



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public  
Inspection

<b>A For the 2009 calendar year, or tax year beginning</b>		Oct 1	, 2009, and ending		Sept 30	20	10	
<b>B Check if applicable</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>Mending the Sacred Hoop</b> Number and street (or P O box, if mail is not delivered to street address) <b>202 E. Superior St.</b>			Room/suite	<b>D Employer identification number</b> <b>61-1520024</b>		
		City or town, state or country, and ZIP + 4 <b>Duluth, MN 55802</b>				<b>E Telephone number</b> <b>218-623-4667</b>		
						<b>F Group Exemption Number</b> ►		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**I Website:** ► [www.mshoop.org](http://www.mshoop.org)

**J Tax-exempt status (check only one)** —  501(c) ( 3 ) ► (insert no.)  4947(a)(1) or  527

**G Accounting Method**  Cash  Accrual  
Other (specify) ►

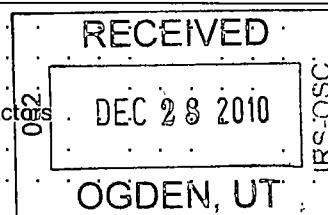
**H Check** ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K Check** ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 458 016**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	444814
	2 Program service revenue including government fees and contracts . . . . .	2	
3 Membership dues and assessments . . . . .	-3-		
4 Investment income . . . . .	4		
5a Gross amount from sale of assets other than inventory . . . . .	5a		
b Less: cost or other basis and sales expenses . . . . .	5b		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c		
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>			
a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a		
b Less: direct expenses other than fundraising expenses . . . . .	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c		
7a Gross sales of inventory, less returns and allowances . . . . .	7a	360	
b Less: cost of goods sold . . . . .	7b	263	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	97	
8 Other revenue (describe ► <b>Training revenue</b> ) . . . . .	8	12842	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	457753	
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10	
11 Benefits paid to or for members . . . . .	11		
12 Salaries, other compensation, and employee benefits . . . . .	12	314268	
13 Professional fees and other payments to independent contractors . . . . .	13	12885	
14 Occupancy, rent, utilities, and maintenance . . . . .	14	16325	
15 Printing, publications, postage, and shipping . . . . .	15	3821	
16 Other expenses (describe ► <b>See Attachment A</b> ) . . . . .	16	114891	
<b>17 Total expenses.</b> Add lines 10 through 16 ►	17	462190	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-4437
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	47831	
20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	-4437	
<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►</b>	21	43431	



<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ		(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .		48081	22	50691
23 Land and buildings . . . . .			23	
24 Other assets (describe ► <b>Accts Rec</b> ) . . . . .		650	24	16949
<b>25 Total assets</b> . . . . .		48731	25	67640
<b>26 Total liabilities</b> (describe ► <b>Acct Payable</b> ) . . . . .		900	26	24246
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		47831	27	43394

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Addresses domestic violence against women**  
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Develops Resources to address the affects of domestic violence and sexual assault against American Indian and Alaska Native women. Work on social and economic justice for Native Women from a social change perspective

(Grants \$  ) If this amount includes foreign grants, check here

28a 462190

29

(Grants \$  ) If this amount includes foreign grants, check here

29a

30

(Grants \$ \_\_\_\_\_ ) If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here

31a

32

**32 Total program service expenses (add lines 28a through 31a)**

32

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	✓
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <b>37a</b> . . . . .	37a	
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . .	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► _____		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ► _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		
41 List the states with which a copy of this return is filed. ► <b>Minnesota</b> . . . . .		
42a The organization's books are in care of ► <b>Domestic Abuse Intervention Programs</b> Telephone no. ► <b>218-722-2781</b> Located at ► <b>202 E. Superior St, Duluth, MN</b> ZIP + 4 ► <b>55802</b> . . . . .		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	42b	✓
If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	42c	✓
If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► <b>43</b> . . . . .		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	✓

**Part VI**

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

		Yes	No
46	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	46	✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

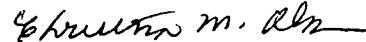
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				

f Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

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 officer) is based on all information of which preparer has any knowledge		
►	 Signature of officer		
	Date <i>12/06/2020</i>		
►	 Type or print name and title		
	Preparer's identifying number (See instructions)		
Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►		EIN ► Phone no ►

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

**Attachment A**  
990-EZ Line 16 Other Expenses

Mending the Sacred Hoop  
202 E. Superior St.  
Duluth, MN 55802  
61-1520024

Accounting Expenses	515.00
Board Expenses	49.00
Equipment, Eq Maintenance, Eq Rental	4,628.00
Insurance	1,670.00
Bank Fees	616.00
Meeting Expenses	5,180.00
Miscellaneous Exp	2,673.00
Printing	3,115.00
Program Supplies	358.00
Subscriptions and Dues	200.00
Telephone	5,555.00
Training Site	420.00
Travel	41,623.00
Overhead Expenses	<u>48,289.00</u>
Total Other Expenses Line 16	<u>114,891.00</u>