revenues in 2020, and four grants from the Minnesota Department of Health for the year ended December 31, 2019, making up 77% of its grant revenues in 2019.

**Note 6: Paycheck Protection Program Loan Payable**

In April 2020, the Organization entered into a promissory note agreement with Sunrise Banks in the amount of \$399,800 pursuant to the Paycheck Protection Program (PPP) created by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and governed by the Small Business Administration (SBA). The note accrues interest at 1 percent per annum and is scheduled to mature April 2022. Up to 100 percent of the loan is forgivable when used to pay specified payroll and other costs within the qualified period (generally 24 weeks after receiving the funds). At December 31, 2020, the note was fully forgiven and was classified as contributions revenue.

**Note 7: Net Assets with Donor Restrictions**

Net assets with donor restrictions were restricted for the following purposes at December 31, 2020 and 2019:

	2020	2019
Capital Campaign	\$ 756,373	\$ 802,994
Education	87,088	161,971
Time Restricted	56,913	50,949
We Are Family Fund	42,467	28,800
Total	\$ 942,841	\$ 1,044,714

Net assets with donor restrictions were released from restrictions for the following purposes for the years ended December 31, 2020 and 2019:

	2020	2019
Capital Campaign	\$ 715,038	\$ 112,507
Education	74,884	9,725
Time Restricted	24,442	85,910
We Are Family Fund	3,056	-
Total	\$ 817,420	\$ 208,142

Family Tree, Inc.  
dba Family Tree Clinic  
Notes to the Financial Statements  
December 31, 2020 and 2019

**Note 8: Rent Commitments**

In March 2019, the Organization began leasing its clinic and office space at 1619 Dayton Avenue. Under the lease agreement, the Organization was not required to pay rent until March 1, 2020. Per the lease agreement, the Organization will pay \$61,215 in 2021. The Organization has the ability to move at any time after the end of the reporting period.

In 2020 and 2019, the Organization had rent expense of \$103,825 and \$600, respectively.

**Note 9: Retirement Plan**

The Organization has a defined contribution profit sharing 401(k) plan in effect for its employees who meet certain age and service requirements. Employees may elect to contribute up to IRS limits. The Organization's contributions to the plan are a dollar for dollar match up to a max of 2% of qualified employee salaries. For the years ended December 31, 2020 and 2019, employer contributions were \$26,995 and \$26,932, respectively.

**Note 10: Commitments and Contingencies**

**A. Compliance**

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violation of these laws and regulations could result in expulsion from government healthcare programs together with imposition of significant fines and penalties, as well as significant repayments for patient services billed.

Management believes that the Organization is in substantial compliance with fraud and abuse, as well as other applicable government laws and regulations. While no regulatory inquiries have been made, compliance with such laws and regulations is subject to government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

**B. Other**

The Organization is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. These risks are covered by commercial insurance purchased from independent third parties. There has been no significant reduction in insurance coverage from the previous year in any of the Organization's policies.

The Organization is subject to legal proceedings which arise in the normal course of providing health care services. The Organization maintains malpractice insurance on a claims-made basis for claims made during the term of the policy. The potential loss related to any potential claims cannot currently be estimated; however, in management's opinion, adequate provision has been made for any amounts that it may require to be paid under the policy's deductible limits.

The Organization has committed to the construction of a new facility on the property purchased in 2019. As of December 31, 2020, the Organization has incurred \$291,602 in expense for architectural design that has been capitalized and reflected as construction in process on the statement of financial position. The remaining project and construction costs are estimated to be \$4,240,000. Total costs will be capitalized and depreciated upon completion of the building when it has been placed into service over designated useful lives.

Family Tree, Inc.  
 dba Family Tree Clinic  
 Notes to the Financial Statements  
 December 31, 2020 and 2019

**Note 11: Liquidity and Availability of Resources**

The Organization has a goal to maintain financial assets, which consist of cash and short-term investments, on hand to meet 45 days of normal operating expenses, which are, on average, approximately \$372,000. The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, comprise the following:

	<u>2020</u>	<u>2019</u>
Financial Assets		
Cash and cash equivalents	\$ 1,123,266	\$ 584,589
Accounts receivable, net	115,795	170,319
Grants and pledges receivable, current	784,081	570,693
Total Financial Assets	<u>2,023,142</u>	<u>1,325,601</u>
Less Financial Assets Held to Meet Donor Restrictions		
Purpose restricted net assets	<u>(942,841)</u>	<u>(1,044,714)</u>
Total Amounts Available for General Expenditures Within One Year	<u>\$ 1,080,301</u>	<u>\$ 280,887</u>

**Note 12: COVID-19**

In December 2019, a novel strain of coronavirus (COVID-19) surfaced. The spread of COVID-19 around the world during 2020 has caused significant volatility in U.S. and international markets. There is significant uncertainty around the breadth and duration of business disruptions related to COVID-19, as well as its impact on the U.S. and international economies and, as such, the Organization is unable to determine if it will have a material impact to its operations.

EXTENDED TO NOVEMBER 16, 2020

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

## 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

# 2019

Open to Public Inspection

<b>A For the 2019 calendar year, or tax year beginning and ending</b>																												
<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C Name of organization</b> <b>FAMILY TREE, INC.</b></td> <td rowspan="2"><b>D Employer identification number</b>  23-7133742</td> </tr> <tr> <td colspan="2">Doing business as <b>FAMILY TREE CLINIC</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2"><b>E Telephone number</b> 651-645-0478</td> </tr> <tr> <td>1619 DAYTON AVENUE</td> <td>205</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td rowspan="2"><b>G Gross receipts \$</b> 6,969,096.</td> </tr> <tr> <td colspan="2">ST. PAUL, MN 55104-6206</td> </tr> <tr> <td colspan="2"><b>F Name and address of principal officer:</b> ALISSA H LIGHT SAME AS C ABOVE</td> <td><b>H(a) Is this a group return for subordinates? .....</b> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527</td> <td><b>H(b) Are all subordinates included?</b> Yes No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>J Website:</b> WWW.FAMILYTREECLINIC.ORG</td> <td><b>H(c) Group exemption number</b> ▶</td> </tr> <tr> <td colspan="2"><b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td><b>L Year of formation:</b> 1971 <b>M State of legal domicile:</b> MN</td> </tr> </table>	<b>C Name of organization</b> <b>FAMILY TREE, INC.</b>		<b>D Employer identification number</b>  23-7133742	Doing business as <b>FAMILY TREE CLINIC</b>		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b> 651-645-0478	1619 DAYTON AVENUE	205	City or town, state or province, country, and ZIP or foreign postal code		<b>G Gross receipts \$</b> 6,969,096.	ST. PAUL, MN 55104-6206		<b>F Name and address of principal officer:</b> ALISSA H LIGHT SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates? .....</b> Yes <input checked="" type="checkbox"/> No	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(b) Are all subordinates included?</b> Yes No If "No," attach a list. (see instructions)	<b>J Website:</b> WWW.FAMILYTREECLINIC.ORG		<b>H(c) Group exemption number</b> ▶	<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L Year of formation:</b> 1971 <b>M State of legal domicile:</b> MN
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### Part I Summary

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>TO CULTIVATE A HEALTHY COMMUNITY THROUGH COMPREHENSIVE SEXUAL HEALTH CARE AND EDUCATION.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a) .....	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b) .....	4	13
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	5	56
	6	Total number of volunteers (estimate if necessary) .....	6	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a	245,664.
7b	Net unrelated business taxable income from Form 990-T, line 39 .....	7b	221,916.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) .....	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) .....	1,830,524.	2,283,966.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	994,203.	1,094,090.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	8.	2,378,667.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	233,504.	37,974.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	3,058,239.	5,794,697.
	14	Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) .....	1,838,236.	2,010,704.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 431,859.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	962,116.	1,086,843.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	2,800,352.	3,097,547.
19	Revenue less expenses. Subtract line 18 from line 12 .....	257,887.	2,697,150.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26) .....	1,815,087.	3,442,080.
	22	Net assets or fund balances. Subtract line 21 from line 20 .....	1,585,278.	515,121.
			229,809.	2,926,959.

### 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			
	▶ ALISSA H LIGHT, EXECUTIVE DIRECTOR Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	LINDA M. NELSON, CPA	LINDA M. NELSON, CPA	11/11/20	<input type="checkbox"/>	P00205567
	Firm's name ▶ OLSEN THIELEN & CO., LTD	Firm's EIN ▶ 41-1360831			
	Firm's address ▶ 2675 LONG LAKE ROAD ST. PAUL, MN 55113	Phone no. 651-483-4521			

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 [X]

1 Briefly describe the organization's mission: FAMILY TREE CLINIC'S MISSION IS TO CULTIVATE A HEALTHY COMMUNITY THROUGH COMPREHENSIVE SEXUAL HEALTH CARE AND EDUCATION.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,699,215. including grants of \$ 0. ) (Revenue \$ 1,421,506. ) FAMILY TREE CLINIC IS A NONPROFIT COMMUNITY CLINIC ESTABLISHED TO PROVIDE HEALTH SERVICES TO LOW-INCOME POPULATIONS. THE CLINIC OFFERS SERVICES ON A SLIDING FEE SCALE AND DOES NOT TURN ANYONE AWAY FOR INABILITY TO PAY. FAMILY TREE CLINIC IS DESIGNATED AN ESSENTIAL COMMUNITY PROVIDER BY THE STATE, AND IS PART OF THE TWIN CITIES HEALTH CARE SAFETY NET.

SINCE 1971, FAMILY TREE CLINIC HAS OFFERED INNOVATIVE CLINICAL AND EDUCATION SERVICES FOCUSED ON SEXUAL HEALTH AND THAT CENTER RESPECT, CULTURAL COMPETENCE, AND INDIVIDUALITY; OUR SERVICES AND OUR INTEGRITY HAVE CONFRONTED HEAD-ON BOTH BARRIERS TO CARE AND HEALTH DISPARITIES AMONG OUR COMMUNITY MEMBERS. FAMILY TREE IS A RESPONSIVE, INNOVATIVE

4b (Code: ) (Expenses \$ 722,662. including grants of \$ 0. ) (Revenue \$ 17,483. ) FAMILY TREE'S COMMUNITY HEALTH EDUCATION PROGRAM FILLS AN URGENT PUBLIC HEALTH NEED BY PROVIDING COMPREHENSIVE SEX EDUCATION TO UNDERSERVED AND AT-RISK YOUTH AND ADULTS. FOR TOO LONG, INEFFECTUAL ABSTINENCE-ONLY PROGRAMS WITH NO IMPACT ON SEXUAL BEHAVIOR HAVE BEEN THE ONLY OFFERINGS FOR YOUNG PEOPLE SEEKING INFORMATION AND RESOURCES. BY CONTRAST, PROGRAMS LIKE FAMILY TREE'S THAT SUPPORT THE FULL ARRAY OF OPTIONS (INCLUDING BOTH ABSTINENCE AND THE USE OF CONDOMS AND CONTRACEPTIVES) HAVE PROVEN POSITIVE BEHAVIORAL EFFECTS. IN FACT, THE MAJORITY OF PARTICIPANTS IN COMPREHENSIVE SEX EDUCATION PROGRAMS DELAY SEXUAL ACTIVITY, REDUCE THEIR NUMBER OF SEXUAL PARTNERS, AND INCREASE CONDOM OR CONTRACEPTIVE USE. COMPREHENSIVE SEX EDUCATION, BY UNDOING HARMFUL GENDER NORMS AND BUILDING COMMUNICATION AND HEALTHY RELATIONSHIP

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ 0. ) (Revenue \$ )

4e Total program service expenses 2,421,877.

# Public Inspection Copy

**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 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



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**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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	<b>X</b>	

**Note:** All Form 990 filers are required to complete Schedule O

**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>	10	
<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>	<b>X</b>	

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**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>	56	
<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>	X	
<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>	X	
<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>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.			

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**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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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>1a</b>	13		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	13		
<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?	<b>2</b>			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?	<b>3</b>		X	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			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?	<b>7a</b>			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?	<b>7b</b>			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?	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		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	<b>9</b>			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?	<b>10a</b>			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>10b</b>			
<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?	<b>11a</b>		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	<b>12a</b>		X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		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	<b>12c</b>		X	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		X	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		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	<b>15a</b>		X	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>			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?	<b>16a</b>			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?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MN**
- 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 **▶**  
**ALISSA LIGHT - 651-645-0478**  
**1619 DAYTON AVE #205, ST PAUL, MN 55104-6206**

**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) ALISSA H LIGHT EXECUTIVE DIRECTOR	40.00			X			96,351.	0.	6,490.	
(2) DEBORAH ANGELUCCI FINANCE & HR DIRECTOR	40.00			X			73,801.	0.	7,150.	
(3) BECKY SMITH PRESIDENT	2.00	X		X			0.	0.	0.	
(4) SALLY NIXON VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(5) CHRISTINE REISDORF PAST PRESIDENT	2.00	X		X			0.	0.	0.	
(6) MICHAEL ANDERSON TREASURER/SECRETARY	2.00	X		X			0.	0.	0.	
(7) LUCAS BECK DIRECTOR	1.00	X					0.	0.	0.	
(8) ADRIENNE DORN DIRECTOR	1.00	X					0.	0.	0.	
(9) RILEY KARBON DIRECTOR	1.00	X					0.	0.	0.	
(10) DREW KLINKERT DIRECTOR	1.00	X					0.	0.	0.	
(11) KATHY LARKIN DIRECTOR	1.00	X					0.	0.	0.	
(12) ALLISON MCVAY-STEER DIRECTOR	1.00	X					0.	0.	0.	
(13) KOA MIRAI DIRECTOR	1.00	X					0.	0.	0.	
(14) ERIN MORGAN DIRECTOR	1.00	X					0.	0.	0.	
(15) ERIN KATE RYAN DIRECTOR	1.00	X					0.	0.	0.	
(16) LAUREEN TEWS HARBERT DIRECTOR	1.00	X					0.	0.	0.	
(17) HUNTA WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	

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**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			
<b>1b Subtotal</b> .....							170,152.	0.	13,640.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							170,152.	0.	13,640.	

**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 0

		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	3		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	4		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....	5		X

**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	NONE	(B) Description of services	(C) Compensation

**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>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	38,349.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	843,549.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,402,068.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			2,283,966.			
	<b>Program Service Revenue</b>	<b>2 a</b> CLINIC REVENUE	<b>Business Code</b>				
		621110	1,076,607.	1,076,607.			
<b>b</b> SPEAKER FEES		900099	17,483.	17,483.			
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			1,094,090.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		4,831.			4,831.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
			92,074.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	65,009.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	27,065.				
	<b>d</b> Net rental income or (loss) .....			27,065.	12,452.	14,613.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other		3,476,000.		
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	1,102,164.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	2,373,836.				
<b>d</b> Net gain or (loss) .....			2,373,836.	314,312.	231,051.	1,828,473.	
<b>8 a</b> Gross income from fundraising events (not including \$ 38,349. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
		0.					
<b>b</b> Less: direct expenses .....	<b>8b</b>	7,226.					
<b>c</b> Net income or (loss) from fundraising events .....			-7,226.			-7,226.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME	<b>Business Code</b>					
		900099	18,135.	18,135.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			18,135.				
<b>12 Total revenue.</b> See instructions .....			5,794,697.	1,438,989.	245,664.	1,826,078.	

# Public Inspection Copy

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<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	183,791.	82,085.	74,002.	27,704.
<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	1,570,682.	1,353,996.	85,626.	131,060.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	129,355.	114,480.	7,040.	7,835.
<b>10</b> Payroll taxes	126,876.	104,199.	11,314.	11,363.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	5,324.		5,324.	
<b>c</b> Accounting	15,890.	573.	15,317.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<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.)	203,585.	122,148.	14,617.	66,820.
<b>12</b> Advertising and promotion	34,274.	30,561.	940.	2,773.
<b>13</b> Office expenses	60,141.	34,482.	12,379.	13,280.
<b>14</b> Information technology	41,914.	41,914.		
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	22,253.	18,392.	219.	3,642.
<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	10,167.	4,286.	3,702.	2,179.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	23,519.	18,425.	2,784.	2,310.
<b>23</b> Insurance	15,012.	11,346.	2,549.	1,117.
<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> <b>UNRELATED BUSINESS INCO</b>	72,120.	14,206.	1,457.	56,457.
<b>b</b> <b>MEDICAL AND LAB SUPPLIE</b>	274,635.	274,635.		
<b>c</b> <b>OTHER FUNDRAISING EXPEN</b>	91,063.			91,063.
<b>d</b> <b>BAD DEBT EXPENSE</b>	57,763.	57,763.		
<b>e</b> All other expenses	159,183.	138,386.	6,541.	14,256.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,097,547.	2,421,877.	243,811.	431,859.
<b>26 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)

# Public Inspection Copy

**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 .....	232,099.	<b>1</b>	584,364.	
	<b>2</b> Savings and temporary cash investments .....	225.	<b>2</b>	225.	
	<b>3</b> Pledges and grants receivable, net .....	476,043.	<b>3</b>	772,236.	
	<b>4</b> Accounts receivable, net .....	213,927.	<b>4</b>	170,319.	
	<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 .....	55,436.	<b>8</b>	68,423.	
	<b>9</b> Prepaid expenses and deferred charges .....	5,947.	<b>9</b>	9,126.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,056,539.			
	<b>10a</b>				
	<b>b</b> Less: accumulated depreciation .....	219,152.			
	<b>10b</b>		823,092.	<b>10c</b>	1,837,387.
	<b>11</b> Investments - publicly traded securities .....			<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>	
<b>14</b> Intangible assets .....	8,318.	<b>14</b>	0.		
<b>15</b> Other assets. See Part IV, line 11 .....			<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,815,087.	<b>16</b>	3,442,080.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	263,252.	<b>17</b>	415,421.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	15,966.	<b>19</b>	0.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	21,058.	<b>21</b>	0.	
	<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>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,285,002.	<b>23</b>	99,700.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<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>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,585,278.	<b>26</b>	515,121.	
<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 .....	-191,959.	<b>27</b>	1,882,245.	
	<b>28</b> Net assets with donor restrictions .....	421,768.	<b>28</b>	1,044,714.	
	<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>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	229,809.	<b>32</b>	2,926,959.	
<b>33</b> Total liabilities and net assets/fund balances .....	1,815,087.	<b>33</b>	3,442,080.		



**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>	5,794,697.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	3,097,547.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	2,697,150.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	229,809.
<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>	2,926,959.

**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? .....	<b>2a</b>		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<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? .....	<b>2c</b>	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<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>		X
<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>		

**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

# 2019

Open to Public  
Inspection

Name of the organization <p style="text-align: center;"><b>FAMILY TREE, INC.</b></p>	Employer identification number <p style="text-align: center;"><b>23-7133742</b></p>
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**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>						

# Public Inspection Copy

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	848,922.	1,167,155.	1,367,247.	1,830,524.	2,283,966.	7,497,814.
<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 .....	848,922.	1,167,155.	1,367,247.	1,830,524.	2,283,966.	7,497,814.
<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) .....						302,006.
<b>6 Public support.</b> Subtract line 5 from line 4.						7,195,808.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	848,922.	1,167,155.	1,367,247.	1,830,524.	2,283,966.	7,497,814.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	288.	606.	572.	8.	4,831.	6,305.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	89,568.	53,248.	103,122.	81,469.	184,455.	511,862.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	51,966.	110,836.	67,948.	60,004.	18,135.	308,889.
<b>11 Total support.</b> Add lines 7 through 10						8,324,870.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,020,908.
<b>13 First five 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> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	86.44 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	89.32 %
<b>16a 33 1/3% support test - 2019.</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 .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</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 .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</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 .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</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 .....		<input type="checkbox"/>
<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 .....		<input type="checkbox"/>

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.)						

**14 First five years.** 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 **stop here** .....

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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 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 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 (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**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>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<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. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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 (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .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		(A) Prior Year	(B) Current Year (optional)
			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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).		

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**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>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			



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**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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER INCOME**

2015 AMOUNT: \$ 51,966.

2016 AMOUNT: \$ 110,836.

2017 AMOUNT: \$ 67,948.

2018 AMOUNT: \$ 60,004.

2019 AMOUNT: \$ 18,135.

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 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

FAMILY TREE, INC.

Employer identification number

23-7133742

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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, 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).

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Name of organization  <b>FAMILY TREE, INC.</b>	Employer identification number  <b>23-7133742</b>
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**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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>57,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>745,927.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>165,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>51,366.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

# Public Inspection Copy

Name of organization  <b>FAMILY TREE, INC.</b>	Employer identification number  <b>23-7133742</b>
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**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
7	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 110,189.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

# Public Inspection Copy

Name of organization  <b>FAMILY TREE, INC.</b>	Employer identification number  <b>23-7133742</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

# Public Inspection Copy

Name of organization <b>FAMILY TREE, INC.</b>	Employer identification number <b>23-7133742</b>
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**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

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: FAMILY TREE, INC.
Employer identification number: 23-7133742

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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**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.

<b>Limits on Lobbying Expenditures</b> (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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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) 2016	(b) 2017	(c) 2018	(d) 2019	(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					



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**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		36,650.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			36,650.
<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:**

FAMILY TREE, INC.'S 2019 LOBBYING ACTIVITY WAS A REQUEST FROM THE MN LEGISLATURE TO GRANT FAMILY TREE FUNDING FOR A NEW BUILDING FOR FAMILY TREE.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization FAMILY TREE, INC. Employer identification number 23-7133742

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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.

Form with questions (1a-1b, 2a-2b) regarding reporting requirements for art and historical treasures, including revenue and asset amounts.

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**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):
- |   |  |
|---|--|
| <p><b>a</b> <input type="checkbox"/> Public exhibition</p> <p><b>b</b> <input type="checkbox"/> Scholarly research</p> <p><b>c</b> <input type="checkbox"/> Preservation for future generations</p> | <p><b>d</b> <input type="checkbox"/> Loan or exchange program</p> <p><b>e</b> <input type="checkbox"/> Other _____</p> |
|---|--|
- 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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....			31,325.	31,325.	31,325.
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....			31,325.		
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....				31,325.	31,325.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶  .00  %
- b** Permanent endowment ▶  .00  %
- c** Term endowment ▶  .00  %
- 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:
- |   |               |    |
|---|---------------|----|
|   | Yes           | No |
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 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
<b>1a</b> Land .....		1,579,512.		1,579,512.
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		238,020.	219,152.	18,868.
<b>e</b> Other .....		239,007.		239,007.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				1,837,387.

**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.

1. (a) Description of liability	(b) Book value
(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 ...

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**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.

1 Total revenue, gains, and other support per audited financial statements	1	5,972,870.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	105,938.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	105,938.
3 Subtract line 2e from line 1	3	5,866,932.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	-72,235.
c Add lines 4a and 4b	4c	-72,235.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,794,697.

**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.

1 Total expenses and losses per audited financial statements	1	3,275,720.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	105,938.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	72,235.
e Add lines 2a through 2d	2e	178,173.
3 Subtract line 2e from line 1	3	3,097,547.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,097,547.

**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 IV, LINE 2B:**

THE ORGANIZATION ASKS TENANTS TO PAY ONE MONTH'S RENT WHEN THEY BEGIN THEIR LEASE AS A SECURITY DEPOSIT. WHEN THE LEASE IS TERMINATED, THE DEPOSIT, LESS ANY DAMAGE REPAIR COSTS, IS RETURNED TO THE TENANT.

**PART V, LINE 4:**

THE ORGANIZATION'S QUASI-ENDOWMENT FUNDS ARE DESIGNATED BY THE BOARD OF DIRECTORS TO BE USED FOR THE SUPPORT OF FAMILY TREE CLINIC'S GENERAL OPERATIONS. ALL QUASI-ENDOWMENT FUNDS HAVE BEEN USED FOR ORGANIZATION PROGRAMS BY DECEMBER 31, 2017.

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**Part XIII** Supplemental Information (continued)

## PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE BUT IS SUBJECT TO INCOME TAX ON NET UNRELATED BUSINESS INCOME. THE ORGANIZATION HAD INCOME TAX EXPENSE OF \$72,120 AND \$41,135 IN 2019 AND 2018. CASH PAYMENTS FOR INCOME TAXES WERE \$8,500 AND \$72,435 IN 2019 AND 2018.

THE ORGANIZATION REVIEWS INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS TO DETERMINE IF THERE ARE ANY INCOME TAX UNCERTAINTIES. THIS INCLUDES POSITIONS THAT THE ENTITY IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE ORGANIZATION RECOGNIZES TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITIONS. THE ORGANIZATION HAS IDENTIFIED NO INCOME TAX UNCERTAINTIES.

THE ORGANIZATION'S FEDERAL TAX RETURNS ARE OPEN TO EXAMINATION FOR TAX YEARS 2016 THROUGH 2018.

THIS IS A FEDERAL INCOME TAX AUDIT IN PROGRESS IN 2019 FOR THE 2016 AND 2017 RETURNS. MANAGEMENT BELIEVES ADDITIONAL FEDERAL INCOME TAX, IF ANY, WILL NOT BE SIGNIFICANT TO THE ORGANIZATION.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	-7,226.
RENTAL EXPENSES	-65,009.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-72,235.



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

2019

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

**FAMILY TREE, INC.**

Employer identification number

**23-7133742**

**Part I 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.

- |   |  |
|---|--|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|--|

**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			
FOX ADVANCEMENT - 807 BROADWAY ST NE, #250,	CAPITAL CAMPAIGN CONSULTING SERVICES		X	0.	90,000.	939,070.
<b>Total</b> .....					90,000.	939,070.

**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.



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**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 <b>NONE</b>	(d) Total events (add col. (a) through col. (c))
		SPELLING BEE			
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	38,349.			38,349.
	<b>2</b> Less: Contributions .....	38,349.			38,349.
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	953.			953.
	<b>6</b> Rent/facility costs .....	475.			475.
	<b>7</b> Food and beverages .....	402.			402.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	5,396.			5,396.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				7,226.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-7,226.	

**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	<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....					
	<b>3</b> Noncash prizes .....					
	<b>4</b> Rent/facility costs .....					
	<b>5</b> Other direct expenses .....					
	<b>6</b> 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		
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
	<b>8</b> 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: \_\_\_\_\_

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- 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: FOX ADVANCEMENT

(I) ADDRESS OF FUNDRAISER: 807 BROADWAY ST NE, #250, MINNEAPOLIS, MN 55413

**PART I, LINE 2B, COLUMN (V):**

CAPITAL CAMPAIGN CONSULTING SERVICES



**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

**2019**

Open to Public  
Inspection

Name of the organization

FAMILY TREE, INC.

Employer identification number

23-7133742

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND LEADING HEALTH AND EDUCATION CENTER. TODAY, BUILDING ON 49 YEARS OF HISTORY AND DEDICATION, FAMILY TREE IS A REGIONAL AND NATIONAL LEADER IN INCLUSIVE SEXUAL HEALTH CARE AND EDUCATION AND IS ON THE VANGUARD OF NEW AND INNOVATIVE APPROACHES TO HEALTH EQUITY. FORTY-NINE YEARS AGO, THE ST. PAUL COMMUNITY CAME TOGETHER AT A MOMENT OF CRISIS TO CREATE FAMILY TREE CLINIC, AND TODAY FAMILY TREE HONORS THAT LEGACY BY OPERATING AS A COMMUNITY-BASED NONPROFIT CLINIC, AND -- AT THE GRASSROOTS LEVEL -- AN INTEGRAL PART OF THE COMMUNITY'S LONG-TERM HEALTH CARE SOLUTION.

THE MISSION OF FAMILY TREE CLINIC IS TO CULTIVATE A HEALTHY COMMUNITY THROUGH COMPREHENSIVE SEXUAL HEALTH CARE AND EDUCATION. OUR VISION IS TO ELIMINATE HEALTH DISPARITIES THROUGH INNOVATIVE, PERSONALIZED SEXUAL HEALTH CARE AND EDUCATION FOR DIVERSE NEEDS. WE WORK TOWARD OUR MISSION AND VISION BY PROVIDING MEDICAL REPRODUCTIVE AND SEXUAL HEALTH SERVICES; LIMITED PRIMARY CARE; CULTURALLY RESPONSIVE SERVICES TO THE LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER (LGBTQ) COMMUNITY; COMMUNITY HEALTH EDUCATION PROGRAMMING; A HEALTH EDUCATION PROGRAM FOR THE DEAF, DEAFBLIND AND HARD OF HEARING (DDBHH); THE MN FAMILY PLANNING + STD HOTLINE, WHICH INCLUDES WEB CHAT AND TEXT SERVICES (1-800-78-FACTS/SEXUALHEALTHMN.ORG); AND THROUGH COLLABORATIVE PARTNERSHIPS WITH OTHER SERVICE ORGANIZATIONS.

FAMILY TREE CLINIC'S BOARD OF DIRECTORS APPROVED A STRATEGIC PLAN WHICH BUILDS ON FAMILY TREE'S LONG-STANDING COMMITMENT TO IMPROVING THE

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HEALTH AND WELLNESS OF THE TWIN CITIES COMMUNITY, PARTICULARLY THOSE WHO ARE UNDERSERVED, EXPERIENCE HEALTH DISPARITIES, AND FACE BARRIERS TO ACCESSING CARE. THE KEY FIVE YEAR GOALS OF THIS AMBITIOUS PLAN ARE:

- 1) PROVIDE NATIONAL LEADERSHIP FOCUSED IN EDUCATION, ADVOCACY AND POLICY ON SEXUAL HEALTH CARE;
- 2) REDUCE HEALTH DISPARITIES THROUGH ACCESSIBLE, SEX POSITIVE HEALTH CARE AND EDUCATION;
- 3) EXPAND SERVICES AND PROGRAMS TO BETTER CONNECT THE COMMUNITY WITH COORDINATED, QUALITY CARE AND EDUCATION GROUNDED IN SEXUAL AND REPRODUCTIVE HEALTH; AND
- 4) INCREASE FAMILY TREE CLINIC'S ORGANIZATIONAL CAPACITY TO SUCCESSFULLY CARRY OUT ITS WORK. THESE LONG-TERM GOALS INCLUDE SPECIFIC STRATEGIES TO INCREASE FAMILY TREE'S ABILITY TO SERVE CURRENT AND NEW CLIENTS, LEADING THE ORGANIZATION TO EXPAND MEDICAL SERVICES MULTIPLE TIMES IN ORDER TO OFFER ACUTE PRIMARY CARE, A HORMONE CARE PROGRAM FOR TRANS IDENTIFIED INDIVIDUALS, AND PREP FOR HIV PREVENTION.

WE ARE IN THE FINAL YEAR OF THIS STRATEGIC PLAN, AND THE BOARD WILL EMBARK ON A NEW STRATEGIC PLANNING PROCESS IN 2021 THAT WILL GENERATE LONG-TERM GOALS FOR DEVELOPING OUR NEW SEXUAL HEALTH AND EDUCATION CENTER -- MADE POSSIBLE THROUGH OUR POWER TO BUILD CAPITAL CAMPAIGN -- INTO A BEACON OF HEALTH AND WELLNESS IN THE TWIN CITIES.

FAMILY TREE CLINIC DELIVERS ON OUR MISSION THROUGH FOUR ROOT PROGRAMS OF EXCELLENCE:

- 1) CULTURALLY RESPONSIVE MEDICAL SERVICES CENTERING PEOPLE MOST IMPACTED BY HEALTH INEQUITIES;
- 2) COMPREHENSIVE SEXUALITY AND HEALTHY RELATIONSHIPS EDUCATION FOCUSED IN SCHOOLS, CORRECTIONS AND WITHIN DDBHH COMMUNITIES;
- 3) COMMUNITY ENGAGEMENT THAT CREATES PATHWAYS FOR THE COMMUNITY TO INFORM AND SHAPE THE SERVICES WE PROVIDE; AND
- 4) INTERDISCIPLINARY TRAINING FOR HEALTH CARE PROFESSIONALS AND MEDICAL

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Name of the organization FAMILY TREE, INC.	Employer identification number 23-7133742
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STUDENTS, WITH A FOCUS ON LGBTQ-COMPETENCY IN HEALTH CARE DELIVERY. WE BELIEVE THAT PATIENT-CENTERED MEDICAL CARE, UPSTREAM EDUCATION, INTENTIONAL ENGAGEMENT OF COMMUNITIES AND TRAINING OF THE FUTURE WORKFORCE WILL RESULT IN HEALTH EQUITY FOR PEOPLE MOST ON THE MARGINS. TODAY WE SERVE OVER 23,000 PEOPLE EACH YEAR THROUGH OUR ROOT PROGRAMS, AND ARE AN ESTABLISHED STATEWIDE AND REGIONAL LEADER IN THE FIELD OF LGBTQ HEALTH EQUITY AND INCLUSIVE CARE MODELS. FAMILY TREE OFFERS THE ONLY SLIDING FEE SCALE, AND INFORMED CONSENT HORMONE CARE PROGRAM FOR GENDER AFFIRMATIVE MEDICAL CARE IN THE STATE. PATIENTS IN THIS PROGRAM COME FROM THE 7-STATE UPPER MIDWEST REGION AND CANADA TO RECEIVE CARE AT FAMILY TREE. TRANS FOLKS CHOOSE OUR PROGRAM FOR MANY REASONS WE OFTEN HEAR THAT THIS IS THE ONLY CLINIC WHERE THEY FEEL SAFE, SEEN, RESPECTED, AFFIRMED AND LIKE THEY ARE PARTNERS IN THEIR CARE.

WE BELIEVE THAT THE PATH TO ACHIEVING HEALTH EQUITY AND JUSTICE REQUIRES CENTERING PEOPLE IMPACTED BY HEALTH INEQUITIES IN EVERY FACET OF CARE. OUR TRANSFORMATION HAS BEEN LED BY AND WITH THE DIVERSE COMMUNITIES RESIDING IN THE TWIN CITIES AND STATE OF MINNESOTA.

FAMILY TREE CLINIC PROVIDES PREVENTIVE PRIMARY MEDICAL CARE SERVICES, WITH A FOCUS ON REPRODUCTIVE AND SEXUAL HEALTH CARE. MEDICAL SERVICES INCLUDE PAP SMEARS AND ANNUAL PREVENTIVE EXAMS; COLPOSCOPY AND BREAST/CHEST EXAMS; MAMMOGRAM REFERRALS; MENOPAUSE CARE; STI TESTING AND TREATMENT; HIV CARE INCLUDING SCREENING, TESTING, AND PREP FOR HIV PREVENTION; TREATMENT FOR UTI'S AND OTHER INFECTIONS; HEALTH AND WELLNESS COACHING; NUTRITION COUNSELING; PRECONCEPTION COUNSELING AND CARE; PREGNANCY TESTING AND ALL-OPTIONS COUNSELING; ACUTE PRIMARY CARE INCLUDING UPPER RESPIRATORY INFECTIONS, SKIN CONDITIONS, AND

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IMMUNIZATIONS; SMOKING CESSATION; AND AN INFORMED CONSENT TRANS HORMONE CARE PROGRAM. PATIENTS MAY PAY FOR THESE SERVICES USING INSURANCE, GOVERNMENT ASSISTANCE OR GRANTS, OR ACCORDING TO FAMILY TREE'S SLIDING FEE SCALE. TO ENSURE EQUITABLE ACCESS TO OUR HEALTH CARE SERVICES FOR OUR TRADITIONALLY MARGINALIZED PATIENT BASE, WE DO NOT TURN ANYONE AWAY FOR INABILITY TO PAY. FAMILY TREE PROVIDES SERVICES PRIMARILY TO INDIVIDUALS IN THE 7-COUNTY METRO, WITH NEARLY 60% OF PATIENTS RESIDING IN RAMSEY COUNTY. WASHINGTON COUNTY AND DAKOTA COUNTY RESIDENTS INCREASINGLY SEEK OUT FAMILY TREE'S SERVICES AS THE NEED FOR CULTURALLY EXCELLENT, ACCESSIBLE, COMMUNITY-BASED HEALTH CARE CONTINUES TO RISE.

FAMILY TREE CLINIC'S TARGET POPULATIONS ARE LOW-INCOME INDIVIDUALS EXPERIENCING HEALTH DISPARITIES, INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED, WOMEN AND TEENS IN NEED OF HIGH QUALITY REPRODUCTIVE HEALTH CARE, INDIVIDUALS FACING BARRIERS TO ACCESSING CARE DUE TO FEAR, INADEQUATE TRANSPORTATION AND LACK OF CULTURAL COMPETENCE, LGBTQ COMMUNITY MEMBERS, PEOPLE OF COLOR, AND INDIVIDUALS ON PUBLIC ASSISTANCE PROGRAMS. IN 2019, FAMILY TREE CLINIC PROVIDED 6289 VISITS (A 5.5% INCREASE FROM 2018) TO ALMOST 2,800 UNDUPLICATED PATIENTS. SEVENTY-NINE PERCENT OF PATIENTS SERVED WERE AT OR BELOW 250% OF THE FEDERAL POVERTY GUIDELINES AND 45% WERE LIVING AT OR BELOW THE POVERTY LEVEL. THIRTY-NINE PERCENT OF PATIENTS SERVED IDENTIFIED AS PEOPLE OF COLOR: 12% AFRICAN AMERICAN, 6% ASIAN, 1% AMERICAN INDIAN/NATIVE, 1% PACIFIC ISLANDER, 10% MULTIRACIAL, 6% LATINA/O, 3% OTHER. ADDITIONALLY, 46% OF PATIENTS IDENTIFIED AS LESBIAN, GAY, BISEXUAL, AND/OR QUEER, AND 31% IDENTIFIED AS TRANSGENDER, GENDER NONCONFORMING OR NON-BINARY.

FAMILY TREE OFFERS MNSURE NAVIGATION AND RESOURCES COORDINATION. FAMILY

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TREE STAFFS 4 CERTIFIED MNSURE NAVIGATORS WHO WORK WITH CLIENTS TO ENROLL THEM IN INSURANCE PROGRAMS, INCLUDING MINNESOTA HEALTH CARE PROGRAMS, PRIVATE INSURANCE OPTIONS, AND A MEDICAID WAIVER PROGRAM CALLED THE MINNESOTA FAMILY PLANNING PROGRAM (MFPP). FAMILY TREE ALSO DEDICATES 1.5 FTES TO PROVIDING IN-CLINIC SUPPORT TO PATIENTS FOR THEIR BROAD WELLNESS NEEDS INCLUDING CULTURALLY RESPONSIVE FOOD SHELVES AND RESOURCES, HOUSING SUPPORT, MENTAL WELLNESS REFERRALS, CHEMICAL DEPENDENCY RESOURCES, AND TRANSPORTATION NEEDS. MANY FAMILY TREE CLIENTS HAVE MULTIPLE, URGENT HEALTH NEEDS AND OFTEN REQUIRE MULTIPLE VISITS AND OTHER TYPES OF CARE COORDINATION AND TARGETED CASE MANAGEMENT.

FAMILY TREE'S VOLUNTEER PROGRAM UTILIZES OVER 30 TRAINED COMMUNITY VOLUNTEERS TO DELIVER PATIENT EDUCATION, COMMUNITY OUTREACH, AND ASSIST WITH RESEARCH AND ADMINISTRATIVE SUPPORT SERVICES IN THE CLINIC. FAMILY TREE WAS FOUNDED BY VOLUNTEER COMMUNITY ACTIVISTS, AND OUR VOLUNTEER PROGRAM CONTINUES TO PROVIDE UNIQUE AND INVALUABLE LINKAGES BETWEEN OUR BROADER COMMUNITY AND OUR SERVICES. IN 2019 FAMILY TREE VOLUNTEERS PROVIDED OVER 4,000 HOURS OF SERVICE IN OUR CLINIC INCLUDING 300 DIRECT PATIENT EDUCATION VISITS AND DISPENSED OVER 10,000 SAFER SEX KITS AT COMMUNITY EVENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
SKILLS, IS ALSO A PROVEN STRATEGY FOR SEXUAL VIOLENCE PREVENTION.  
FAMILY TREE TRAVELS TO CORRECTIONAL FACILITIES, COLLEGES, PUBLIC SCHOOLS, ALTERNATIVE LEARNING CENTERS, CHEMICAL DEPENDENCY TREATMENT CENTERS, SHELTERS AND HOUSING PROGRAMS ACROSS THE METRO REGION TO ENSURE THAT EVERYONE HAS THE FULL ARRAY OF TOOLS THEY NEED TO MAKE



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HEALTHY AND INFORMED DECISIONS ABOUT THEIR SEXUAL HEALTH. WE PROVIDE IN-DEPTH AND EVIDENCE-BASED INFORMATION ON BIRTH CONTROL OPTIONS, SEXUALLY TRANSMITTED INFECTIONS, PUBERTY, HEALTHY RELATIONSHIPS, PARENTS ARE SEX EDUCATORS (PASE) PROGRAMS, AND EARLY CHILDHOOD FAMILY EDUCATION (ECFE) CLASSES.

OUR COMMUNITY HEALTH EDUCATION PROGRAM CONTINUES TO GROW IN TERMS OF STAFF AND IMPACT. IN 2019, FAMILY TREE EDUCATORS RAN 837 HEALTH EDUCATION PRESENTATIONS IN 58 DIFFERENT SCHOOLS, REACHING 15,910 YOUTH AND FAMILIES WITH UNBIASED, SHAME-FREE SEXUAL HEALTH INFORMATION AND HEALTHY RELATIONSHIP SCHOOLS. AND THE PROGRAM'S IMPACT IN THE EAST METRO IS GROWING. WE REACHED 13,527 YOUTH AND PARENTS THROUGH 686 PRESENTATIONS IN EAST METRO COUNTIES (RAMSEY, WASHINGTON AND DAKOTA), WHICH IS 85% OF OVERALL PEOPLE REACHED THROUGH COMMUNITY HEALTH EDUCATION. THESE NUMBERS ARE MUCH HIGHER THAN LAST YEAR'S DUE TO THE ADDITION OF ANOTHER EDUCATOR MADE POSSIBLE THROUGH A 3-YEAR SEXUAL VIOLENCE PREVENTION GRANT FROM MN COALITION AGAINST SEXUAL ASSAULT. THE STAFF GROWTH HAS ALSO LED TO AN INCREASE IN SUPERVISORY HOURS FROM THE PROGRAM DIRECTOR AND MANAGERS, AND UNRESTRICTED FUNDING FROM THE HUGH J. ANDERSEN FOUNDATION HELPS COVER STAFF COSTS THAT WE ARE NOT ABLE TO FUND THROUGH PROGRAM GRANTS.

THREE DEAF STAFF PERSONS FLUENT IN AMERICAN SIGN LANGUAGE (ASL) RUN OUR INNOVATIVE HEALTH EDUCATION PROGRAM FOR THE DEAF, DEAFBLIND AND HARD OF HEARING (DDBHH) COMMUNITY, LEADING WORKSHOPS ON ANATOMY, PREGNANCY PREVENTION, PUBERTY, HEALTHY RELATIONSHIPS, SELF-ESTEEM, SEXUALLY TRANSMITTED INFECTIONS, AND PARENTS ARE SEXUALITY EDUCATORS (PASE) PROGRAMS. THIS IS THE ONLY PROGRAM OF ITS KIND IN THE STATE.

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APPROXIMATELY 10% OF U.S. RESIDENTS MANAGE PROFOUND HEARING LOSS. ON AVERAGE, DDBHH COMMUNITY MEMBERS ARE AT A GREATER LIKELIHOOD OF BEING LOW-INCOME, UNINSURED, ALIENATED FROM HIGHER EDUCATION, AND AT A GREATER RISK FOR SEXUAL ABUSE AND LACK OF INFORMATION AROUND SEXUAL HEALTH. ADDITIONALLY, DEAF LGBTQ INDIVIDUALS ARE AT A HIGHER RISK OF IN-COMMUNITY DISCRIMINATION AND MORE LIKELY TO CONCEAL THEIR SEXUAL BEHAVIOR, ENGAGE IN UNSAFE ACTIVITIES, AND LACK ACCESS TO ACCURATE AND UP-TO-DATE SEXUAL HEALTH INFORMATION. IN 2019, FAMILY TREE CONFRONTED THESE DISPARITIES BY PROVIDING OVER 1,200 DDBHH COMMUNITY MEMBERS WITH RESOURCES, INFORMATION, AND SOCIAL SUPPORT THAT MIGHT OTHERWISE HAVE BEEN INACCESSIBLE TO THEM. OUR DDBHH STAFF ARE ALSO BECOMING CERTIFIED AS MNSURE NAVIGATORS TO ASSIST OUR DEAF CLIENTS WITH HEALTH INSURANCE ACCESS.

SINCE 1979, WE HAVE OPERATED THE DEPARTMENT OF HEALTH-FUNDED MN FAMILY PLANNING + STD HOTLINE (1-800-78-FACTS, WWW.SEXUALHEALTHMN.ORG), A STATEWIDE SERVICE PROVIDING FREE AND CONFIDENTIAL INFORMATION ABOUT STIS, BIRTH CONTROL, AND FAMILY PLANNING. THROUGH THE HOTLINE, WE ALSO MAINTAIN A FAMILY PLANNING PROVIDER DATABASE AND PROVIDE REFERRALS TO LOW-COST CLINICS IN ALL 87 COUNTIES IN MINNESOTA. IN 2019, HOTLINE HEALTH EDUCATORS DISPENSED EXPERT INFORMATION AND REFERRALS IN RESPONSE TO OVER 3,000 CONTACTS VIA PHONE, WEB CHAT AND TEXT.

FAMILY TREE CLINIC CONTINUES OUR FOCUS ON PROVIDING CULTURALLY APPROPRIATE, COMPASSIONATE, AND PROGRESSIVE HEALTH CARE TO THE LGBTQ COMMUNITY THROUGH OUR LGBTQ HEALTH ACCESS INITIATIVE. WORKING TO ADDRESS A LONG-STANDING DISENFRANCHISEMENT OF THE LGBTQ COMMUNITY AND TO IMPROVE HEALTH OUTCOMES, WE HAVE PARTNERED WITH COMMUNITY-BASED

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ORGANIZATIONS TO TAILOR AND IMPROVE OUR OUTREACH, EDUCATION, AND CLINIC SERVICES. THE SPECIALIZED CARE WE PROVIDE TO LGBTQ INDIVIDUALS THROUGH ALL STAGES OF LIFE IS MAKING STRIDES TO COUNTERACT THE PERVASIVE DISCRIMINATION THAT SEXUAL AND GENDER MINORITIES HAVE TRADITIONALLY EXPERIENCED IN MEDICAL SETTINGS. SINCE LAUNCHING OUR INITIATIVE IN 2009, THE PERCENTAGE OF LGBTQ-IDENTIFIED PATIENTS SERVED AT FAMILY TREE HAS INCREASED FROM 9% TO 60% AT THE END OF 2019. IN JUNE OF 2015 FAMILY TREE CONTINUED TO FULFILL OUR PROMISE TO THE TRANSGENDER COMMUNITY BY OFFERING SLIDING-FEE-SCALE HORMONE THERAPY FOR THOSE TRANSITIONING--A MOVE THAT IS REVOLUTIONARY WITHIN THE TWIN CITIES METRO REGION FOR ITS COMMITMENT TO GENDER AFFIRMATION TREATMENT AND HEALTH CARE ACCESS FOR ALL. TO OUR KNOWLEDGE WE ARE THE ONLY SLIDING FEE SCALE COMMUNITY CLINIC IN MINNESOTA OFFERING TRANS HORMONE THERAPY, AND OUR NUMBER OF TRANS HORMONE CARE PATIENTS ROSE BY 28.5% IN 2019 (FROM 614 TO 789 HORMONE PATIENTS). MANY OF THESE PATIENTS TRAVEL FROM ACROSS THE STATE, AS WELL AS FROM A 7-STATE UPPER MIDWEST REGION AND CANADA.

TO MEET THE GOALS OF OUR STRATEGIC PLAN, WE COMMITTED TO THE FOLLOWING ACTIVITIES IN 2019:

- 1) PROVIDE REPRODUCTIVE AND SEXUAL HEALTH MEDICAL SERVICES THROUGH 6,500 PATIENT VISITS, REACHING 3,000 UNDUPLICATED PATIENTS;
- 2) OFFER A FULL RANGE OF AFFORDABLE, LOW COST, BIRTH CONTROL OPTIONS TO ALL;
- 3) ENHANCE PATIENT ACCESS TO LONG ACTING REVERSIBLE CONTRACEPTION (LARC) METHODS, AND PROVIDE LARCS TO 300 PATIENTS;
- 4) ENHANCE PATIENT ACCESS TO PREP, A DAILY PILL THAT PREVENTS THE TRANSMISSION OF HIV, PROVIDING PREP TREATMENT TO 100 PATIENTS;

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- 5) UTILIZE 4 TRAINED MNSURE NAVIGATORS ON STAFF TO ASSIST 600 INDIVIDUALS WITH ACCESS TO, AND ENROLLMENT IN, HEALTH COVERAGE VIA MINNESOTA'S HEALTH INSURANCE EXCHANGE;
- 6) ENROLL 500 INDIVIDUALS IN THE MINNESOTA FAMILY PLANNING PROGRAM;
- 7) PROVIDE MINOR ILLNESS CARE TO 1,000 PATIENTS;
- 8) PROVIDE OFF-SITE BIRTH CONTROL, PREGNANCY PREVENTION, AND STI SCREENING SERVICES TO 75 WOMEN AT WOMEN'S ADVOCATES, A SHELTER FOR WOMEN IN ST. PAUL;
- 9) CONDUCT NECESSARY OUTREACH AND ENGAGEMENT TO ENSURE THAT 45% OF MEDICAL REPRODUCTIVE HEALTH SERVICES PROVIDED WILL BE TO PEOPLE AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL, AND AT LEAST 80% OF PATIENTS WILL BE AT OR BELOW 250% OF THE FEDERAL POVERTY LEVEL;
- 10) PROVIDE COMPASSIONATE AND HIGH-QUALITY MEDICAL CARE WITH INTEGRITY, SUCH THAT AT LEAST 90% OF PATIENTS WILL REPORT A HIGH LEVEL OF SATISFACTION WITH OUR SERVICES;
- 11) RESPOND TO OVER 3,000 CALLS, TEXT EXCHANGES, AND WEB CHATS ON THE MN FAMILY PLANNING + STD HOTLINE;
- 12) SERVE A PATIENT BASE THAT IS AT LEAST 50% LGBTQ-IDENTIFIED, AND AT LEAST 45% PEOPLE OF COLOR AS DEMONSTRATED BY COLLECTION OF DATA ON SEXUAL ORIENTATION, GENDER IDENTITY AND RACIAL AND ETHNIC DEMOGRAPHICS;
- 13) CULTIVATE CLINICAL SERVICES AND ENVIRONMENTS THAT BETTER MEET THE NEED FOR CULTURALLY COMPETENT SEXUAL AND REPRODUCTIVE HEALTH CARE FOR THE LGBTQ COMMUNITY IN THE TWIN CITIES AREA;
- 14) DELIVER A LEADING TRANS HORMONE CARE PROGRAM UTILIZING INFORMED CONSENT, AND SERVE 800 TRANSGENDER PATIENTS FOR HORMONE CARE AND SEXUAL HEALTH CARE SERVICES;
- 15) PARTNER WITH THE NATIONAL RESEARCH ORGANIZATION ETR, AND SEATTLE-BASED KING COUNTY PUBLIC HEALTH TO TRAIN TEACHERS AROUND THE

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COUNTRY IN THE EVIDENCED INFORMED FLASH CURRICULUM;

16) PROVIDE 850 EDUCATIONAL PRESENTATIONS TO 16,000 INDIVIDUALS THROUGH THE COMMUNITY HEALTH EDUCATION PROGRAM, REACHING AT LEAST 7,000 YOUTH OF COLOR; AND

17) PROVIDE 1,300 DEAF, DEAFBLIND, AND HARD OF HEARING INDIVIDUALS WITH ACCESS TO SEXUAL HEALTH EDUCATION AND RESOURCES THEY WOULD NOT OTHERWISE BE ABLE TO OBTAIN.

FAMILY TREE'S ACTIVITIES CENTER ON EXPANDING HEALTH EQUITY ACROSS COMMUNITIES, INCREASING ACCESS TO THE HIGHEST QUALITY PREVENTIVE SEXUAL HEALTH CARE AND EDUCATION, AND DEVELOPING INDIVIDUAL SELF-DETERMINATION SO THAT THE PEOPLE FAMILY TREE SERVES CAN LIVE THEIR HEALTHIEST LIVES. AS WE STRIVE FOR HEALTHY, VIBRANT COMMUNITIES FAMILY TREE WILL EMPLOY MULTIPLE STRATEGIES AND CARRY OUT TARGETED ACTIVITIES THAT DIRECTLY FOSTER INCLUSIVITY, PROMOTE EQUITY, AND LEAD TO INCREASED HUMAN INDEPENDENCE, SELF-SUFFICIENCY AND DIGNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ALL OF OUR ACTIVITIES AIM TO CENTER OUR PATIENTS AND CLIENTS, AND ARE DIRECTED AT INCREASING HEALTH EQUITY, INCREASING ACCESS, BREAKING DOWN BARRIERS, AND EQUIPPING INDIVIDUALS WITH THE TOOLS FOR SELF-DETERMINATION. EACH OF OUR ACTIVITIES TIE BACK TO A STRATEGIC PLAN GOAL, AND ARE TIED TOWARDS AN IMPACT OUTCOME. STEMMING OUT OF OUR STATED ACTIVITIES, WE DEFINE OUR IMPACT IN THE FOLLOWING WAYS:

1) IMPROVE HEALTH OUTCOMES FOR INDIVIDUAL PATIENTS AS WELL AS PATIENTS' FAMILIES AND COMMUNITIES BY INCREASING ACCESS, ON A COMMUNITY LEVEL, TO STATE PROGRAMMING THAT PROVIDES INDIVIDUALS WITH THE TOOLS AND

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RESOURCES THEY NEED TO ACCESS GENERAL AND SEXUAL HEALTH CARE SERVICES.

2) ENSURE THAT PATIENTS HAVE CONTROL OVER THEIR OWN REPRODUCTIVE LIVES AND HAVE THE ABILITY TO REDUCE/ELIMINATE UNINTENDED PREGNANCIES; CONTRIBUTE TO THE REDUCTION OF UNINTENDED PREGNANCIES STATEWIDE AND WITHIN OUR DIRECT COMMUNITY.

3) PROVIDED INTEGRATED HEALTH CARE, INCLUDING MINOR ILLNESS CARE, TO PATIENTS WHO RELY ON FAMILY TREE AS A COMPASSIONATE, AFFIRMING, AND HIGH-QUALITY MEDICAL PROVIDER.

4) INCREASE FAMILY TREE'S CAPACITY TO SERVE LOW-INCOME, UNDERINSURED, AND UNINSURED PATIENTS BY SUPPORTING ENROLLMENT AND APPROPRIATE COMPENSATION FROM HEALTH PLANS FOR SERVICES PROVIDED TO ELIGIBLE INDIVIDUALS.

5) REMAIN TRUE TO THE ORGANIZATION'S FOUNDING COMMITMENT TO INCREASING ECONOMIC ACCESS TO HEALTH CARE BY CONFIRMING THAT THE MAJORITY OF CLINICAL VISITS ARE APPORTIONED TO LOW-INCOME PATIENTS.

6) DISMANTLE STRUCTURAL INEQUITIES BY COUPLING THE HIGHEST QUALITY OF HEALTH CARE WITH LOW-INCOME ACCESS.

7) MEET AND EXCEED INTERNAL AND EXTERNAL QUALITY ASSURANCE STANDARDS FOR PATIENT CARE, FURTHER GROWING OUR REPUTATION AND MEETING OUR ETHICAL OBLIGATION TO DELIVER EXEMPLARY CARE WITH OBVIOUS AND GENUINE RESPECT FOR OUR PATIENTS.

8) MEET OUR OBLIGATIONS AS STEWARDS OF THE STATE HOTLINE PROGRAM, EXTENDING UNBIASED, ACCURATE, AND RESPONSIVE HEALTH CARE INFORMATION, RESPONDING TO INDIVIDUALS IN CRISIS, AND IMPROVING HEALTH CARE OUTCOMES OF THE INDIVIDUALS WHO SEEK OUR ASSISTANCE.

9) REDUCE THE INCIDENCE OF STIS AMONG YOUTH AND OTHER AT-RISK COMMUNITY MEMBERS AS EVIDENCED BY STATEWIDE AND REGIONAL INCIDENCE RATES.

10) REDUCE INSTANCES OF SEXUAL ABUSE AND INTIMATE PARTNER VIOLENCE BY

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IMPLEMENTING COMPREHENSIVE SEXUALITY EDUCATION AS A STRATEGY FOR THE  
PRIMARY PREVENTION OF SEXUAL VIOLENCE.

11) BECOME A MIDWESTERN MODEL FOR TRANS HEALTH CARE, WITH OUR  
SLIDING-SCALE TRANSGENDER HORMONE THERAPY PROGRAM AND HIGH QUALITY  
SEXUAL AND MINOR ILLNESS CARE SERVICES.

12) IMPROVE THE SEXUAL AND MENTAL HEALTH OF NEARLY 800 TRANSGENDER  
PATIENTS SEEKING HORMONE CARE FOR GENDER TRANSITION.

13) DISRUPT THE STRUCTURAL INEQUITIES AND BARRIERS TO SEXUAL HEALTH  
CARE ACCESS FOR DDBHH INDIVIDUALS AND MARGINALIZED AND AT-RISK YOUTH IN  
THE TWIN CITIES METRO REGION.

14) MULTIPLY THE IMPACT OF OUR APPROACH BY TRAINING OTHER HEALTH  
PROFESSIONALS AND COMMUNITY PARTNERS TO ENGAGE WITH PARENTS, TEENS, AND  
OTHERS THROUGH POSITIVE, EVIDENCE-BASED PROGRAMMING.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE FAMILY TREE. THE  
EXECUTIVE COMMITTEE CONDUCTS THE BUSINESS OF FAMILY TREE BETWEEN THE  
REGULAR MEETINGS OF THE BOARD, SUBJECT TO THE CONTROL AND GUIDANCE OF THE  
BOARD, AND PERFORMS SUCH OTHER DUTIES AS THE BOARD MAY ASSIGN TO IT. IN THE  
ABSENCE OF A SPECIAL OR STANDING COMMITTEE TO ADDRESS PERSONNEL ISSUES, THE  
EXECUTIVE COMMITTEE WILL ALSO ACT AS THE PERSONNEL COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 3:

THE MANAGEMENT OF THE BUILDING IS PROVIDED TERRACE GROUP.

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

THE ORGANIZATION'S MANAGEMENT TEAM REVIEWS THE FORM 990 AND THEN PRESENTS

# Public Inspection Copy

Name of the organization FAMILY TREE, INC.	Employer identification number 23-7133742
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IT TO THE FINANCE COMMITTEE FOR APPROVAL. THE FULL BOARD RECEIVES A COPY OF THE FORM 990 PRIOR TO FILING.

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

BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY AND ALL CONFLICTS OF INTEREST UPON NOMINATION TO THE BOARD UNDER THE STANDARDS OF CONDUCT POLICY. BOARD MEMBERS ARE REQUIRED TO UPDATE THEIR DISCLOSURES WHEN AND IF THERE ARE CHANGES AND ANNUALLY. MEMBERS WITH A CONFLICT OF INTEREST ARE PROHIBITED FROM VOTING ON THE ISSUE. ACTUAL AND POTENTIAL CONFLICTS ARE MONITORED AT THE BOARD/MANAGEMENT LEVEL.

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

THE BOARD OF DIRECTORS EVALUATES THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. THE EXECUTIVE COMMITTEE SETS THE REVIEW CALENDAR AND PROCESS. USING SALARY GUIDELINES FOR EXECUTIVE DIRECTOR POSITIONS PUBLISHED BY THE COUNCIL OF NONPROFITS, THE SALARY IS ESTABLISHED BASED ON THIS DATA AND PERFORMANCE.

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

FAMILY TREE INC.'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION THE FINANCIAL STATEMENTS ARE PUBLISHED IN THE ORGANIZATION'S ANNUAL REPORT.

FORM 990, PART XII, LINE 2C EXPLANATION:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



**FAMILY TREE CLINIC****Balance Sheet  
as of 12/31/2020**

	<u>2020</u>
Assets	
Current Assets	
Cash and cash equivalents	\$ 1,123,266
Accounts receivable	\$ 115,795
Grants and pledges receivable, current	\$ 784,081
Inventory	\$ 48,008
Prepaid expenses	\$ 23,266
Total Current Assets	<u>\$ 2,094,416</u>
Property and Equipment	
Land and improvements	\$ 1,579,512
Furniture and equipment	\$ 241,686
Total Property and Equipment	<u>\$ 1,821,198</u>
Less: Accumulated depreciation	<u>\$ (225,445)</u>
Property and Equipment, Net	<u>\$ 1,595,753</u>
Other Assets	
Grants and pledges receivable, non-current	\$ 169,401
Construction in process	\$ 291,602
Deferred financing costs	\$ 92,950
Total Other Assets	<u>\$ 553,953</u>
Total Assets	<u><u>\$ 4,244,122</u></u>
Liabilities and Net Assets	
Current Liabilities	
Accounts payable	\$ 84,299
Accrued wages	\$ 34,343
Accrued vacation	\$ 77,322
Other accrued liabilities	\$ 3,223
Fiscal sponsorships	\$ 322,357
Total Current Liabilities	<u>\$ 521,544</u>
Long-Term Debt	<u>\$ 101,760</u>
Total Liabilities	<u>\$ 623,304</u>
Net Assets	
Net assets without donor restrictions	\$ 2,677,977
Net assets with donor restrictions	\$ 942,841
Total Net Assets	<u>\$ 3,620,818</u>
Total Liabilities and Net Assets	<u><u>\$ 4,244,122</u></u>

**Family Tree, Inc.**  
**Functional Expenses by Class**  
 January through December 2020

			Medical	Education			Total Medical and Education	Management and General	Fund Raising	Total Expenses 2020
			Clinic	Community Education	Deaf Education	Hotline				
<b>Expense</b>										
<b>Personnel Expenses:</b>										
	Salaries and wages		878,353.19	411,786.60	105,901.57	66,922.50	1,462,963.86	157,707.71	166,267.63	1,786,939.20
	Payroll Taxes		63,806.33	30,168.05	7,868.95	4,804.32	106,647.65	11,806.33	12,157.68	130,611.66
	Employee Benefits		65,346.16	48,013.75	13,714.87	4,754.36	131,829.14	9,896.65	10,632.64	152,358.43
	<b>Total Personnel Expenses</b>		<b>1,007,505.68</b>	<b>489,968.40</b>	<b>127,485.39</b>	<b>76,481.18</b>	<b>1,701,440.65</b>	<b>179,410.69</b>	<b>189,057.95</b>	<b>2,069,909.29</b>
	<b>Professional Services</b>		<b>43,447.70</b>	<b>15,982.21</b>	<b>25,986.67</b>	<b>1,226.98</b>	<b>86,643.56</b>	<b>53,035.89</b>	<b>44,406.55</b>	<b>184,086.00</b>
	In-Kind Legal		-	-	-	-	-	-	55,083.50	55,083.50
	Office Supplies		14,393.10	2,742.35	894.32	319.89	18,349.66	4,548.28	3,610.55	26,508.49
	Electronic Health Records		33,611.21	-	-	-	33,611.21	-	-	33,611.21
	Medical and Lab Supplies		200,549.15	-	-	-	200,549.15	-	-	200,549.15
	Lab Test Fees		29,618.97	-	-	-	29,618.97	-	-	29,618.97
	Printing		1,935.07	652.41	216.64	608.32	3,412.44	3,307.14	9,012.31	15,731.89
	Dues and Subscriptions		9,681.11	1,725.65	633.88	211.25	12,251.89	2,045.51	5,165.91	19,463.31
	Licenses and Fees		331.00	-	-	-	331.00	147.28	750.00	1,228.28
	Advertising and Publicity		23,549.66	3,736.45	191.57	400.22	27,877.90	1,141.41	5,227.62	34,246.93
	Repairs and Maintenance		500.00	-	-	-	500.00	-	48.89	548.89
	Travel and Meetings		28.75	1,739.62	244.96	9.74	2,023.07	30.46	532.01	2,585.54
	Minnesota Care Provider Tax		10,555.55	-	-	-	10,555.55	-	-	10,555.55
	Miscellaneous		472.89	-	-	-	472.89	308.02	0.07	780.98
	Insurance		10,466.62	1,107.67	297.51	290.76	12,162.56	2,777.29	3,052.84	17,992.69
	Telephone and Utilities		5,892.78	2,238.64	330.42	2,468.13	10,929.97	1,277.11	7,510.86	19,717.94
	Property Taxes		-	-	-	-	-	-	3,868.32	3,868.32
	Interest Expenses		-	-	-	-	-	6,715.34	1,306.99	8,022.33
	Provision for Bad Debt		6,648.41	-	-	-	6,648.41	-	-	6,648.41
	Fundraising Expense		-	-	-	-	-	-	90,638.88	90,638.88
	Staff and Board Development		9,380.34	4,217.96	2,482.62	443.35	16,524.27	4,569.11	548.08	21,641.46
	Bank Fees		5,384.31	55.58	-	-	5,439.89	45.00	5,599.68	11,084.57
	Occupancy		-	-	1,800.00	-	1,800.00	-	102,025.00	103,825.00
	Program supplies		23,190.27	12,348.75	4,960.03	15.90	40,514.95	-	-	40,514.95
	<b>Total Expenses Before Depreciation</b>		<b>1,437,142.57</b>	<b>536,515.69</b>	<b>165,524.01</b>	<b>82,475.72</b>	<b>2,221,657.99</b>	<b>259,358.53</b>	<b>527,446.01</b>	<b>3,008,462.53</b>
	<b>Depreciation</b>		<b>2,595.30</b>	<b>1,334.87</b>	<b>1,314.00</b>	<b>-</b>	<b>5,244.17</b>	<b>1,048.99</b>	<b>2,060.00</b>	<b>8,353.16</b>
	<b>Total Expenses</b>		<b>1,439,737.87</b>	<b>537,850.56</b>	<b>166,838.01</b>	<b>82,475.72</b>	<b>2,226,902.16</b>	<b>260,407.52</b>	<b>529,506.01</b>	<b>3,016,815.69</b>