Form **990-PF**

Department of the Treasury
Internal Revenue Service

# Return of Private Foundation
**or Section 4947(a)(1) Trust Treated as Private Foundation**

**Do not enter social security numbers on this form as it may be made public.**
**Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**For calendar year 2022 or tax year beginning , and ending**

Name of foundation: Merjent Foundation

A Employer identification number: 83-1623599

Number and street (or P.O. box number if mail is not delivered to street address): 1 Main Street SE, Suite 300 | Room/suite:

B Telephone number (see instructions): 612-924-3959

City or town, state or province, country, and ZIP or foreign postal code: Minneapolis MN 55414

C If exemption application is pending, check here ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) $ 73,085

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d), must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

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**Part I** **Analysis of Revenue and Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

| | Line | Description | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 80,750 | | | |
| | 2 | Check ☐ if the foundation is not required to attach Sch. B | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | |
| | 4 | Dividends and interest from securities | | | | |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | |
| | b | Gross sales price for all assets on line 6a | | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | 0 | | |
| | 8 | Net short-term capital gain | | | 0 | |
| | 9 | Income modifications | | | | |
| | 10a | Gross sales less returns and allowances | | | | |
| | b | Less: Cost of goods sold | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) | | | | |
| | 12 | **Total.** Add lines 1 through 11 | 80,750 | 0 | 0 | |
| Operating and Administrative Expenses | 13 | Compensation of officers, directors, trustees, etc. | 0 | | | |
| | 14 | Other employee salaries and wages | | | | |
| | 15 | Pension plans, employee benefits | | | | |
| | 16a | Legal fees (attach schedule) | | | | |
| | b | Accounting fees (attach schedule) Stmt 1 | 1,200 | 600 | | 600 |
| | c | Other professional fees (attach schedule) | | | | |
| | 17 | Interest | | | | |
| | 18 | Taxes (attach schedule) (see instructions) | | | | |
| | 19 | Depreciation (attach schedule) and depletion | | | | |
| | 20 | Occupancy | | | | |
| | 21 | Travel, conferences, and meetings | | | | |
| | 22 | Printing and publications | | | | |
| | 23 | Other expenses (att. sch.) Stmt 2 | 25 | 12 | | 13 |
| | 24 | **Total operating and administrative expenses.** Add lines 13 through 23 | 1,225 | 612 | 0 | 613 |
| | 25 | Contributions, gifts, grants paid | 51,550 | | | 51,550 |
| | 26 | **Total expenses and disbursements.** Add lines 24 and 25 | 52,775 | 612 | 0 | 52,163 |
| | 27 | Subtract line 26 from line 12: | | | | |
| | a | **Excess of revenue over expenses and disbursements** | 27,975 | | | |
| | b | **Net investment income** (if negative, enter -0-) | | 0 | | |
| | c | **Adjusted net income** (if negative, enter -0-) | | | 0 | |

## Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

| | | | Beginning of year | End of year | |
|---|---|---|---|---|---|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 | Cash – non-interest-bearing | 45,110 | 73,085 | 73,085 |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (att. schedule) | | | |
| | | Less: allowance for doubtful accounts 0 | | | |
| | 8 | Inventories for sale or use | | | |
| | 9 | Prepaid expenses and deferred charges | | | |
| | 10a | Investments – U.S. and state government obligations (attach schedule) | | | |
| | b | Investments – corporate stock (attach schedule) | | | |
| | c | Investments – corporate bonds (attach schedule) | | | |
| | 11 | Investments – land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation (attach sch.) | | | |
| | 12 | Investments – mortgage loans | | | |
| | 13 | Investments – other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment: basis | | | |
| | | Less: accumulated depreciation (attach sch.) | | | |
| | 15 | Other assets (describe ) | | | |
| | 16 | **Total assets** (to be completed by all filers – see the instructions. Also, see page 1, item I) | 45,110 | 73,085 | 73,085 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe ) | | | |
| | 23 | **Total liabilities** (add lines 17 through 22) | 0 | 0 | |
| Net Assets or Fund Balances | | **Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.** X | | | |
| | 24 | Net assets without donor restrictions | 45,110 | 73,085 | |
| | 25 | Net assets with donor restrictions | | | |
| | | **Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.** ☐ | | | |
| | 26 | Capital stock, trust principal, or current funds | | | |
| | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 28 | Retained earnings, accumulated income, endowment, or other funds | | | |
| | 29 | **Total net assets or fund balances** (see instructions) | 45,110 | 73,085 | |
| | 30 | **Total liabilities and net assets/fund balances** (see instructions) | 45,110 | 73,085 | |



## Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|---|---|---|
| 1 | Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 45,110 |
| 2 | Enter amount from Part I, line 27a | 2 | 27,975 |
| 3 | Other increases not included in line 2 (itemize) | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 73,085 |
| 5 | Decreases not included in line 2 (itemize) | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29 | 6 | 73,085 |

## Part IV Capital Gains and Losses for Tax on Investment Income

| | (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired P – Purchase D – Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---|---|---|
| 1a | N/A | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) |
|---|---|---|---|---|
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|---|---|---|---|---|
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| | | | |
|---|---|---|---|
| 2 | Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } | 2 | |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 | 3 | |

## Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)

| | | | |
|---|---|---|---|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) | 1 | |
| b | All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 2 | 0 |
| 3 | Add lines 1 and 2 | 3 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 4 | 0 |
| 5 | **Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 0 |
| 6 | Credits/Payments: | | |
| a | 2022 estimated tax payments and 2021 overpayment credited to 2022 — 6a | | |
| b | Exempt foreign organizations – tax withheld at source — 6b | | |
| c | Tax paid with application for extension of time to file (Form 8868) — 6c | | |
| d | Backup withholding erroneously withheld — 6d | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | |
| 8 | Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached | 8 | |
| 9 | **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** | 9 | |
| 10 | **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** | 10 | |
| 11 | Enter the amount of line 10 to be: **Credited to 2023 estimated tax** **Refunded** | 11 | |

## Part VI-A Statements Regarding Activities

| | | Line | Yes | No |
|---|---|---|---|---|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | 1a | | X |
| b | Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | 1b | | X |
| | If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | | |
| c | Did the foundation file **Form 1120-POL** for this year? | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. $ ______ **(2)** On foundation managers.$ ______ | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers.$ ______ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. | 2 | | X |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of $1,000 or more during the year? | 4a | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T.* | 5 | | X |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | 6 | X | |
| 7 | Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. MN | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G?* If "No," attach explanation | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See instructions for Part XIII. If "Yes," complete Part XIII | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | | X |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |

Website address www.merjentfoundation.org

14 The books are in care of Sara Romdenne Telephone no. 612-924-3959

1 Main Street SE, Suite 300

Located at Minneapolis MN ZIP+4 55414

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** – check here ☐ and enter the amount of tax-exempt interest received or accrued during the year | 15 |

| | | Line | Yes | No |
|---|---|---|---|---|
| 16 | At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country | | | |





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## Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

| | | | Yes | No |
|---|---|---|---|---|
| | **File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.** | | | |
| **1a** | During the year, did the foundation (either directly or indirectly): | | | |
| | **(1)** Engage in the sale or exchange, or leasing of property with a disqualified person? | | | X |
| | **(2)** Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 1a(1) 1a(2) | | X |
| | **(3)** Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | | X |
| | **(4)** Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | | X |
| | **(5)** Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | 1a(5) | | X |
| | **(6)** Agree to pay money or property to a government official? **(Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | 1a(6) | | X |
| **b** | If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | 1b | | |
| **c** | Organizations relying on a current notice regarding disaster assistance, check here ☐ | | | |
| **d** | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022? N/A | 1d | | |
| **2** | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| **a** | At the end of tax year 2022, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2022? | 2a | | X |
| | If "Yes," list the years 20 ..... , 20 ..... , 20 ..... , 20 ..... | | | |
| **b** | Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement – see instructions.) N/A | 2b | | |
| **c** | If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. 20 ..... , 20 ..... , 20 ..... , 20 ..... | | | |
| **3a** | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | 3a | | X |
| **b** | If "Yes," did it have excess business holdings in 2022 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.) N/A | 3b | | |
| **4a** | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| **b** | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022? | 4b | | X |





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**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

| | | Yes | No |
|---|---|---|---|
| **5a** During the year did the foundation pay or incur any amount to: | | | |
| **(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | 5a(1) | | X |
| **(2)** Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | 5a(2) | | X |
| **(3)** Provide a grant to an individual for travel, study, or other similar purposes? | 5a(3) | | X |
| **(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions | 5a(4) | | X |
| **(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | 5a(5) | | X |
| **b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A | 5b | | |
| **c** Organizations relying on a current notice regarding disaster assistance, check here ☐ | | | |
| **d** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A | 5d | | |
| If "Yes," attach the statement required by Regulations section 53.4945–5(d). | | | |
| **6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 6a | | X |
| **b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 6b | | X |
| If "Yes" to 6b, file Form 8870. | | | |
| **7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | 7a | | X |
| **b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A | 7b | | |
| **8** Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? | 8 | | X |

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

| **(a)** Name and address | **(b)** Title, and average hours per week devoted to position | **(c)** Compensation **(If not paid, enter -0-)** | **(d)** Contributions to employee benefit plans and deferred compensation | **(e)** Expense account, other allowances |
|---|---|---|---|---|
| See Statement 3 | | | | |
| | | | | |
| | | | | |
| | | | | |

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."**

| **(a)** Name and address of each employee paid more than $50,000 | **(b)** Title, and average hours per week devoted to position | **(c)** Compensation | **(d)** Contributions to employee benefit plans and deferred compensation | **(e)** Expense account, other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Total** number of other employees paid over $50,000 ..... 0





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**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

| (a) Name and address of each person paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| **Total** number of others receiving over $50,000 for professional services | | |

**Part VIII-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|---|---|
| 1 N/A | |
| 2 | |
| 3 | |
| 4 | |

**Part VIII-B Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|---|
| 1 N/A | |
| 2 | |
| All other program-related investments. See instructions.<br>3 | |
| **Total.** Add lines 1 through 3 | |

## Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|---|---|---|---|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 105,240 |
| c | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | **Total** (add lines 1a, b, and c) | 1d | 105,240 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0 | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 105,240 |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 1,579 |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3 | 5 | 103,661 |
| 6 | **Minimum investment return.** Enter 5% (0.05) of line 5 | 6 | 5,183 |

## Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

| | | | |
|---|---|---|---|
| 1 | Minimum investment return from Part IX, line 6 | 1 | 5,183 |
| 2a | Tax on investment income for 2022 from Part V, line 5 — 2a | | |
| b | Income tax for 2022. (This does not include the tax from Part V.) — 2b | | |
| c | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 5,183 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 5,183 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | **Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | 5,183 |

## Part XI Qualifying Distributions (see instructions)

| | | | |
|---|---|---|---|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26 | 1a | 52,163 |
| b | Program-related investments – total from Part VIII-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | **Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 52,163 |

## Part XII Undistributed Income (see instructions)

| | | (a) Corpus | (b) Years prior to 2021 | (c) 2021 | (d) 2022 |
|---|---|---|---|---|---|
| **1** Distributable amount for 2022 from Part X, line 7 | | | | | 5,183 |
| **2** Undistributed income, if any, as of the end of 2022: | | | | | |
| **a** Enter amount for 2021 only | | | | | |
| **b** Total for prior years: 20____, 20____, 20____ | | | | | |
| **3** Excess distributions carryover, if any, to 2022: | | | | | |
| **a** From 2017 | | | | | |
| **b** From 2018 | | | | | |
| **c** From 2019 | 7,065 | | | | |
| **d** From 2020 | 21,371 | | | | |
| **e** From 2021 | 20,818 | | | | |
| **f** **Total** of lines 3a through e | | 49,254 | | | |
| **4** Qualifying distributions for 2022 from Part XI, line 4: $ 52,163 | | | | | |
| **a** Applied to 2021, but not more than line 2a | | | | | |
| **b** Applied to undistributed income of prior years (Election required – see instructions) | | | | | |
| **c** Treated as distributions out of corpus (Election required – see instructions) | | | | | |
| **d** Applied to 2022 distributable amount | | | | | 5,183 |
| **e** Remaining amount distributed out of corpus | | 46,980 | | | |
| **5** Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | | |
| **6** **Enter the net total of each column as indicated below:** | | | | | |
| **a** Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | 96,234 | | | |
| **b** Prior years' undistributed income. Subtract line 4b from line 2b | | | | | |
| **c** Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | | |
| **d** Subtract line 6c from line 6b. Taxable amount – see instructions | | | | | |
| **e** Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount – see instructions | | | | | |
| **f** Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 | | | | | 0 |
| **7** Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) | | | | | |
| **8** Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions) | | | | | |
| **9** **Excess distributions carryover to 2023.** Subtract lines 7 and 8 from line 6a | | 96,234 | | | |
| **10** Analysis of line 9: | | | | | |
| **a** Excess from 2018 | | | | | |
| **b** Excess from 2019 | 7,065 | | | | |
| **c** Excess from 2020 | 21,371 | | | | |
| **d** Excess from 2021 | 20,818 | | | | |
| **e** Excess from 2022 | 46,980 | | | | |





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## Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

| | Tax year (a) 2022 | Prior 3 years (b) 2021 | (c) 2020 | (d) 2019 | (e) Total |
|---|---|---|---|---|---|
| **2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed | | | | | |
| **b** 85% (0.85) of line 2a | | | | | |
| **c** Qualifying distributions from Part XI, line 4, for each year listed | | | | | |
| **d** Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| **e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| **3** Complete 3a, b, or c for the alternative test relied upon: **a** "Assets" alternative test – enter: **(1)** Value of all assets | | | | | |
| **(2)** Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| **b** "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed | | | | | |
| **c** "Support" alternative test – enter: **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| **(2)** Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| **(3)** Largest amount of support from an exempt organization | | | | | |
| **(4)** Gross investment income | | | | | |



## Part XIV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year – see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

Merjent, Inc.

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

N/A

**b** The form in which applications should be submitted and information and materials they should include:

N/A

**c** Any submission deadlines:

N/A

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

N/A

**Part XIV Supplementary Information** *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| 2022 - 3 Scholarships - UMTC<br>106 Pleasant St SE<br>Minneapolis MN 55455 | | | Charitable Contribution | 8,500 |
| AVIVO<br>5701 Shingle Creek Pkwy<br>Brooklyn Center MN 55430 | | | Charitable Contribution | 5,000 |
| Native American Heritage Assoc<br>12085 Quaal Rd<br>Black Hawk SD 57718 | | | Charitable Contribution | 2,500 |
| Partners for Housing Mankato<br>12 Civic Center Plaza<br>Mankato MN 56001 | | | Charitable Contribution | 2,500 |
| Safe House Denver<br>1649 N Downing St<br>Denver CO 80218 | | | Charitable Contribution | 2,500 |
| Animal Humane Society<br>845 Meadow Ln N<br>Golden Valley MN 55422 | | | Charitable Contribution | 50 |
| Salty Dog Fishing Tournament<br>700 West Wheeler Ave<br>Aransas Pass TX 78335 | | | Charitable Contribution | 500 |
| Greater Minneapolis Crisis Nursery<br>4544 4th Ave S<br>Minneapolis MN 55419 | | | Charitable Contribution | 2,500 |
| Little Earth Urban Farm<br>2495 18th Ave S<br>Minneapolis MN 55404 | | | Charitable Contribution | 2,500 |
| Kids in Crisis<br>203 Commerce Dr<br>Franklin IN 46131 | | | Charitable Contribution | 2,500 |
| **Total** | | | **3a** | 51,550 |
| **b** *Approved for future payment*<br>N/A | | | | |
| **Total** | | | **3b** | |

## Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| | Unrelated business income (a) Business code | Unrelated business income (b) Amount | Excluded by section 512, 513, or 514 (c) Exclusion code | Excluded by section 512, 513, or 514 (d) Amount | (e) Related or exempt function income (See instructions.) |
|---|---|---|---|---|---|
| 1 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0 | | 0 | 0 |

13 **Total.** Add line 12, columns (b), (d), and (e) 13 0

(See worksheet in line 13 instructions to verify calculations.)



## Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) |
|---|---|
| N/A | |



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## Part XVI Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| | **(1)** Cash | 1a(1) | | X |
| | **(2)** Other assets | 1a(2) | | X |
| b | Other transactions: | | | |
| | **(1)** Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| | **(2)** Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| | **(3)** Rental of facilities, equipment, or other assets | 1b(3) | | X |
| | **(4)** Reimbursement arrangements | 1b(4) | | X |
| | **(5)** Loans or loan guarantees | 1b(5) | | X |
| | **(6)** Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| N/A | | | |

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| N/A | | |

**Sign Here**

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

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

Signature of officer or trustee | Date | Title: Treasurer

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed |
|---|---|---|---|
| Peter Maddalena | Peter Maddalena *Peter Maddalena* | 03/14/23 | |
| Firm's name | Cummings, Keegan & Co., P.L.L.P. | PTIN | P01273918 |
| Firm's address | 600 Highway 169 South, Ste. 1625<br>St. Louis Park, MN 55426-1209 | Firm's EIN | 41-1227298 |
| | | Phone no. | 952-345-2500 |



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**Part XIV Supplementary Information** *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|---|---|---|---|
| **a** *Paid during the year* | | | | |
| Family Promise<br>117 W Oak St<br>Sparta WI 54656 | | | Charitable Contribution | 2,500 |
| Golden House<br>1120 University Ave<br>Green Bay WI 54302 | | | Charitable Contribution | 2,500 |
| Northern Michigan Supportive Housin<br>3588 Veterans Dr<br>Traverse City MI 49684 | | | Charitable Contribution | 5,000 |
| The Link<br>1210 Glenwood Ave<br>Minneapolis MN 55405 | | | Charitable Contribution | 5,000 |
| Missouri Valley Coalition for Homel<br>3101 N 11th St<br>Bismarck ND 58503 | | | Charitable Contribution | 2,500 |
| Food for the Thought<br>2078 US Hwy 98 W<br>Santa Rosa Beach FL 32459 | | | Charitable Contribution | 2,500 |
| COTS<br>819 S West Ave<br>Appleton WI 54915 | | | Charitable Contribution | 2,500 |
| **Total** ... **3a** | | | | |
| **b** *Approved for future payment*<br>N/A | | | | |
| **Total** ... **3b** | | | | |

**Schedule B**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

**Attach to Form 990 or Form 990-PF.**
**Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2022**

| Name of the organization | Employer identification number |
|---|---|
| Merjent Foundation | 83-1623599 |

**Organization type** (check one):

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

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

**General Rule**

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

**Special Rules**

☐ 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).

Name of organization: Merjent Foundation

Employer identification number: 83-1623599

**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 | Merjent, Inc.<br>800 Washington Ave N<br>Suite 315<br>Minneapolis MN 55401 | $ 80,000 | Person [X]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |
| | | $ | Person [ ]<br>Payroll [ ]<br>Noncash [ ]<br>(Complete Part II for noncash contributions.) |





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Form **8879-TE**

Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning ................, 2022, and ending ............., 20 ......

**Do not send to the IRS. Keep for your records.**
**Go to *www.irs.gov/Form8879TE* for the latest information.**

OMB No. 1545-0047

**2022**

Name of filer: Merjent Foundation

EIN or SSN: 83-1623599

Name and title of officer or person subject to tax: Sara Romdenne
Treasurer

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | | |
|---|---|---|---|---|---|
| **1a** | **Form 990** check here | ☐ | **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | **1b** | |
| **2a** | **Form 990-EZ** check here | ☐ | **b Total revenue,** if any (Form 990-EZ, line 9) | **2b** | |
| **3a** | **Form 1120-POL** check here | ☐ | **b Total tax** (Form 1120-POL, line 22) | **3b** | |
| **4a** | **Form 990-PF** check here | X | **b Tax based on investment income** (Form 990-PF, Part V, line 5) | **4b** | 0 |
| **5a** | **Form 8868** check here | ☐ | **b Balance due** (Form 8868, line 3c) | **5b** | |
| **6a** | **Form 990-T** check here | ☐ | **b Total tax** (Form 990-T, Part III, line 4) | **6b** | |
| **7a** | **Form 4720** check here | ☐ | **b Total tax** (Form 4720, Part III, line 1) | **7b** | |
| **8a** | **Form 5227** check here | ☐ | **b FMV of assets at end of tax year** (Form 5227, Item D) | **8b** | |
| **9a** | **Form 5330** check here | ☐ | **b Tax due** (Form 5330, Part II, line 19) | **9b** | |
| **10a** | **Form 8038-CP** check here | ☐ | **b Amount of credit payment requested** (Form 8038-CP, Part III, line 22) | **10b** | |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that X I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) ______________________, (EIN) ____________ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

X I authorize Cummings, Keegan & Co., P.L.L.P. (**ERO firm name**) to enter my PIN 55414 (**Enter five numbers, but do not enter all zeros**) as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ______________________ Date 02/10/23

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41426141122
**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature Peter Maddalena Peter Maddalena Date 02/10/23

**ERO Must Retain This Form — See Instructions**
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**For Privacy Act and Paperwork Reduction Act Notice, see back of form.**
DAA

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

**Website Address:**
*www.ag.state.mn.us/charity*

**STATE OF MINNESOTA**

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**

(Pursuant to Minn. Stat. ch. 309)

C2

## SECTION A: Organization Information

**Legal Name of Organization** Merjent Foundation

**Federal EIN:** 83-1623599

**Fiscal Year-End:** 12/31/2022
mm/dd/yyyy

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

| Mailing Address: | Physical Address: |
|---|---|
| Sara Romdenne<br>Contact Person | Sara Romdenne<br>Contact Person |
| 1 Main Street SE, Suite 300<br>Street Address | 1 Main Street SE, Suite 300<br>Street Address |
| Minneapolis MN 55414<br>City, State, and Zip Code | Minneapolis MN 55414<br>City, State, and Zip Code |
| 612-916-9999<br>Phone Number | 612-916-9999<br>Phone Number |
| Email Address | Email Address |



1. Organization's website: www.merjentfoundation.org
2. List all of the organization's alternate and former names (attach list if more space is needed).

   ☐ Alternate ☐ Former

   ☐ Alternate ☐ Former
3. List all names under which the organization solicits contributions (attach list if more space is needed).

   Merjent Foundation
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? ☐ Yes ☒ No
5. Total amount of contributions the organization received from Minnesota donors: $ 80,750
6. Has the organization's tax-exempt status with the IRS changed?

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

   ☐ Yes ☒ No If yes, attach explanation.

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

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

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

Name of Professional Fundraiser | Compensation

Street Address | City, State, and Zip Code

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

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

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

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

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

## SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

| | | |
|---|---|---|
| **INCOME** | | |
| 1. Contributions Received | $ 80,750 | 1 |
| 2. Government Grants | $ | 2 |
| 3. Program Service Revenue | $ | 3 |
| 4. Other Revenue | $ | 4 |
| **5. TOTAL INCOME** | **$** 80,750 | **5** |
| **EXPENSES** | | |
| 6. Program Expenses | $ 51,550 | 6 |
| 7. Management & General Expenses | $ 1,225 | 7 |
| 8. Fund-raising Expenses | $ | 8 |
| **9. TOTAL EXPENSES** | **$** 52,775 | **9** |
| **10. EXCESS or DEFICIT** (Line 5 minus Line 9) | **$** 27,975 | **10** |
| **ASSETS** | | |
| 11. Cash | $ 73,085 | 11 |
| 12. Land, Buildings & Equipment | $ | 12 |
| 13. Other Assets | $ | 13 |
| **14. TOTAL ASSETS** | **$** 73,085 | **14** |
| **LIABILITIES** | | |
| 15. Accounts Payable | $ | 15 |
| 16. Grants Payable | $ | 16 |
| 17. Other Liabilities | $ | 17 |
| **18. TOTAL LIABILITIES** | **$** 0 | **18** |
| **FUND BALANCE/NET WORTH** (Line 14 minus Line 18) | **$** 73,085 | |

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

### Section B (continued): Statement of Functional Expenses

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| **1.** Grants and other assistance to governments and organizations in the U.S. | 51,550 | 51,550 | | |
| **2.** Grants and other assistance to individuals in the U.S. | | | | |
| **3.** Grants and other assistance to governments, organizations, and individuals outside the U.S. | | | | |
| **4.** Benefits paid to or for members | | | | |
| **5.** Compensation of current officers, directors, trustees, and key employees | | | | |
| **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 | | | | |
| **8.** Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| **9.** Other employee benefits | | | | |
| **10.** Payroll taxes | | | | |
| **11.** Fees for services (non-employees): | | | | |
| **a.** Management | | | | |
| **b.** Legal | | | | |
| **c.** Accounting | 1,200 | 600 | 600 | |
| **d.** Lobbying | | | | |
| **e.** Professional fundraising services | | | | |
| **f.** Investment management fees | | | | |
| **g.** Other | | | | |
| **12.** Advertising and promotion | | | | |
| **13.** Office expenses | | | | |
| **14.** Information technology | | | | |
| **15.** Royalties | | | | |
| **16.** Occupancy | | | | |
| **17.** Travel | | | | |
| **18.** Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| **19.** Conferences, conventions, and meetings | | | | |
| **20.** Interest | | | | |
| **21.** Payments to affiliates | | | | |
| **22.** Depreciation, depletion, and amortization | | | | |
| **23.** Insurance | | | | |
| **24.** Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25). | | | | |
| **a.** MN Filing Fees | 25 | 12 | 13 | |
| **b.** | | | | |
| **c.** | | | | |
| **d.** | | | | |
| **25. Total functional expenses.** Add lines 1 through 24d. | 52,775 | 52,162 | 613 | |
| **26. Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation | | | | |

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

## Section C: Board of Directors Signatures and Acknowledgment

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

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the Treasurer (Title) and President (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the ____________________________ (Board of Directors, Trustees, or Managing Group) adopted on the ______ day of ______________ , 20___ , approving the contents of the document, and do hereby certify that the ____________________________ (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

| | |
|---|---|
| Sara Romdenne | Melissa Dellwo |
| Name (Print) | Name (Print) |
| | |
| Signature | Signature |
| Treasurer | President |
| Title | Title |
| | |
| Date | Date |