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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

ΑΙ	For the	lpha 2022 calendar year, or tax year beginning $$ OCT $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ding S	EP 30, 2023	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres change	360 Communities			
	Name change	Doing business as		41-09877	08
F	∏lnitial return ∏Final ∏return/		om/suite 12	E Telephone numbe 952-985-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,648,954.
	Ameno return	Burnsville, MN 55337		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: Jeffrey Mortensen		for subordinates	? Yes X No
	pendir	same as C above		H(b) Are all subordinates in	ncluded? Yes No
1	Tax-exe	empt status: X 501(c)(3) $\overline{}$ 501(c) () (insert no.) $\overline{}$ 4947(a)(1) or $\overline{}$	527	If "No," attach a	list. See instructions
	Websit		_	H(c) Group exemption	
	Form of art I	organization: X Corporation Trust Association Other Summary	L Year o	of formation: 1972 N	M State of legal domicile: MN
_	1	Briefly describe the organization's mission or most significant activities: 360 Co	mmun	ities provid	des 18,759
Governance		people with help in the moment and hope for			
rna	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as:	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
<u>ن</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			117
.≅	6	Total number of volunteers (estimate if necessary)			777
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0. Current Year
		Ocat Stations and avanta (Data VIIII See 41)		Prior Year 6,861,928.	8,618,451.
ne	8	Contributions and grants (Part VIII, line 1h)		0,801,928.	0,010,431.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	29,741.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-132,694.	-119,422.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,729,234.	8,528,770.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,707,752.	2,848,274.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
G	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,220,990.	4,634,733.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 389,338			
û	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,066,503.	1,083,343.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,995,245.	8,566,350.
		Revenue less expenses. Subtract line 18 from line 12		-266,011.	-37,580.
Net Assets or	9		Beg	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		3,339,233.	3,766,835.
et A	21	Total liabilities (Part X, line 26)		749,163.	1,172,762.
	∄ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		2,590,070.	2,594,073.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	nts, and to the hest of my	knowledge and helief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which		•	knowledge and belief, it is
truc	, 001100	gain completed books and of property (enter than onloof) to become of an information of minor	ргорагог	The unit knowledge.	
Sig	ın	Signature of officer		Date	
Hei		Jeffrey Mortensen, President and CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN
Pai	d	Steven D. Anseth, CPA Steven D. Anseth,	CP 0	4/16/24 self-employ	
Pre	parer	Firm's name Abdo LLP		Firm's EIN 4	1-1397419
Use	Only	Firm's address 5201 Eden Ave, Ste 250			
_		Edina, MN 55436		Phone no. 95	2.835.9090
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	360 Communities delivers safety and stability that improves lives.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	Violence prevention and intervention programs includes Lewis House
	domestic and sexual violence shelters, sexual assault services,
	community advocacy, and educational services. 360 Communities
	intervened to prevent violence and promote healthy relationships with
	3,943 individuals, including 303 adults and children who stayed in the
	Lewis House shelters. Trained advocates provided emotional support,
	safety planning, court advocacy, and referrals for other resources.
	Community advocates are located in 10 law enforcement agencies
	, providing on-site services & resources to people experiencing
	violence. Violence prevention advocates give presentations, provide training and host community engagements events to educate our
	community about domestic and sexual violence. 4,303 community members
41-	1 250 071 10 114
4b	(Code:) (Expenses \$1,352,071. including grants of \$12,114.) (Revenue \$) Two school success programs ensure children arrive at school ready to
	learn. The Child Care Aware program works with child care providers,
	parents, and other community organizations to promote the availability,
	affordability, and quality of child care services in Dakota County.
	Child Care Aware equipped 219 child care providers with skills that
	improved childhood development for about 6,807 children. Partners For
	Success employs family support workers in 29 schools and 6 school
	districts to partner with educators and families. Family support
	workers implement effective home-based strategies to increase parental
	involvement, improve academic performance, and connect families to
	community resources. Partners For Success supported 1,283 K-12 students
	toward on-time graduation, helping 41 students graduate high school.
4c	(Code:) (Expenses \$4,190,249. including grants of \$2,812,657.) (Revenue \$)
	Community resources - a network of five food shelves and two family
	resource centers in Dakota County provide healthy food support,
	financial resources, housing support, advocacy, and connections to
	other stabilizing resources. In FY23, 360 Communities delivered hunger
	relief to 10,170 individuals by distributing 1,735,304 pounds of
	healthy food. Financial assitance supported 504 households, including
	homeless prevention.
	Other program services (Describe on Schedule O.)
ти	(Expenses \$ including grants of \$) (Revenue \$)
 4е	Total program service expenses 7, 365, 235.
-10	Form 990 (2022)

08470416 759492 40453

Form 990 (2022) 360 Communities Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		~	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا ا		v
00	complete Schedule G, Part III	19		X
20a		20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (mmunities
Part IV	Checklist of Required S	chedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X	(0.0 - ::
232004	l 12-13-22	Form	330 ((2022)

Each fried the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 117 2a	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			ugo -					
2a 117 b If the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, led to the celebrative variety of the setup of the		, commissely		Yes	No					
field for the calendar year ending with or within the year covered by this return bit fall least one is reported on line 2a. did the organization file all required fidewal employment tax returns? 2	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.								
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a Al any time during the calendar year, did the organization for have an interest in, or a signature or other authority over, a financial accountly. 5b If "Yes," senter the name of the foreign country. 5c an instructions for filing requirements for ForCEN Form 114, Report of Foreign Bank and Financial accountly. 5c an instructions for filing requirements for ForCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c Was the organization party to a prohibited tax shalter transaction at any time during the tax year? 5c and any toxable party notify the organization that it was or is a party to a prohibited tax shalter transaction? 5c any contributions that were not tax deductibles or Aminable contributions? 6c a 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 deductibles or Aminable contributions? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a primal in excest of \$5 make party as a contribution and party for goods and services provided to the payo? 7d Did the organization receive a primal in excest of \$5 make party as a contribution on the goods or services provided? 7d Did the organization selection and party and primal prima	b		2b	Х						
b If "Yes," last it field a Form 980-T for this year? If "No" to line 3b, provide an explanation on Schedule O financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a	_				Х					
4a A lary 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 accounts? 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). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b If Yes' and the organization that it was or is a party to a prohibited tax shefter transaction? 5c If Yes' to line fac not b, did the organization file from 88667. 5c If Yes' to line face for Big did the organization in the organization sheet in the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c If Yes', 'did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles a charitable contribution and partly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170c). 8 If Yes', 'did the organization notify the donor of the value of the goods or services provided? 9 If Yes', 'indicate the number of Forms 8822 filed during the year 10 If the organization receive a grayment in excess of \$75 make partly as a contribution and partly for goods and services provided to the payor? 7b If If the organization received a contribution of unified ty, to pay premiums on a personal benefit contract? 7c X 7d If the organization received a contribution of organization file a form 88867 7c X 7d If the organization received a contribution of payor organization file a Form 1098-C? 8 Spensoring organizations make any taxabilitied intellectual property, did the organization file a Form 1098-C? 9 Spensoring organizations make any taxabilitied intellectual property organization file										
financial account in a foreign country (such as a bank account, exertifies account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a profiliblote tax shelter transaction? Sa Was the organization a party to a profiliblote of the state of the party of a prohibitote stax shelter transaction? Sa Was the organization aparty to a prohibitote tax shelter transaction? Sa Was the organization and party to a prohibitot that we shelter transaction? Sa Was the organization shelf the organization file Form 8888-77 Go Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? Were not tax deductible? Organization start may receive deductible contributions under section 170(c). If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization start may receive adeductible contributions under section 170(c). If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? To Cold the organization notify the donor of the value of the goods or services provided? To Unit the organization make a gament in excess of \$75 made party as a contribution of party and the foreign and the services provided? To Was a life of the organization of the value of the goods or services provided? To Was the organization and the number of Forms 8282 filed during the year End If Wes in clude a payment in excess of \$75 made party as a contribution on a payment of the regardation file form 8299 as required? To Was the organization exceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization has payment in the second solicities of the organization has excess business holdings at any time during										
b If "Yes," in the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? 5b If If "Yes" in the Sac P5, did the organization that it was or is a party to a prohibited tax shelter fransaction? 5c If "Yes" to the Sac P5, did the organization that it was or is a party to a prohibited tax shelter fransaction? 5c If "Yes" to the Sac P5, did the organization that it was or is a party to a prohibited tax shelter fransaction? 5c If Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables a charlable contributions? 6c If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a charlable contribution and express statement that such contributions or gifts were not tax deductables a charlable contribution and partly for goods and services provided to the payer? 7c Organizations that may receive deductable contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If If If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payer? 7d If Yes," indicate the number of Forms 8282? fled during the year. 7d If Yes," indicate the number of Forms 8282? fled during the year. 7d If If If Yes," indicate the number of Forms 8282? fled during the year. 7d If If If the organization received a contribution of undicately, to pay premiums on a personal benefit contract? 7e If If Yes," indicate the number of Forms 8282? fled during the year. 7d If If If Yes," indicate the number of Forms 8282 fled during the year. 7d If If If Yes, If Ye			4a		Х					
see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? by Did any texable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 6.	b									
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or 5b, did the organization file Form 8086-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutibles? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax educutibles? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 7 C X 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8883 filed during the year 9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 9 If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 9 If the organization neceived and contribution of qualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organization sell contribution of cars, bodts, primese, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organization make a distribution sudder section 4968? 9 Did the sponsoring organization make a distribution sudder section 4968? 9 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distributio										
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	17		17							
		If "Yes," complete Form 6069.								

Form **990** (2022)

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 18 **1a** 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. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN 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. X Another's website X Own website X Upon request __ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records Steve Quist - 952-985-5300

Form **990** (2022)

501

#112, Burnsville, MN

E Highway 13,

Form 990 (2022) 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Companies Comp	(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
Name		(list any hours for related organizations below line)						the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization and related
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Columbia C			х					0.	0.	0.
Director X	(11) Florence Wanda	2.00							•	
Director X	Director		Х					0.	0.	0.
Director X	(12) Hannah Laniado	2.00								
Director X 0. 0. 0 (14) Jenni Faulkner 2.00 X 0. 0. 0 Director X 0. 0. 0 0 (15) Karin Munksgaard 2.00 X 0. 0. 0 0 Director X 0. 0. 0 0 (16) Laura Bel Fadel 2.00 X 0. 0. 0 Director X 0. 0. 0 0 (17) Linda Garrett-Johnson 2.00 0 0 0 0	Director		Х					0.	0.	0.
Columbia Columbia	(13) Isabella Rojas	2.00								
Director X 0. 0. 0. 0	Director		Х					0.	0.	0.
Column C	(14) Jenni Faulkner	2.00								
Director X 0. 0. 0 0	Director		Х					0.	0.	0.
(16) Laura Bel Fadel 2.00 Director X (17) Linda Garrett-Johnson 2.00	(15) Karin Munksgaard	2.00								
(16) Laura Bel Fadel 2.00 Director X (17) Linda Garrett-Johnson 2.00	Director		Х			L		0.	0.	0.
(17) Linda Garrett-Johnson 2.00	(16) Laura Bel Fadel	2.00								
	Director		Х					0.	0.	0.
Director X 0. 0. 0	(17) Linda Garrett-Johnson	2.00]							
	Director		X					0.	0.	0 • Form 990 (2022)

Form **990** (2022) 232007 12-13-22

<u> Page</u> **7**

Section A. Officers, Directors, Tri		<u>ploy</u>	ees,			ghes	st C	ompensated Employee	s (continued)			
(A)	(B)				C)	_		(D)	(E)		(F)	
Name and title	Average		not c		more	than o		Reportable	Reportable	- 1	Estimate	
	hours per week					is both or/trus		compensation	compensation	6	amount	
	(list any		Г			T	Ι,	from	from related		other	
	hours for	lirect						the organization	organizations (W-2/1099-MISC/	00	mpensa from th	
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)		rganizat	
	organizations	ruste	l trus		99/	m per		1099-NEC)	1000 1120)	_ I	and relat	
	below	dualt	ution	_) old in	st co	e.			- 1	rganizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				J	
(18) Mark Skarohlid	2.00									1		
Director		Х						0.	0 .			0.
(19) Stephanie Schmid	2.00	 				 				+		
Director		х						0.	0 .	_		0.
(20) Todd Goderstad	2.00	125				 				+		<u> </u>
Director	2.00	x						0.	0 .			0.
DITECTOL		^						0.		+		<u> </u>
		-										
		\vdash				+				+-		
	-	-										
	+	₩	\vdash		\vdash	-	├			+-		
		-										
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		igspace				_				┷		
		_										
										\perp		
1b Subtotal								378,345.	0 .		36,0	32.
c Total from continuation sheets to Part								0.	0			0.
d Total (add lines 1b and 1c)								378,345.	0 .		36,0	32.
2 Total number of individuals (including but								eceived more than \$100.	000 of reportable			
compensation from the organization						,		· · · · · · · · · · · · · · · · · ·				3
											Yes	No
3 Did the organization list any former office	er director trust	ee l	(ev e	empl	ove	e or	hia	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for			•	•	•		•	·	•	3		х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$1	•		•					•	•	4	Х	
			,							4	- 25	
5 Did any person listed on line 1a receive o	· ·				-			-		_		Х
rendered to the organization? If "Yes," co	<u>mplete Schedul</u>	e J to	or su	ıch <u>r</u>	oers	son				5		Λ.
			_						100.000 (
1 Complete this table for your five highest of										ation 1	from	
the organization. Report compensation for	r the calendar y	ear e	endir	ng w	ith c	or wi	thin T		ear.			
(A)	o addraga	3.7/	~ ****	,				(B) Description of s	onico		(C)	'n
Name and busines	ss address		INC	5				Description of s	ervices	Comp	pensatio	711
							_					
2 Total number of independent contractors	(including but n	ot lir	niter	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the orga)		,				
+ 100,000 of compondation from the orga						-				For	m 990 ((2022)
										1 011	.,	,

Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a resp	onse or note to any	y line in this Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f a b c d e f	Total. Add lines 1a-1f All other program service revenue	Business Co	4. 5. 5. 2. 8,618,451.			Sections 512 - 514
			Total. Add lines 2a-2f					
	3 4 5		Investment income (including dividends, other similar amounts) Income from investment of tax-exempt be Royalties	ond proceeds	29,741.			29,741.
	6		(i) Rea Gross rents	al (ii) Persona	al			
		d a	Gross amount from sales of (i) Securi	ties (ii) Other				
Revenue		b	assets other than inventory Less: cost or other basis and sales expenses					
eve			Gain or (loss) 7c					
Other R	8	а	Net gain or (loss) Gross income from fundraising events (not including \$ 403,254. of contributions reported on line 1c). See Part IV, line 18		0.			
			Less: direct expenses	8b 120,184				
			Net income or (loss) from fundraising eve		120 104			-120,184.
	9	а	Gross income from gaming activities. See Part IV, line 19	9a				
			Less: direct expenses					
			Net income or (loss) from gaming activitie	es				
			Gross sales of inventory, less returns and allowances	10a 10b				
			Net income or (loss) from sales of inventor	ory				
Miscellaneous Revenue		а	Miscellaneous Revenue	Business Co		762.		
lane enu		b						
scel Rev	'	c C	All other revenue		+			
Ξ̈́			All other revenue Total. Add lines 11a-11d		762.			
			Total revenue. See instructions		8,528,770.		0.	-90,443.

Form 990 (2022) 360 Communities Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-	7.5.			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,848,274.	2,848,274.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	431,699.	351,552.	50,754.	29,393.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,580,067.	2,903,399.	424,685.	251,983.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	211 212			
9	Other employee benefits	314,648.	266,340.	33,808.	14,500.
10	Payroll taxes	308,319.	267,341.	26,422.	14,556.
11	Fees for services (nonemployees):				
а	Management				
b		536.		536.	
С	Accounting	17,226.		17,226.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	319,986.	191,142.	111,022.	17,822.
12	Advertising and promotion				
13	Office expenses	145,162.	105,519.	21,033.	18,610.
14	Information technology	56,927.	49,854.	6,828.	245.
15	Royalties				
16	Occupancy	290,524.	235,326.	55,198.	
17	Travel	41,097.	36,364.	3,306.	1,427.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	90,686.	20,485.	30,060.	40,141.
20	Interest	1,563.		1,563.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	83,629.	60,804.	22,825.	
23	Insurance	17,925.	15,814.	2,111.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Other materials	17,235.	12,244.	4,368.	623.
b	Miscellaneous	847.	777.	32.	38.
С					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,566,350.	7,365,235.	811,777.	389,338.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2022

Form 990 (2022) Part X Balance Sheet

Pai	τX	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	965,907.	1	581,121.		
	2	Savings and temporary cash investments			502,242.	2	140,178.
	3	Pledges and grants receivable, net			14,625.	3	875.
	4	Accounts receivable, net			339,667.	4	951,532
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	e persoi	ns		5	
	6	Loans and other receivables from other disqualifi	-				
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			41,997.	9	50,578
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,925,694.	445 000		
	b	Less: accumulated depreciation		1,544,800.	415,823.	10c	380,894
	11	Investments - publicly traded securities			688,835.	11	855,834
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		200 120	14	005 000	
	15	Other assets. See Part IV, line 11		370,137.	15	805,823	
	16	Total assets. Add lines 1 through 15 (must equa			3,339,233.	16	3,766,835
	17	Accounts payable and accrued expenses			427,097.	17	506,120
	18	Grants payable		202 650	18	210 072	
	19	Deferred revenue			302,658.	19	219,872
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa				00	
Liat	00	controlled entity or family member of any of these				22	
	23 24	Secured mortgages and notes payable to unrelate				23 24	
	2 4 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay				24	
	23	parties, and other liabilities not included on lines					
		of Schedule D	•	·	19,408.	25	446,770
	26	Total liabilities. Add lines 17 through 25			749,163.	26	1,172,762.
		Organizations that follow FASB ASC 958, chec	k here	X	, 15 , 105 .		_,_,_,,
es		and complete lines 27, 28, 32, and 33.					
anc	27				2,117,303.	27	2,081,253
Bak	28	Net assets with donor restrictions			472,767.	28	512,820.
ρl		Organizations that do not follow FASB ASC 95			•		•
Fu		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equ				30	
	31	Retained earnings, endowment, accumulated inc				31	
let	32	Total net assets or fund balances			2,590,070.	32	2,594,073.
_	33	Total liabilities and net assets/fund balances			3,339,233.	33	3,766,835.
							Form 990 (2022

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2	8			50.
3	Revenue less expenses. Subtract line 2 from line 1	3		-3'	7,5	80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2 ,	, 59	0,0	70.
5	Net unrealized gains (losses) on investments	5		4	1,5	83.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2	, 59	4,0	73.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	_				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

360 Communities 41-0987708 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	(f) Total
1 Gifts, grants, contributions, and	
membership fees received. (Do not	
include any "unusual grants.") 5033587. 7280181. 7211035. 6861928. 861845	1.35005182.
2 Tax revenues levied for the organ-	
ization's benefit and either paid to	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3 5033587. 7280181. 7211035. 6861928. 861845	1.35005182.
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	
6 Public support. Subtract line 5 from line 4.	35005182.
Section B. Total Support	530031021
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	(f) Total
7 Amounts from line 4 5033587. 7280181. 7211035. 6861928. 861845	1.35005182.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties, and income from similar sources 25,345. 19,113. 112,233. 29,74	1. 186,432.
	1. 100,432.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital assets (Explain in Part VI.)	1 022
,	2. <u>1,832.</u> 35193446.
11 Total support. Add lines 7 through 10	55193446.
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 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	
Section C. Computation of Public Support Percentage	99.47 %
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	00 40
15 Public support percentage from 2021 Schedule A, Part II, line 14	
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check a box of the box o	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 1	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and the facts and the facts are	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 1	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how to the control of the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how to the control of the organization meets the facts-and-circumstances test, check this box and stop here.	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruct	

232022 12-09-22

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(=)====	(2)=	(-,	(-,	(5,-5	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	vear as a section s	501(c)(3) organizatio	on.
	check this box and stop here	•		·	•	. , . ,	
Sec	tion C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), a	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	9
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	9
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	9
	33 1/3% support tests - 2022. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						ınd
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2022 Part IV | Supporting Or

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
- Gu		
3b		
36		
20		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
9c		
10a		
10b		

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	-		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22 Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

3b

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	short-term capital gain	1		
2 Reco	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	lines 1 through 3.	4		
5 Depr	reciation and depletion	5		
6 Porti	on of operating expenses paid or incurred for production or			
colle	ction of gross income or for management, conservation, or			
main	itenance of property held for production of income (see instructions)	6		
7 Othe	er expenses (see instructions)	7		
8 Adju	isted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggr	regate fair market value of all non-exempt-use assets (see			
instr	uctions for short tax year or assets held for part of year):			
a Aver	age monthly value of securities	1a		
b Aver	age monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	I (add lines 1a, 1b, and 1c)	1d		
e Disc	ount claimed for blockage or other factors			
	ain in detail in Part VI):			
2 Acqu	uisition indebtedness applicable to non-exempt-use assets	2		
3 Subt	ract line 2 from line 1d.	3		
4 Cash	n deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see i	nstructions).	4		
5 Net \	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multi	iply line 5 by 0.035.	6		
7 Reco	overies of prior-year distributions	7		
8 Mini	mum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adju	sted net income for prior year (from Section A, line 8, column A)	1		
2 Ente	r 0.85 of line 1.	2		
3 Minir	mum asset amount for prior year (from Section B, line 8, column A)	3		
	r greater of line 2 or line 3.	4		
	me tax imposed in prior year	5		
	ributable Amount. Subtract line 5 from line 4, unless subject to			
eme	rgency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

360 Communities

OMB No. 1545-0047

41-0987708

0000

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$ 1,844,569.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$\$\$\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	rume, dudices, dild En 1 1	\$	Person Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)			

41-0987708

360 Communities

Page 3

Name of organization Employer identification number

360 Communities

41-0987708

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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
223/53 11-15.			Schedule B (Form 990) (2022)

Page 4

Name of organization **Employer identification number** 360 Communities 41-0987708 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Name of the organization **Employer identification number** 360 Communities 41-0987708 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

the following amounts required to be reported under FASB ASC 958 relating to these items:

Assets included in Form 990, Part X

	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Similar	Assets	(contin	nued)	ago
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that r	nake siç	gnificant us	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange prograr	n					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	's exem	npt purpose	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	ures, or other	similar a	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Y	es" on	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
та	Is the organization an agent, trustee, custodia							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							_ 1es		_ INO
ь	ii res, explain the arrangement in Part Alli a	and complete the follow	owing table.					Amoun	t	
_	Beginning balance					1c		7 (1110 (111		
Q C										
u	Additions during the year									
f	Distributions during the year					1f				
	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.		*						F]
Pai										
		(a) Current year	(b) Prior year	(c) Two years		(d) Three ye	ars back	(e) Four	r years	back
1a	Beginning of year balance	300,962.	300,193.	299	,063.	29	5,801.		295,	801.
b	Contributions	0.	769.	1	130.		3,262.			
С	Net investment earnings, gains, and losses	82.	119.		129.		27.			239.
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs	82.	119.		129.		27.			239.
f	Administrative expenses									
g	End of year balance	300,962.	300,962.	300	,193.	29	9,063.		295,	801.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:	•					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment 100	%	_							
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	d administere	d for the	Э				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Pai	t VI Land, Buildings, and Equipm		D 1 1 1 1 1 1 0	E 000	5 . V .	. 40				
	Complete if the organization answered			<u> </u>						
	Description of property	(a) Cost or ot basis (investm		or other	٠,	ccumulated preciation	t	(d) Boo	k valu	е
	Land	,		4,950.	uep	n colation		<u>a</u>	<u>/</u> 0	50.
_	Land			6,077.	1 0	11,18	0			97.
b	Buildings		1,13	0,0110	Ξ,0	, , _ 0	~ 	12	± , 0	<u>,, .</u>
d			69	4,667.	5	33,62	0.	16	1 0	47.
	Equipment Other		33	_, _ ,			- 		_ ,	_ , •
	. Add lines 1a through 1e. (Column (d) must e		/ column (D) line 1	<u> </u>				38	0 . 8	94.
ıvıa	<u>. Add intes Ta trifough Te. (Column (a) must e</u>	<u>quai FOIIII 990, Part)</u>	<u>, column (B), line 10</u>	<i></i> ,				- /-	J , J	<u></u>

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 360 Communi	ties	41-0987708 Page 3
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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<u>(1)</u>		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
B . 137 A		

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) Unemployment Services Trust fund	65,109.
(2) Endowment Fund	300,962. 439,752.
(3) ROU Assets	439,752.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	805,823.

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) Finance Lease Liability	27,034.
(3) Operating Lease Liability	27,034. 419,736.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (h) must equal Form 900, Part Y, col. (R) line 25.)	446.770.

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

Schedule D (Form 990) 2022

4:	1 –	0 9	8	7	70	8	Page 4

Par	t XI Reconciliation of Revenue per Audited Financial S	Statements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,779,471.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	41,583. 209,118.		
b	Donated services and use of facilities		209,118.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	250,701. 8,528,770.
3	Subtract line 2e from line 1			3	8,528,770.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			^
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		5	8,528,770.
Par	t XII Reconciliation of Expenses per Audited Financial		Expenses per F	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.			0 555 460
1				1	8,775,468.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	200 110		
а	Donated services and use of facilities		209,118.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				200 110
	Add lines 2a through 2d			2e	209,118. 8,566,350.
	Subtract line 2e from line 1			3	8,566,350.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)				0
	Add lines 4a and 4b			4c	8,566,350.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lint XIII Supplemental Information.	<u>ne 18.) </u>		5	0,300,330.
		and 4. Doubly/ lines die	and Oh. Dart V. San 4	. Dad V	/ line Or Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a			; Part X	K, line 2; Part XI,
iines i	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provic	ie any additional inform	iation.		
Dar	rt V, line 4:				
гаг	C V, IIIIe 4.				
Th≏	Organization's endowment consists of	f a fund est	ahlished f	or t	-he
1110	e organización s endowment consists of	L & Lund est	abitaned i	01 (2116
nur	pose of providing funds for the B. Ro	hert Lewis	House Prog	ram.	. The
<u>pur</u>	pose or providing rands for the b. K	DDCIC LCWID	nouse rrog	ı aııı e	. 1110
nri	ncipal is to be invested in perpetuit	ty and the i	nvestment	inco	nme
<u> </u>	merpar is to be invested in perpetar.	cy and the r	. II V C D C III C II C		J111C
the	ereon may be expended for certain B. I	Robert Lewis	House pro	aran	n
<u> </u>	ered may be emperated for correcting of		nouse pro	9 - 4.	
act	ivities (intervention and prevention) .			
<u> </u>	ervices (intervention and prevention)	, •			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number 360 Communities 41-0987708 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. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 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.

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

Schedule G (Form 990) 2022

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Fire and Ice	Lewis House		(add col. (a) through
			Gala	Golf Event	2	
40			(event type)	(event type)	(total number)	col. (c))
evenue						
eve	1	Gross receipts	236,518.	115,360.	51,376.	403,254.
Œ						
	2	Less: Contributions	236,518.	115,360.	51,376.	403,254.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	_		40.004	01 557		64 261
'n	5	Noncash prizes	42,804.	21,557.		64,361.
Direct Expenses		Pont/facility costs		24,439.		24,439.
per Per	6	Rent/facility costs		24,433.		24,433.
ω̈́	7	Food and beverages	18,981.		9,003.	27,984.
irec	′	Food and beverages	10,501.		3,003.	27,501.
	8	Entertainment	3,400.			3,400.
	9	Other direct expenses	7,200			2,7200
	10		9 in column (d)			120,184.
	11	Net income summary. Subtract line 10 from li	- (1)			-120,184.
Pa	ırt I	Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
υ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enne			., ,	bingo/progressive bingo	., .	col. (a) through col. (c))
Rev						
	1	Gross revenue				
		Cook prime				
ses	2	Cash prizes				
Expenses	2	Noncash prizes				
Ĕ	"	Nondair prizes				
Direct	4	Rent/facility costs				
ä						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_		* * !				
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac	_	etatos?		Yes No
				o.a.e5?		L res L NO
i.	. 11	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax v	rear?	Yes No
		Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 360 COMMUNITEES 41-	090/	<i>/</i> U 0	Page 3					
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No					
	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:								
	The organization's facility	13a		%					
	An outside facility	13b		%					
	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					
	- 2000 the organization have a contract than a time party from whom the organization received gaining revenue.								
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount								
	of gaming revenue retained by the third party \$								
С	If "Yes," enter name and address of the third party:								
	Name								
	Address								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation \$								
	Carring manager compensation — — — — — — — — — — — — — — — — — — —								
	Description of services provided								
	Director/officer Employee Independent contractor								
17	Mandatory distributions:								
	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 \$								
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lin	es 9, 9	9b, 10b,					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								

Schedule G	(Form 990)	360	Communities	41-0987708	Page 4
Part IV	(Form 990) Supplemental Inform	nation	(continued)		
_					
-					
-					
ī					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Schedule I (Form 990) 2022

Employer identification number Name of the organization 360 Communities 41-0987708 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

232101 10-31-22

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

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ancial assistance for rent, utilities,					
ceries, and other.	1582	1,384,494.	0.		
ceries, and other.	1302	1,304,434.	•		Noncash assistance is provided
					through the Organization's
					five food shelves and two
d shelf	10170	0.	1 463 780	Fair Market Value	resource centers.
	10170	· ·	1,100,700.	luii nuinee vuiue	resource conters.
rt IV Supplemental Information. Provide the information	on required in Part I line	e 2: Part III. column	(h): and any other ac	I Iditional information	
Cappionional information 1 Toyloo the information	orrequired irri are i, iiri	0 2, 1 art III, 00iaiiiii	r (b), and any other ac	dational information.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

360 Communities

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

Department of the Treasury Name of the organization

Employer identification number

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2022

OMB No. 1545-0047

Inspection

41-0987708

Regulations section 53.4958-6(c)?

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

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

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

	(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Jeff Mortensen	(i)	162,628.	0.	0.	4,879.	5,207.	172,714.	0.
President/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection
Employer identification number

	360 Communit	41-	41-0987708					
Pai					•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	952,982	1,463,780.	Estimated	valu	e pe	er
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Raffle prizes)	X	2	64,362.	Value sold	for	at	re
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation durino	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period	_		·		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribut	ions?	31	Х	
32a		•	•	•				
						32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II	. ,			•			

232141 09-09-22

LHA

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

Schedule M (Form 990) 2022

232142 09-09-22

Schedule M (Form 990) 2022

SCHEDULE 0 (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 360 Communities 41-0987708 Form 990, Part III, Line 4a, Program Service Accomplishments: benefited from this work. Form 990, Part VI, Section A, line 8b: There are no committees with authority to act on behalf of the board. Form 990, Part VI, Section B, line 11b: The Form 990 is reviewed by the Organization's accounting staff and CEO. The draft 990 is presented to the Finance Committee and a final draft is distributed to the Board of Directors prior to filing. Form 990, Part VI, Section B, Line 12c: The scope of the Conflict of Interest policy covers the Board of Directors and officers of the organization. At the first meeting of the year, each board member discloses and discusses any potential conflicts. In addition, each meeting begins asking directors to declare if there are any conflicts of interest. If a conflict is deemed to exist, the effected board member

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

would not discuss or vote on the conflicted issue.

Salary survey informat1on is compiled by human resources and provided to the Board Chair. The Board then meets in October to discuss the CEO's performance and establishes salary and benefits for the upcoming year.

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

The governing documents, conflict of interest policy and financial

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022

Page 2

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 360 Communities 41-0987708 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 501 E Highway 13, #112 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Burnsville, MN 55337 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) Steve Ouist The books are in the care of ► 501 E Highway 13, #112 - Burnsville, MN 55337 Telephone No. ▶ 952-985-5300 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until August 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup |X| tax year beginning OCT 1, 2022 $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ SEP $\hspace{0.1cm}$ 30 , $\hspace{0.1cm}$ 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)