Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Instructions

Included in this DocuSign are the assembled copies of the filings for the organization's records as follows:

• Internal Copy: Includes all letters, instructions, and return pages without any redaction. Please review this file, sign, and date where indicated and submit back to CLA.

• Public Inspection Copy: Redacted to just the information that is required for public inspection. If anyone from the public were to request a copy of the return or if the return were to be posted, the Public Inspection Copy should be used.

• PRINT & PAPER FILE Copy: CLA will not be mailing in these returns. The first page of the PDF is the filing instructions page, this includes instructions on any payment(s) that may be due. All the remaining pages in the PDF should be printed for signature and mailing. Any return that must be paper filed we recommend that you use certified mail with return receipt as proof of mailing.

Please note:

After the documents have been e-signed and you click **'FINISH'** - DocuSign will give you the option to log-in - you can log-in at that time and download the executed documents and print any PRINT & PAPER FILE documents; alternatively, DocuSign will send you another email indicating that the documents have been 'finished' and you can click that link to download and/or print the documents. **Downloading 'as Separate Files' is important as you will not be receiving a paper copy. You have 120 days to download.**

CLA cannot e-file any return until its signed e-file authorization is returned to CLA.

CLA does recommend all returns included in each PDF be signed and dated for your records.

CLA is not making any payments as part of the e-file or submitting any 'PRINT & PAPER FILE' returns on your behalf.

Please initial to indicate that you have read and understand the above: Initial kV

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See CLAglobal.com/disclaimer.
Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

©2023 CliftonLarsonAllen LLP |

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

CliftonLarsonAllen LLP
CLAconnect.com

October 29, 2026

Nexus-PATH Family Healing
1202 28th St S 400
Fargo, ND 58103
Attention: Kenneth Varble

Dear Kenneth,

Enclosed is the organization's 2025 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 16, 2026 the filing deadline.

FORM 990-T RETURN:

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

Form 990-T has an overpayment of $281. The entire overpayment has been applied to the estimated tax payments.

No amount is due on Form 990-T.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organization’s site as part of a database of similar materials. Specific requirements must be met to meet this exception.

NORTH DAKOTA FORM ND-40 RETURN:

The North Dakota Form ND-40 should be mailed on or before December 15, 2026 to:

Office of State Tax Commissione
600 E. Boulevard Ave.
Department 127
Bismarck, ND 58505-0599

No payment is required.

A few final reminders relating to your tax return filings:

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2025

Prepared For:

Nexus-PATH Family Healing
1202 28th St S 400
Fargo, ND 58103

Prepared By:

CliftonLarsonAllen LLP
220 S 6th Street, Suite 300
Minneapolis, MN 55402

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 16, 2026.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
December 31, 2025

Prepared For:

Nexus-PATH Family Healing
1202 28th St S 400
Fargo, ND 58103

Prepared By:

CliftonLarsonAllen LLP
220 S 6th Street, Suite 300
Minneapolis, MN 55402

Amount Due or Refund:

Overpayment of $281. The entire overpayment has been applied to the estimated tax payments.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____ , 2025, 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

2025

Name of filer
NEXUS-PATH FAMILY HEALING

EIN or SSN
91-2159746

Name and title of officer or person subject to tax
KEN VARBLE
CHIEF FINANCIAL OFFICER

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	[X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	15,472,225.
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	[ ]	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
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 2025 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 CLIFTONLARSONALLEN LLP to enter my PIN 55402

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 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 2025 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 — Signed by: Kenneth D. Varble — Date 10/30/2026

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. 41144655902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 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 ANN NEIL Date 10/29/26

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 instructions. Form **8879-TE** (2025) Created 5/1/25

LHA 502521 12-18-25

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
NEXUS-PATH FAMILY HEALING	91-2159746

Number, street, and room or suite no. If a P.O. box, see instructions.
1202 28TH ST S, 400

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
FARGO, ND 58103

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KATIE COUGHLIN
1202 28TH ST S - FARGO, ND 58103

Telephone No. (701)280-9545 Fax No. _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**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.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
NEXUS-PATH FAMILY HEALING

Doing business as NEXUS FAMILY HEALING NORTH DAKOTA

Number and street (or P.O. box if mail is not delivered to street address) 1202 28TH ST S

Room/suite 400

City or town, state or province, country, and ZIP or foreign postal code FARGO, ND 58103

D Employer identification number 91-2159746

E Telephone number (701)280-9545

G Gross receipts $ 16,655,435.

F Name and address of principal officer: KEN VARBLE
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.NEXUSFAMILYHEALING.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 2000

M State of legal domicile: ND

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FOSTER CARE, IN-HOME, & COMMUNITY-BASED FAMILY SERVICES IN ND.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	179
6	Total number of volunteers (estimate if necessary)	6	8
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,019.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,138,656.	13,095,201.
9	Program service revenue (Part VIII, line 2g)	1,329,128.	2,215,611.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	642.	74,156.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,163.	87,257.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,502,589.	15,472,225.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,704,557.	8,888,407.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 114,356.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,897,471.	7,536,568.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,602,028.	16,424,975.
19	Revenue less expenses. Subtract line 18 from line 12	-99,439.	-952,750.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,601,373.	7,255,742.
21	Total liabilities (Part X, line 26)	4,178,777.	5,779,364.
22	Net assets or fund balances. Subtract line 21 from line 20	2,422,596.	1,476,378.

Part II Signature Block

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

Sign Here

Signature of officer KEN VARBLE, CHIEF FINANCIAL OFFICER

Signed by: Kenneth D. Varble E951418ED59B40D...

Date 10/30/2026

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ANN NEIL	ANN NEIL	10/29/26	[ ]	P01817922

Firm's name CLIFTONLARSONALLEN LLP — Firm's EIN 41-0746749

Firm's address 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402 — Phone no. 612-376-4500

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
STRENGTHENING LIVES, FAMILIES, AND COMMUNITIES THROUGH OUR CORNERSTONE VALUES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... X Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... X Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 6,701,293. including grants of $ 0.) (Revenue $ 0.)
NEXUS-PATH FAMILY HEALING (NEXUS-PATH) OPERATES A FOSTER CARE PROGRAM THAT WORKS TIRELESSLY TO MAKE SURE EVERY CHILD IS CARED FOR IN A SAFE AND SECURE HOME, WHETHER THEY NEED SHORT-TERM CARE WHILE A FAMILY IS IN TRANSITION OR A PERMANENT PLACE TO CALL THEIR OWN. NEXUS-PATH PROVIDES TREATMENT FOSTER CARE SERVICES THAT OFFER A RANGE OF SUPPORT DESIGNED TO STRENGTHEN FAMILIES AND CREATE SAFE, STABLE HOMES FOR CHILDREN AND YOUTH.

TREATMENT FOSTER CARE IS FOR CHILDREN AND YOUTH THAT HAVE A MENTAL HEALTH DIAGNOSIS INVOLVING SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS. WE PROVIDE SAFE, SPECIALLY EQUIPPED FOSTER HOMES THAT HAVE THE SKILLS AND RESOURCES TO MEET THEIR COMPLEX NEEDS. OUR TREATMENT FOSTER CARE

4b (Code:) (Expenses $ 2,750,722. including grants of $ 0.) (Revenue $ 2,227,686.)
LUTHER HALL IS A LICENSED PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AND ADOLESCENTS OPERATED BY NEXUS-PATH FAMILY HEALING. LUTHER HALL OFFERS A THERAPEUTIC SETTING FOR UP TO 16 YOUTH AGES 10-17 WHO PRESENT RISK TO THEMSELVES AND OTHERS DUE TO SIGNIFICANT ISSUES IMPACTING THEIR EVERYDAY LIVES, RESULTING IN THE NEED FOR OUT-OF-HOME PLACEMENT FOR TREATMENT. WE PROVIDE INDIVIDUALIZED AND COMPREHENSIVE SERVICES BY SPECIALLY TRAINED, DEDICATED STAFF IN A CAREFULLY STRUCTURED ENVIRONMENT. YOUTH RECEIVE TREATMENT FOR ISSUES SUCH AS MENTAL HEALTH CHALLENGES, SUBSTANCE USE, OR BECAUSE OF A HISTORY THAT DEMONSTRATES THE CHILD'S NEED FOR A HIGHER LEVEL OF CARE.

ALL RESIDENTS PARTICIPATE IN INDIVIDUAL AND GROUP THERAPY, AS WELL AS

4c (Code:) (Expenses $ 1,525,315. including grants of $ 0.) (Revenue $ 0.)
INDEPENDENT LIVING SERVICES - NEXUS-PATH'S INDEPENDENT LIVING PROGRAM PREPARES YOUTH TO LEAVE FOSTER CARE WITH THE RESOURCES AND SKILLS THEY'LL NEED TO LIVE SUCCESSFULLY AS ADULTS. NEXUS-PATH'S INDEPENDENT LIVING COORDINATORS WORK WITH YOUTH WHO ARE PREPARING TO EXIT NORTH DAKOTA'S FOSTER CARE SYSTEM TO HELP THEM FIND EMPLOYMENT, HOUSING, AND/OR EDUCATION, INCLUDING EARNING OR FINDING HOUSING DEPOSITS, SHOPPING FOR FURNITURE AND NECESSITIES, AND OTHER TASKS REQUIRED TO SET UP FOR SUCCESS. THE INDEPENDENT LIVING COORDINATORS HELP THESE YOUTH LEARN HOW TO MANAGE THEIR MONEY, NAVIGATE OR FIND TRANSPORTATION, AND BUILD HEALTHY INTERDEPENDENT SKILLS. FOR MANY YOUTH, THE COORDINATORS ARE THEIR ONLY TIE TO A TRUSTWORTHY, MATURE, STABLE ADULT.

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,828,798. including grants of $ 0.) (Revenue $ 0.)

4e Total program service expenses 12,806,128.

SEE SCHEDULE O FOR CONTINUATION(S)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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	X	
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, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
c	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		X
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	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
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 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *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 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part IV Checklist of Required Schedules *(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 Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		X
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% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
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 entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
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	X	
35a	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 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? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	103		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	179		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		X	
4a	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)?	4a			X
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 a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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 deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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 taxable entity during the year?	16a		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ND

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

KATIE COUGHLIN - (701)280-9545

1202 28TH ST S, FARGO, ND 58103

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. MICHELLE MURRAY	2.00									
PRESIDENT AND CEO	42.00	X		X				0.	640,054.	67,545.
(2) SCOTT MCGUIRE	2.00									
CFO	42.00			X				0.	447,906.	56,880.
(3) JENNIFER MCINTOSH	2.00									
CHIEF HUMAN RESOURCES OFFICER	42.00			X				0.	399,721.	45,725.
(4) KATE COUGLIN	40.00									
EXECUTIVE DIRECTOR	0.00			X				172,029.	0.	42,997.
(5) TONYA GREYWIN	40.00									
OPERATIONS DIRECTOR	0.00					X		133,515.	0.	39,688.
(6) JENNIFER HINZE	40.00									
ASSOCIATE EXECUTIVE DIRECTOR	0.00					X		117,441.	0.	38,979.
(7) TAMARA PETERS	2.00									
BOARD CHAIR	0.00	X		X				0.	0.	0.
(8) LORI BROWNSHIELD	2.00									
BOARD VICE CHAIR	0.00	X		X				0.	0.	0.
(9) LISA BJERGAARD	2.00									
SECRETARY	0.00	X		X				0.	0.	0.
(10) KYLIE SCHULTZ	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(11) ASHLEY BAKER	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(12) JULIE LUDWIG	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(13) RAY TALLEY	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(14) BRADY PEKAS	2.00									
DIRECTOR	0.00	X						0.	0.	0.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								422,985.	1,487,681.	291,814.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								422,985.	1,487,681.	291,814.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 3

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

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

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	102,862.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,050,240.				
	e Government grants (contributions)	1e	11,912,985.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	29,114.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h Total. Add lines 1a-1f			13,095,201.			
Program Service Revenue		Business Code					
	2a CONTRACT REVENUE	624110		2,215,611.	2,215,611.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,215,611.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			33,406.			33,406.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	15,094.					
	b Less: rental expenses 6b	0.					
	c Rental income or (loss) 6c	15,094.					
	d Net rental income or (loss)			15,094.	12,075.	3,019.	
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a		1,223,960.				
	b Less: cost or other basis and sales expenses 7b		1,183,210.				
	c Gain or (loss) 7c		40,750.				
	d Net gain or (loss)			40,750.			40,750.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a						
	b Less: direct expenses 8b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a						
	b Less: cost of goods sold 10b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a MISCELLANEOUS REVENUE	900099		54,163.			54,163.
	b AFTERCARE	900099		18,000.			18,000.
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			72,163.			
	12 Total revenue. See instructions			15,472,225.	2,227,686.	3,019.	146,319.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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				
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	215,026.		215,026.	
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	6,962,947.	5,995,483.	967,464.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,017.	148,685.	19,332.	
9 Other employee benefits	1,004,843.	889,584.	115,259.	
10 Payroll taxes	537,574.	459,056.	78,518.	
11 Fees for services (nonemployees):				
a Management				
b Legal	12,155.		12,155.	
c Accounting	1,646.		1,646.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,617.		2,617.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,716,763.	247,857.	1,468,906.	
12 Advertising and promotion				
13 Office expenses	142,603.	41,159.	101,444.	
14 Information technology				
15 Royalties				
16 Occupancy	1,265,485.	943,446.	322,039.	
17 Travel	293,322.	252,512.	40,810.	
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	144,440.	85,147.	59,293.	
23 Insurance	326,645.	287,919.	38,726.	
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 O.)				
a FOSTER CARE	2,546,191.	2,546,191.		
b YOUTH SUPPLIES	471,556.	471,275.	281.	
c FOOD	144,771.	144,760.	11.	
d LICENSE AND DUES	126,930.	108,765.	18,165.	
e All other expenses	341,444.	184,289.	42,799.	114,356.
25 **Total functional expenses.** Add lines 1 through 24e	16,424,975.	12,806,128.	3,504,491.	114,356.
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)				

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,472,721.	1	2,162,502.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		186,680.	3	
	4	Accounts receivable, net		1,503,769.	4	1,355,484.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		46,065.	9	73,999.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,042,481.			
	b	Less: accumulated depreciation	10b 820,925.	1,426,592.	10c	221,556.
	11	Investments - publicly traded securities			11	1,035,569.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		51,000.	14	51,000.
	15	Other assets. See Part IV, line 11		1,914,546.	15	2,355,632.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		6,601,373.	16	7,255,742.
Liabilities	17	Accounts payable and accrued expenses		1,100,770.	17	1,216,889.
	18	Grants payable			18	
	19	Deferred revenue		76,667.	19	836,617.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		3,001,340.	25	3,725,858.
	26	**Total liabilities.** Add lines 17 through 25		4,178,777.	26	5,779,364.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,409,571.	27	1,468,439.
	28	Net assets with donor restrictions		13,025.	28	7,939.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,422,596.	32	1,476,378.
	33	Total liabilities and net assets/fund balances		6,601,373.	33	7,255,742.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part 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	15,472,225.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,424,975.
3	Revenue less expenses. Subtract line 2 from line 1	3	-952,750.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,422,596.
5	Net unrealized gains (losses) on investments	5	6,532.
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	1,476,378.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
NEXUS-PATH FAMILY HEALING	91-2159746

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	577,974.	678,596.	820,153.	14,926,963.	13,095,201.	30,098,887.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,775,893.	16,132,134.	14,462,078.	1,329,128.	2,215,611.	50,914,844.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	5,921.	4,212.	984.	10,845.	72,163.	94,125.
4 Tax revenues levied for the organization'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	17,359,788.	16,814,942.	15,283,215.	16,266,936.	15,382,975.	81,107,856.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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				116,724.	134,866.	251,590.
c Add lines 7a and 7b				116,724.	134,866.	251,590.
8 **Public support.** (Subtract line 7c from line 6.)						80,856,266.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	17,359,788.	16,814,942.	15,283,215.	16,266,936.	15,382,975.	81,107,856.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	59,286.	52,736.	42,710.	28,441.	48,500.	231,673.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	59,286.	52,736.	42,710.	28,441.	48,500.	231,673.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 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.)	17,419,074.	16,867,678.	15,325,925.	16,295,377.	15,431,475.	81,339,529.

14 **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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	99.41 %
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	99.58 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	.28 %
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	.27 %

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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**		
c	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**		

Section 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 officers, 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 supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	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**		

Section 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**		

Section 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**		
3	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**		

Section 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 instructions).**

- **a** ☐ 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.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its 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, 3b, and 3c below.**

			Yes	No
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct 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.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number
NEXUS-PATH FAMILY HEALING	91-2159746

Organization type (check one):

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

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

General Rule

[X] 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).

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of organization: NEXUS-PATH FAMILY HEALING

Employer identification number: 91-2159746

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	NEXUS FOUNDATION FOR FAMILY HEALING 505 HWY 169 NORTH PLYMOUTH, MN 55441	$ 1,050,240.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of organization: NEXUS-PATH FAMILY HEALING

Employer identification number: 91-2159746

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
		$	

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of organization

NEXUS-PATH FAMILY HEALING

Employer identification number

91-2159746

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

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

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

b Assets included in Form 990, Part X $ _____

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V Endowment Funds

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

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

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

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		63,240.	49,800.	13,440.
c Leasehold improvements		288,479.	227,169.	61,310.
d Equipment		657,762.	517,969.	139,793.
e Other		33,000.	25,987.	7,013.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				221,556.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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)	RIGHT OF USE ASSET	2,355,632.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		2,355,632.

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)	DUE TO AFFILIATES	1,272,077.
(3)	LEASE LIABILITY	2,453,781.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		3,725,858.

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

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

1	Total revenue, gains, and other support per audited financial statements			1	15,476,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	6,532.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	6,532.
3	Subtract line 2e from line 1			3	15,469,611.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,614.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	2,614.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	15,472,225.

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

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

1	Total expenses and losses per audited financial statements			1	16,422,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	16,422,361.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,614.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	2,614.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	16,424,975.

Part XIII Supplemental Information

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

PART X, LINE 2:

NEXUS PATH FAMILY HEALING HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE 501(C)(3). THE ORGANIZATION IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE.

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIRMENTS AND, AS SUCH, DOES NOT HAVE AN UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZSE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part XIII Supplemental Information *(continued)*

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

Part I 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**		
2	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**		
3	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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	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:			
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**		X
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**	X	
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. MICHELLE MURRAY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CEO	(ii)	515,692.	124,362.	0.	12,075.	55,470.	707,599.	0.
(2) SCOTT MCGUIRE	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	375,097.	72,809.	0.	12,232.	44,648.	504,786.	0.
(3) JENNIFER MCINTOSH	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	332,955.	66,766.	0.	7,921.	37,804.	445,446.	0.
(4) KATE COUGLIN	(i)	147,477.	24,552.	0.	6,099.	36,898.	215,026.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TONYA GREYWIN	(i)	121,012.	12,503.	0.	3,684.	36,004.	173,203.	0.
OPERATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER HINZE	(i)	112,792.	4,649.	0.	4,371.	34,608.	156,420.	0.
ASSOCIATE EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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.

PART I, LINE 5:
BONUS ELIGIBILITY IS CONTINGENT ON THE ORGANIZATION MEETING OR EXCEEDING
BUDGETED REVENUE FOR THE FISCAL YEAR. THERE ARE MULTIPLE GOALS ASSOCIATED
WITH MEETING BONUS ELIGIBILITY, AND REVENUE IS JUST ONE OF THEM.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
THE AGENCY STARTED A NEW PROGRAM CALLED THERAPEUTIC HOST HOMES IN 2025, WITH NO SIGNIFICANT FISCAL ACTIVITY UNTIL 2026. HOWEVER, THE PROGRAM CONTRACT BEGAN IN 2025.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
HISTORICALLY THE AGENCY MAINTAINED AN OUTPATIENT THERAPY CLINIC FOR OUTPATIENT SERVICES. IN JANUARY-MARCH OF 2025 THAT PROGRAM WAS WOUND DOWN AND WE NO LONGER HAVE AN OUTPATIENT CLINIC. THIS WAS A VERY SMALL PART OF OUR OPERATIONS AS A WHOLE THOUGH. THE FAMILY SUPPORT PROGRAM WAS ENDED AS OF 7/1/2025.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FAMILIES ARE TRAINED AND CERTIFIED IN MEDICATION MANAGEMENT, CRISIS INTERVENTION, AND TRAUMA-INFORMED CARE, AND THEY'RE FOCUSED ON HELPING FOSTER YOUTH BUILD HEALTHY RELATIONSHIPS AND DEVELOP VALUABLE LIFE SKILLS. NEXUS-PATH CASE WORKERS SUPPORT THESE FAMILIES BY PROVIDING TREATMENT CONSULTATION AND BEHAVIORAL MANAGEMENT SUPPORT. IN ADDITION, WE USE A FULL TEAM APPROACH TO HELP ADDRESS THE ONGOING IMPACT OF ANY FUNCTIONAL DISABILITIES AND/OR PAST TRAUMA. OUR TREATMENT FOSTER FAMILIES COLLABORATE CLOSELY WITH A NEXUS-PATH CASE WORKER, THE CHILD'S CUSTODIAN, AND OTHER SERVICE PROVIDERS TO ENSURE THE BEST CARE FOR EACH INDIVIDUAL CHILD. IN 2025, NEXUS-PATH SERVED 107 YOUTH IN TREATMENT FOSTER CARE.

REGULAR FOSTER CARE HELPS ENSURE THAT YOUTH WHO ARE IN THE CHILD WELFARE SYSTEM (FROM BIRTH THROUGH AGE 21) HAVE THEIR PHYSICAL, EMOTIONAL, AND SOCIAL NEEDS MET DAILY IN A FAMILY SETTING, UNTIL THEY'RE REUNITED WITH THEIR OWN FAMILY, OR ANOTHER PERMANENT OPTION IS ARRANGED. OUR REGULAR FOSTER CARE FAMILIES ARE PAIRED WITH A NEXUS-PATH SOCIAL WORKER WHO KNOWS THE FAMILY WELL AND UNDERSTANDS HOW THEY CAN BEST HELP CHILDREN IN THEIR HOME. THESE FAMILIES PROVIDE A LOWER LEVEL OF CARE THAN OUR TREATMENT FOSTER CARE HOMES. YOUTH IN REGULAR FOSTER CARE DO NOT NEED TO HAVE A MENTAL HEALTH DIAGNOSIS TO RECEIVE SERVICES THROUGH NEXUS-PATH. IN 2025, NEXUS-PATH SERVED 54 YOUTH IN REGULAR FOSTER CARE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
FAMILY THERAPY, WHICH CAN BE DONE IN PERSON OR VIA SECURE VIDEO CONFERENCING AVENUES FOR FAMILIES UNABLE TO BE PHYSICALLY PRESENT. ON-SITE EDUCATIONAL INSTRUCTION IS PROVIDED BY FARGO PUBLIC SCHOOLS AND INCLUDES SPECIAL EDUCATION SERVICES. IN 2025, LUTHER HALL SERVED 42 YOUTH.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THIS RELATIONSHIP SERVES A MUCH GREATER PURPOSE THAN SIMPLY SECURING THE NECESSITIES OF INDEPENDENT LIVING, IT'S A SAFETY NET FOR THOSE WHO DON'T HAVE ONE AND A SPRINGBOARD TOWARD SUCCESS IN ADULTHOOD. IN 2025, INDEPENDENT LIVING SERVED 397 YOUTH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SCHOOL CASE MANAGEMENT PROGRAM - TO SUPPORT CHILDREN AND THEIR

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of the organization: NEXUS-PATH FAMILY HEALING

Employer identification number: 91-2159746

CAREGIVERS THROUGHOUT OUR COMMUNITY WHO NEED MENTAL HEALTH SERVICES, WE PROVIDE A STRENGTHS-BASED SERVICE WITHIN LOCAL SCHOOL DISTRICTS. NEXUS-PATH CASE MANAGERS WORK CLOSELY WITH EACH STUDENT IN THE PROGRAM, ALONGSIDE THE STUDENT'S FAMILY AND THEIR SCHOOL TEAM, TO IMPLEMENT AN INDIVIDUALIZED CARE PLAN THAT SUPPORTS THE CHILD AND THE FAMILY'S NEEDS. NEXUS-PATH CASE MANAGERS HELP THESE CHILDREN AND FAMILIES ACCESS MEDICAL, SOCIAL, EDUCATIONAL, AND OTHER SERVICES NECESSARY FOR APPROPRIATE CARE AND TREATMENT. IN 2025, THE SCHOOL BASE PROGRAM SERVED 260 YOUTH.
EXPENSES $ 1,806,445. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

HOST HOMES ARE FAMILY-STYLE LIVING ARRANGEMENTS FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. AN INDIVIDUAL LIVES WITH A CARING PROVIDER IN THEIR COMMUNITY SURROUNDED BY A CIRCLE OF SUPPORT, PROVIDED BY NEXUS FAMILY HEALING, INSTEAD OF LIVING IN A GROUP HOME OR INSTITUTION. THIS IS A VOLUNTARY PROGRAM DESIGNED TO HELP INDIVIDUALS RETURN TO THEIR HOME WHEN POSSIBLE WHILE CONTINUING TO RECEIVE HELP AND MENTORSHIP FROM THEIR HOST HOME PROVIDER
EXPENSES $ 22,353. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE COMMITTEE CONSISTS OF (A) THE CHAIR OF THE NEXUS-PATH FAMILY HEALING BOARD, WHO SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE; (B) THE NEXUS FAMILY HEALING CEO, WHO SHALL BE A PERMANENT MEMBER OF THE EXECUTIVE COMMITTEE; (C) THE VICE CHAIR; (D) THE SECRETARY/TREASURER AND (E) TWO (2) TO THREE (3) ADDITIONAL BOARD MEMBERS APPOINTED BY THE CHAIR. THE EXECUTIVE DIRECTOR SHALL BE AN EX OFFICIO, NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION DURING THE PERIOD BETWEEN MEETINGS OF THE NEXUS-PATH FAMILY HEALING BOARD, SUBJECT TO ANY PRIOR LIMITATION OR DIRECTION IMPOSED BY THE NEXUS-PATH FAMILY HEALING BOARD.

FORM 990, PART VI, SECTION A, LINE 6:
THE SOLE MEMBER OF THE ORGANIZATION IS NEXUS FAMILY HEALING, A MINNESOTA NONPROFIT CORPORATION DESCRIBED IN SECTION 501(C)(3).

FORM 990, PART VI, SECTION A, LINE 7B:
THE FOLLOWING ITEMS ARE SUBJECT TO APPROVAL BY NEXUS FAMILY HEALING, THE SOLE MEMBER: ANY SALE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, OR ANY ACQUISITION, MERGER, OR CONSOLIDATION WITH ANY OTHER PERSON OR ENTITY; ANY CHANGES TO THE ARTICLES OR BYLAWS; ANY ACTION THAT MIGHT JEOPARDIZE THE TAX-EXEMPT STATUS OF THE ORGANIZATION OR THE SOLE MEMBER; PARAMETERS AND GUIDELINES FOR THE ORGANIZATION'S CAPITAL AND OPERATING BUDGETS; MODIFICATION OR AMENDMENT OF ANY CAPITAL OR OPERATING BUDGET IN EXCESS OF 5% IN THE AGGREGATE; PARAMETERS AND GUIDELINES FOR STRATEGIC PLANS AND ANY MATERIAL MODIFICATIONS TO APPROVED PLANS; ANY MATERIAL TRANSACTION OR THE INCURRENCE OF INDEBTEDNESS NOT ACCOUNTED FOR IN THE ORGANIZATION'S BUDGET ESTABLISHED PURSUANT TO THE PARAMETERS AND GUIDELINES AND IN EXCESS OF $25,000; ALTERING THE PURPOSE OF THE ORGANIZATION; ANY PROPOSED DISSOLUTION

FORM 990, PART VI, SECTION B, LINE 11B:
A COMPLETED COPY OF FORM 990 WILL BE PROVIDED TO THE CFO BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY. THE

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of the organization: NEXUS-PATH FAMILY HEALING

Employer identification number: 91-2159746

CONFLICT OF INTEREST POLICY IS INCLUDED IN THE EMPLOYEE HANDBOOK WHICH IS GIVEN TO ALL NEW HIRES WHO SIGN THAT THEY HAVE REVIEWED AND UNDERSTAND ALL POLICIES AND EXPECTATIONS CONTAINED IN THE HANDBOOK. SUPERVISORS AND MANAGEMENT ENSURE ADHERENCE TO THE POLICY. IF VIOLATIONS ARE SUSPECTED, STAFF CAN USE AN ANONYMOUS REPORTING PHONE LINE (RED FLAG REPORTING) OPERATED BY A THIRD-PARTY SERVICE TO REPORT SUSPECTED VIOLATIONS. THE THIRD-PARTY OPERATOR SUBMITS ALL REPORTED ITEMS TO CORPORATE HR FOR FOLLOW-UP.

THERE IS ALSO A CONFLICT OF INTEREST POLICY FOR THE BOARD WHICH IS REVIEWED AND SIGNED ANNUALLY. BOARD MEMBERS ARE REQUIRED TO SELF-DISCLOSE CONFLICTS. IF A BOARD MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT, IT IS DISCUSSED WITH THE CHAIRPERSON. IF A CONFLICT OF INTEREST EXISTS, THE BOARD MEMBER IS EXPECTED TO RECUSE HIM/HERSELF FROM THE VOTE ON ANY ITEM THAT WOULD REPRESENT A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:
THE CURRENT PRACTICE FOR EXECUTIVE COMPENSATION IS TO UTILIZE AN OUTSIDE CONSULTING FIRM EVERY THREE YEARS TO PRICE ALL EXECUTIVE POSITIONS TO THE MARKETPLACE AND ESTABLISH NEW SALARY RANGES WHICH ARE APPROVED BY THE BOARD OF DIRECTORS. MERIT REVIEWS ARE CONDUCTED ANNUALLY AND CORRESPONDING MERIT INCREASES ARE DETERMINED BY EXECUTIVE MANAGEMENT UTILIZING ESTABLISHED DOCUMENTED PROTOCOLS.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:	
PROGRAM SERVICE EXPENSES	185,542.
MANAGEMENT AND GENERAL EXPENSES	6,749.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	192,291.
ADMINISTRATIVE FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,406,243.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,406,243.
OTHER FEES:	
PROGRAM SERVICE EXPENSES	45,740.
MANAGEMENT AND GENERAL EXPENSES	29,376.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75,116.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	16,575.
MANAGEMENT AND GENERAL EXPENSES	26,538.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	43,113.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,716,763.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
NEXUS FAMILY HEALING - 41-1419064 505 HWY 169 N PLYMOUTH, MN 55441	RESIDENTIAL TREATMENT PROGRAM	MINNESOTA	501(C)(3)	LINE 10	N/A		X
NEXUS DIVERSIFIED COMMUNITY SERVICES - 41-1419062, 505 HWY 169 N, PLYMOUTH, MN 55441	RESEARCH, EDUCATION, AND THERAPY	MINNESOTA	501(C)(3)	LINE 12B, II	NEXUS FAMILY HEALING		X
NEXUS WOODBOURNE FAMILY HEALING - 52-0909347 505 HWY 169 N PLYMOUTH, MN 55441	TREATMENT FACILITY FOR YOUTH	MINNESOTA	501(C)(3)	LINE 10	NEXUS FAMILY HEALING		X
NEXUS KINDRED FAMILY HEALING - 36-4494707 505 HWY 169 N PLYMOUTH, MN 55441	YOUTH AND FAMILY SERVICES	MINNESOTA	501(C)(3)	LINE 10	NEXUS FAMILY HEALING		X

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) Section 512(b)(13) controlled organization? No
NEXUS TRUST - 41-1824400 505 HWY 169 N PLYMOUTH, MN 55441	PROVIDE BENEFITS TO PARTICIPANTS	MINNESOTA	501(C)(9)		NEXUS FAMILY HEALING		X
WOODBOURNE CENTER CHARITABLE TRUST - 52-7218778, 505 HWY 169 N, PLYMOUTH, MN 55441	SUPPORT WOODBOURNE CENTER	MINNESOTA	501(C)(3)	LINE 12A, I	NEXUS FAMILY HEALING		X
NEXUS FOUNDATION FOR FAMILY HEALING - 83-2534015, 505 HWY 169 N, PLYMOUTH, MN 55441	FUNDRAISING	MINNESOTA	501(C)(3)	LINE 12A, I	NEXUS FAMILY HEALING		X

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
NEXUS- FACTS FAMILY HEALING - 20-2097356 1385 MENDOTA HEIGHTS RD #200 MENDOTA HEIGHTS, MN 55120	MENTAL HEALTH SERVICES	MN	N/A	C CORP	N/A	N/A	N/A		X

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VII Supplemental Information

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____, 2025, 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

2025

Name of filer
NEXUS-PATH FAMILY HEALING

EIN or SSN
91-2159746

Name and title of officer or person subject to tax
KEN VARBLE
CHIEF FINANCIAL OFFICER

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	☐	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
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	0.
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 ☒ 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 2025 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

☒ I authorize CLIFTONLARSONALLEN LLP to enter my PIN 55402

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 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 2025 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 — Signed by: Kenneth D. Varble — Date 10/30/2026

Authentication

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. 41144655902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 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 ANN NEIL Date 10/29/26

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 instructions. Form **8879-TE** (2025) Created 5/1/25

LHA 502521 12-18-25

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
NEXUS-PATH FAMILY HEALING	91-2159746
Number, street, and room or suite no. If a P.O. box, see instructions. 1202 28TH ST S, 400	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. FARGO, ND 58103	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KATIE COUGHLIN
1202 28TH ST S - FARGO, ND 58103

Telephone No. (701)280-9545 Fax No. _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**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.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning _____ , and ending _____ .

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

A [X] Check box if address changed.

B Exempt under section
[X] 501(c)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a) [ ] 529A

Name of organization ([ ] Check box if name changed and see instructions.)
NEXUS-PATH FAMILY HEALING

Number and street. If a P.O. box, see instructions.
1202 28TH ST S

Room or suite no.
400

City or town
FARGO

State or province
ND

Country

ZIP or foreign postal code
58103

C Book value of all assets at end of year 7,255,742.

D Employer identification number
91-2159746

E Group exemption number (see instructions)

F [ ] Check box if an amended return.

G Check organization type [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust [ ] State college/university [ ] 6417(d)(1)(A) Applicable entity

H Check if filing only to claim [ ] Credit from Form 8941 [ ] Refund shown on Form 2439 [ ] Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation [ ]

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of KATIE COUGHLIN Telephone number (701)280-9545

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved for future use	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). [ ] Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part III Tax and Payments *(continued)*

5 a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5a	0.
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15			5b	
6 a	Payments: Preceding year's overpayment credited to the current year	6a	281.		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
k	Section 1062 applicable net tax liability. Enter amount from 1062, line 14	6k			
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k			7	281.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			10	281.
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** 281. **Refunded** For Refunded amount, also complete and attach Form 8050. See instructions.			11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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.

Signed by: Kenneth D. Varble — 10/30/2026 — CHIEF FINANCIAL OFFICER

Signature of officer — Date — Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Enter preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANN NEIL	ANN NEIL	10/29/26		P01817922

Firm's name CLIFTONLARSONALLEN LLP — Firm's EIN 41-0746749

Firm's address 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402 — Phone no. 612-376-4500

Form **990-T** (2025)

523711 01-13-26

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: NEXUS-PATH FAMILY HEALING

B Employer identification number: 91-2159746

C Unrelated business activity code (see instructions): 531190

D Sequence: 1 of 1

E Describe the unrelated trade or business: DEBT-FINANCED RENTAL INCOME

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance 1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7	572.	430.	142.
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	572.	430.	142.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)	SEE STATEMENT 1		14	500.
15	**Total deductions.** Add lines 1 through 14			15	500.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-358.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-358.

For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2025**

LHA 523741 01-13-26

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes ☐ No	

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ RENTAL INCOME
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property	15,094.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)	0.			
b Other deductions (attach statement) STMT 4	11,350.			
c Total deductions (add lines 3a and 3b, columns A through D)	11,350.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2	21,532.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3	568,577.			
6 Divide line 4 by line 5	3.787 %	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	572.			

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 572.

9 Allocable deductions. Multiply line 3c by line 6	430.			

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 430.

11 **Total dividends - received deductions** included in line 10 0.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

	Nonexempt Controlled Organizations				
	7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals				0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

	1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)					
(2)					
(3)					
(4)					
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D	
2	Gross advertising income					
a	Add columns A through D. Enter here and on Part I, line 11, column (A)					0.
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here and on Part I, line 11, column (B)					0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-					
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7					
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13					0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

NEXUS-PATH FAMILY HEALING 91-2159746

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 1

DESCRIPTION	AMOUNT
PROFESSIONAL FEES	500.
TOTAL TO SCHEDULE A, PART II, LINE 14	500.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ACQUISITION DEBT STATEMENT 2

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
RENTAL INCOME	1	
BEGINNING FIRST MONTH		28,820.
BEGINNING SECOND MONTH		14,243.
BEGINNING THIRD MONTH		0.
BEGINNING FOURTH MONTH		0.
BEGINNING FIFTH MONTH		0.
BEGINNING SIXTH MONTH		0.
BEGINNING SEVENTH MONTH		0.
BEGINNING EIGHTH MONTH		0.
BEGINNING NINTH MONTH		0.
BEGINNING TENTH MONTH		0.
BEGINNING ELEVENTH MONTH		0.
BEGINNING TWELFTH MONTH		0.
TOTAL OF ALL MONTHS		43,063.
NUMBER OF MONTHS IN YEAR		2
AVERAGE ACQUISITION DEBT		21,532.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

NEXUS-PATH FAMILY HEALING 91-2159746

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 3
AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
RENTAL INCOME	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		574,252.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		562,902.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		568,577.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
RENTAL EXPENSES				
DEPRECIATION		11,350.		
- SUBTOTAL -	1	11,350.	1.00	11,350.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				11,350.

2025 DEPRECIATION AND AMORTIZATION REPORT

RENTAL INCOME A DEBT 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000	HY	16									
	* TOTAL 990-T SCH E DEPR						0.				0.	0.		0.	0.

528111 04-01-25

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

2025 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEXUS-PATH FAMILY HEALING

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* TOTAL 990-T SCH E DEPR					0.		0.	0.	0.		0.

528102 04-01-25

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

2026 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - NEXUS-PATH FAMILY HEALING

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

TAX RETURN FILING INSTRUCTIONS

NORTH DAKOTA FORM ND-40

FOR THE YEAR ENDING

December 31, 2025

Prepared For:

Nexus-PATH Family Healing
1202 28th St S 400
Fargo, ND 58103

Prepared By:

CliftonLarsonAllen LLP
220 S 6th Street, Suite 300
Minneapolis, MN 55402

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total Tax	$	0
Less: payments and credits	$	0
Plus: other amount		0
Plus: interest and penalties	$	0
No payment required	$	

Overpayment:

Credited to your estimated tax	$	0
Other amount	$	0
Refunded to you	$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Office of State Tax Commissione
600 E. Boulevard Ave.
Department 127
Bismarck, ND 58505-0599

Return Must be Mailed On or Before:

December 15, 2026

Special Instructions:

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

The state is requesting that developers no longer produce North Dakota extension Form 101 in their software.

Please contact the Office of the State Tax Commissioner at 701-328-1243 to obtain a copy of Form 101.

570351 10-14-25

▼ *Detach here and mail with payment* ▼

FORM 40-EXT CORPORATION EXTENSION PAYMENT VOUCHER

2025

North Dakota Office of State Tax Commissioner
SFN 28718 (12-2025)

Do not use this voucher if paying electronically

Name Of Corporation As It Will Appear On Form 40	Federal Employer Identification Number ▶	912159746
Mailing Address	Tax Year Beginning (mm/dd/yyyy) ▶	
City, State, ZIP Code	Tax Year Ending (mm/dd/yyyy) ▶	
	Payment Amount ▶ $	

- Due 15th day of 4th month following end of tax year
- Mail payment and voucher to: Office of State Tax Commissioner, 600 E. Boulevard Ave., Dept. 127, Bismarck, ND 58505-0599
- Make payable to: ND State Tax Commissioner
- Write "2025 40-EXT" on check

1019

CIT

09391029 131839 B121248

2025.05000 NEXUS-PATH FAMILY HEALING B1212481

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
NEXUS-PATH FAMILY HEALING	91-2159746

Number, street, and room or suite no. If a P.O. box, see instructions.
1202 28TH ST S, 400

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
FARGO, ND 58103

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KATIE COUGHLIN
1202 28TH ST S - FARGO, ND 58103

Telephone No. (701)280-9545 Fax No. _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**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.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

CORPORATION INCOME TAX RETURN

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER

SFN 28714 (12-2025)

FORM 40
2025

Mark one: ☐ **Calendar Year** (Jan. 1, 2025 - Dec. 31, 2025)
☒ **Fiscal Year** Beginning 01/01/2025 and ending 12/31/2025

Have a federal extension? If yes, must attach	Name	Federal EIN*
▶ ☒ Yes ☐ No	NEXUS-PATH FAMILY HEALING	▶ 91-2159746
Date of incorporation	**Mailing address**	**Is this a farming or ranching corporation?**
▶ 04/11/2017	1202 28TH ST S 400	▶ ☐ Yes ☒ No
Final return	**City, State, ZIP Code** / **Phone Number**	**Business Code (see instructions)**
▶ ☒ Yes ☐ No	FARGO, ND 58103 / (701)280-9545	▶ 531110

Computation of tax liability

Round off to dollars

1 Income from (*Mark the ONE box that identifies the filing method - see instructions*) ..... (LA) 1

▶ a. ☒ Single Corp Entity b. ☐ Combined Report Method b1. ☐ Combined Report Method Consol. Return c. ☐ Water's Edge Method c1. ☐ Water's Edge Method Consol. Return d. ☐ Other

2	Total additions *(Enter amount from Schedule SA, line 7)*	(LB)	2	
3	Total subtractions *(Enter amount from Schedule SA, line 16)*	(LC)	3	
4	North Dakota apportionable income *(subtract line 3 from the sum of lines 1 and 2)*		4	
5	Apportionment Factor *(Factor from Schedule FACT or Schedule CR)*	(LE)	5	1.000000
6	Income apportioned to North Dakota *(Line 4 multiplied by line 5)*		6	
7	Income allocated to North Dakota _____ less related expenses _____	(LF)	7	
8	North Dakota income *(Add lines 6 and 7)*		8	
9	Exemption for new and expanding business *(Attach worksheet - for consolidated return, amount from Sch. CR)*	(CL)	9	
10	Renaissance zone income exemption *(Amount from Sch. RZ - for consolidated return, amount from Sch. CR)*	(RE)	10	
11	North Dakota income after income exemptions *(Subtract lines 9 and 10 from line 8)*		11	
12	North Dakota loss carryforward *(Attach worksheet - for consolidated return, amount from Sch. CR)*	(LH)	12	
13	Subtotal *(Subtract line 12 from line 11)*		13	
14	Gross proceeds allocated to North Dakota from sale of research tax credit *(See instructions)*	(EF)	14	
15	North Dakota taxable income *(See instructions)*	(LI)	15	
16	Income tax due *(See rates below)*	(EE)	16	
17	Surtax on water's edge method election *(3.5% of line 15 - Water's edge filers only)*	(ST)	17	
18	Total income tax due *(Add lines 16 and 17)*	(LJ)	18	
19	Tax credits *(Enter amount from Schedule TC, line 25)*	(AZ)	19	

Balance due or overpayment

20	Net income tax liab. *(Subtract line 19 from line 18 - for consolidated return, amount from Sch. CR, Part 1, line 20a)*		20	
21	2025 estimated income tax payments and payment with extension	(LN)	21	
22	North Dakota income tax withheld on oil and gas royalties *(Attach 1099-MISC)*	(LW)	22	
23	Total payments and amount withheld *(Add lines 21 and 22)*		23	
24	**If line 20 is greater than line 23, enter difference as BALANCE DUE** *(Enter $0 if less than $5)*	(LR)	24	
	a. Interest and penalty for balance due on line 24	(LQ)	24a	
	b. Interest on underpayment of estimated tax *(Attach Form 40-UT)*	(UT)	24b	
	c. Total payment due *(Add lines 24, 24a, and 24b - Pay to ND State Tax Commissioner)*		24c	
25	**If line 23 is greater than line 20, enter difference less line 24b, as OVERPAYMENT** *(Enter $0 if less than $5)*	(LV)	25	
	a. Amount of line 25 to be credited to 2026 estimated tax *(Minimum $5)*	(AI)	25a	
	b. Amount of line 25 to be **REFUNDED** *(Subtract line 25a from line 25 - no refund under $5)*		25b	

I declare that this return is correct and complete to the best of my knowledge and belief. * Privacy Act Notice - see instructions

☐ I authorize the North Dakota Office of State Tax Commissioner to discuss this return with the preparer.

Date: _____ Signature of Officer: _____ Title: CHIEF FINANCIAL OFFI

Date: _____ Signature of Preparer: ANN NEIL Address: 220 S 6TH STREET, SUITE 300 FEIN: 410746749

Mail to: Office of State Tax Commissioner, 600 E. Boulevard Ave. Dept 127, Bismarck, North Dakota 58505-0599

PLEASE DO NOT WRITE IN THIS SPACE

Tax Rate Table

$0 - $25,000	1.41% of North Dakota taxable income
$25,000 - $50,000	$352.50 + 3.55% of amount over $25,000
Over $50,000	$1,240.00 + 4.31% of amount over $50,000

570401 10-23-25

1019 CIT

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Schedule SA: Statutory adjustments

This schedule is to be used by all corporations regardless of filing method.

Additions

1.	Federal net operating loss deduction *(Federal Form 1120, line 29a)*	(CA)	1	
2.	Special deductions *(Federal Form 1120, line 29b)*	(CB)	2	
3.	All income taxes, franchise or privilege taxes measured by income	(CC)	3	
4.	Interest on state and local obligations *(Excluding North Dakota obligations)*	(CF)	4	
5.	Contribution to endowment fund credit adjustment	(CD)	5	
6.	Other additions *(Attach worksheet)*	(CG)	6	
7.	Total additions *(Add lines 1 through 6. Enter amount here and on page 1, line 2)*		7	

Subtractions

8.	Tax refunds received in 2025 *(Attach worksheet)*	(CH)	8	
9.	Foreign Derived Intangible Income Deduction *(See instructions)*	(CJ)	9	
10.	Interest on United States obligations *(Attach statement regarding obligations)*	(CI)	10	
11.	Allocable income *(Attach worksheet)*	(LS)	11	
12.	Related expenses *(Attach worksheet)*	(LT)	12	
13.	Balance *(Subtract line 12 from line 11)*	(LD)	13	
14.	IC-DISC distribution to a non-corporate owner *(See instructions)*	(CM)	14	
15.	Other subtractions *(Attach worksheet)*	(CO)	15	
16.	Total subtractions *(Add lines 8, 9, 10, 13, 14 and 15. Enter amount here and on page 1, line 3)*		16	

The following questions must be answered

		Yes	No
1.	Has the IRS issued a Final Determination that affects a previously filed North Dakota return that has not been reported to North Dakota? ▶ 1		X
2.	Is this return for a tax-exempt organization required to report unrelated business taxable income? ▶ 2	X	
3.	Is this return for a foreign corporation filing Federal Form 1120-F that does not have an office or place of business in the United States? ▶ 3		X
4.	Has this corporation filed as a cooperative, a Foreign Sales Corporation, or a Domestic International Sales Corporation for federal purposes? ▶ 4		X
5.	Is this return for an entity, or does the return include an entity, that filed a Financial Institution Tax return (Form 35) for 2012? If yes, check the box to indicate if this is an S corporation. ▶ ☐ ▶ 5		X
6.	Does this corporation use the combined report method in any other states? If yes, attach a statement showing all states where the combined report method is used. ▶ 6		X
7.	Does this corporation file its federal income tax return as a member of a consolidated group? If yes, please enter the Federal Employer I.D. No. under which the consolidated return is filed. (AM) ▶ 7		X
8.	Does the numerator of the apportionment factor on page 1, line 5 include the property, payroll and/or sales of more than one corporation required to file in this state? If yes: ▶ 8 • Filing method box on page 1, line 1 must have been checked b1 or c1. • How many corporations are included in the numerator? ▶ • Complete North Dakota Schedule CR, Parts I, II and III reporting the activities of each company apportioning income to North Dakota.		X
9.	If this return is filed using the water's edge method, indicate which year of the five-year election this return represents. (List number: 1 through 5) ▶		
10.	Is this a limited liability company? ▶ 10		X
11.	Are any single member LLC's with business activity or apportionment factors in North Dakota that are treated as disregarded entities included in this return? *(If yes, attach schedule with names and FEIN)* ▶ 11		X
12.	Is this corporation or any of its affiliates included in this return a captive real estate investment trust (REIT)? *(If yes, attach schedule with names and Federal I.D. numbers of all captive REITS)* ▶ 12		X
13.	Has this corporation changed names, been involved in a merger, reorganization or takeover during this tax year? If so, provide former name and details of change. ▶ *(former name)*		

09391029 131839 B121248 2025.05000 NEXUS-PATH FAMILY HEALING B1212481

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Schedule FACT: Apportionment factor for corporations NOT filing a consolidated North Dakota return

This schedule is for corporations that are NOT filing a consolidated North Dakota return, i.e., corporations using filing method a, b, c, or d on page 1, line 1.

Corporations that are filing a consolidated North Dakota return - i.e., corporations using filing method b1 or c1 on page 1, line 1 - must use Schedule CR, Part II, on page 7. Do not use this schedule.

If a sales factor weighting election applies, skip lines 1-8 and complete lines 9-12, 15 and 16.

Property factor: Average value at original cost of real and tangible personal property.		1. Total	2. North Dakota	3. Factor
1. Inventories	1			*(Use 6-digit decimal only)*
2. Buildings and other fixed depreciable assets	2			
3. Depletable assets	3			*(North Dakota divided by Total = Factor)*
4. Land	4			
5. Other assets *(Attach detail)*	5			
6. Rented property *(Annual rental x 8)*	6		(BL)	
7. Total property *(Add lines 1 through 6)* (BH)	7		(BA)	
Payroll factor:				
8. Wages, salaries, commissions, and other compensation of employees (BJ)	8		(BC)	
Sales factor:				
9. Gross receipts or sales *(less returns and allowances, if applicable)*	9			
10. Sales delivered, shipped, or assignable to North Dakota destinations (BM)	10			
11. Sales shipped from North Dakota to the U.S. Government, or to purchasers in a state or foreign country where the taxpayer was not subject to a tax measured by net income	11			
12. Total sales *(Add lines 9 through 11)* (BK)	12		(BE)	

13. Sum of factors *(Add factors in column 3, lines 7, 8 and 12)* ..... 13 _____

14. **Apportionment factor** - If a sales factor weighting election applies, skip this line and go to line 15. Otherwise, divide line 13 by the number of factors having an amount greater than zero in column 1 on lines 7, 8, and 12. Enter factor here and on page 1, line 5 ..... 14 _____

Sales factor weighting election - If a sales factor weighting election applies, skip lines 1-8 and complete lines 15 and 16. See instructions.

15. **a.** Sales factor weighting election *(Mark box)* (BS) ☐ **b.** Year of election period *(1-5)* (BO) _____

16. **Apportionment factor** - Enter the amount from line 12, column 3. Enter factor here and on page 1, line 5 ..... 16 _____

09391029 131839 B121248 2025.05000 NEXUS-PATH FAMILY HEALING B1212481

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Schedule TC: Tax credits

This schedule is to be used by all corporations to report the total allowable credit(s) regardless of filing method. Corporations filing a consolidated North Dakota tax return, i.e., those corporations using filing method b1 or c1 on page 1, line 1, report each corporation's separate credits on Schedule CR, Part I, line 19 under each corporation's separate column, and on Schedule CR, Part III - Tax Credits.

If a credit is being claimed on lines 6-14, 16, 18, or 22, a property tax clearance is required for each county the corporation has 50% or more interest in real property in North Dakota. The tax clearance requirement also applies to any officer responsible for the corporation's state tax filing or payment obligations. **Failure to attach a copy of the property tax clearance for each county identified below may result in a credit being disallowed.** See instructions for details.

Does this requirement apply? ☐ Yes ☒ No If yes, enter county name(s)

County name(s): _____ (GS)

1.	Contributions to nonprofit private colleges credit	(LK)	1	
2.	Contributions to nonprofit private high schools credit	(LL)	2	
3.	Contributions to nonprofit private primary schools credit	(EL)	3	
4.	Geothermal, solar, wind, biomass energy device credits carried forward (*Attach worksheet*)	(LM)	4	
5.	Employment of individuals with developmental disabilities or severe mental illness credit	(LX)	5	
6.	Research and experimental expenditure credits generated by taxpayer *(Attach worksheet)*	(LY)	6	
7.	Research and experimental expenditure credits purchased by taxpayer *(Attach worksheet)*	(TO)	7	
8.	Renaissance Zone credits *(Enter amount from Schedule RZ and attach)*	(RC)	8	
9.	Biodiesel or green diesel fuel production credit *(Attach worksheet)*	(LO)	9	
10.	Soybean and canola crushing equipment costs credit *(Attach worksheet)*	(TB)	10	
11.	Seed capital business investment credit *(Attach documentation)*	(TS)	11	
12.	Biodiesel or green diesel fuel blending credit *(Attach worksheet)*	(TD)	12	
13.	Biodiesel or green diesel fuel sales equipment costs credit *(Attach worksheet)*	(TF)	13	
14.	Agricultural commodity processing facility investment credit *(Attach documentation)*	(TE)	14	
15.	Endowment fund contribution credit *(Attach documentation)*	(TG)	15	
16.	Internship employment credit *(Attach worksheet)*	(TI)	16	
17.	Employer child care contribution tax credit (Attach Schedule ECC)	(XC)	17	
18.	Workforce recruitment credit *(Attach worksheet)* Number of qualified employees hired (TT) _____	(TW)	18	
19.	Wages paid to a mobilized military employee credit *(Attach Schedule ME)*	(TQ)	19	
20.	Housing Incentive Fund credit carried forward *(Attach documentation)*	(TU)	20	
21.	Maternity home, child placing agency, or pregnancy help center tax credit (Attach Sch. MCP)	(XA)	21	
22.	Automation tax credit *(See instructions)*	(TZ)	22	
23.	Contributions to Rural Leadership ND scholarship tuition program credit	(TY)	23	
24.	Apprentice tax credit *(Attach worksheet)*	(XB)	24	
25.	Total tax credits *(Add lines 1 through 24. Enter amount here and on page 1, line 19)*		25	

Schedule WW: Combined report method income schedule

This schedule is to be used by all corporations using filing methods b or b1 on Page 1, Line 1.

1.	Federal taxable income *(Consolidated Federal Form 1120, line 30)*	(LP)	1	
2.	Taxable income or loss included on line 1 from **nonunitary** corporations *(Attach worksheet)*	(WN)	2	
3.	Balance *(Subtract line 2 from line 1)*		3	
4.	Taxable income or loss not included on line 1 from **unitary** U.S. corporations required to file a federal income tax return *(Attach worksheet)*	(WU)	4	
5.	Book income before income taxes of unitary foreign corporations *(Attach worksheet)*		5	
6.	Optional: Book to tax reconciliation *(Attach worksheet)*		6	
7.	Subtotal *(Add lines 5 and 6)*	(WF)	7	
8.	Income or loss from Foreign Sales Corporations, Interest Charge DISCs, and affiliated corporations incorporated in a Possession of the U.S. *(Attach worksheet)*		8	
9.	Intercompany eliminations for members of the unitary group *(Attach worksheet)*		9	
10.	Total income *(Add lines 3, 4, 7, and 8, and then subtract line 9 from result. Enter amount here and on Form 40, page 1, line 1, and check box b or b1 on page 1, line 1)*	(WW)	10	

09391029 131839 B121248 2025.05000 NEXUS-PATH FAMILY HEALING B1212481

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ termin-ated
- [ ] Amended return
- [ ] Applica-tion pending

C Name of organization
NEXUS-PATH FAMILY HEALING

Doing business as NEXUS FAMILY HEALING NORTH DAKOTA

Number and street (or P.O. box if mail is not delivered to street address): 1202 28TH ST S
Room/suite: 400

City or town, state or province, country, and ZIP or foreign postal code: FARGO, ND 58103

D Employer identification number
91-2159746

E Telephone number
(701)280-9545

G Gross receipts $ 16,655,435.

F Name and address of principal officer: KEN VARBLE
SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.NEXUSFAMILYHEALING.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 2000

M State of legal domicile: ND

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FOSTER CARE, IN-HOME, & COMMUNITY-BASED FAMILY SERVICES IN ND.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	179
6	Total number of volunteers (estimate if necessary)	6	8
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,019.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,138,656.	13,095,201.
9	Program service revenue (Part VIII, line 2g)	1,329,128.	2,215,611.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	642.	74,156.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,163.	87,257.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,502,589.	15,472,225.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,704,557.	8,888,407.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 114,356.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,897,471.	7,536,568.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,602,028.	16,424,975.
19	Revenue less expenses. Subtract line 18 from line 12	-99,439.	-952,750.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,601,373.	7,255,742.
21	Total liabilities (Part X, line 26)	4,178,777.	5,779,364.
22	Net assets or fund balances. Subtract line 21 from line 20	2,422,596.	1,476,378.

Part II Signature Block

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

Sign Here

Signature of officer: KEN VARBLE, CHIEF FINANCIAL OFFICER
Signed by: Kenneth D. Varble
E951418ED59B40D...
Date: 10/30/2026
Type or print name and title

Paid Preparer Use Only

Preparer's name: ANN NEIL	Preparer's signature: ANN NEIL	Date: 10/29/26	Check if self-employed [ ]	PTIN: P01817922

Firm's name: CLIFTONLARSONALLEN LLP
Firm's EIN: 41-0746749
Firm's address: 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402
Phone no. 612-376-4500

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
STRENGTHENING LIVES, FAMILIES, AND COMMUNITIES THROUGH OUR CORNERSTONE VALUES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... X Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... X Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 6,701,293. including grants of $ 0.) (Revenue $ 0.)
NEXUS-PATH FAMILY HEALING (NEXUS-PATH) OPERATES A FOSTER CARE PROGRAM THAT WORKS TIRELESSLY TO MAKE SURE EVERY CHILD IS CARED FOR IN A SAFE AND SECURE HOME, WHETHER THEY NEED SHORT-TERM CARE WHILE A FAMILY IS IN TRANSITION OR A PERMANENT PLACE TO CALL THEIR OWN. NEXUS-PATH PROVIDES TREATMENT FOSTER CARE SERVICES THAT OFFER A RANGE OF SUPPORT DESIGNED TO STRENGTHEN FAMILIES AND CREATE SAFE, STABLE HOMES FOR CHILDREN AND YOUTH.

TREATMENT FOSTER CARE IS FOR CHILDREN AND YOUTH THAT HAVE A MENTAL HEALTH DIAGNOSIS INVOLVING SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS. WE PROVIDE SAFE, SPECIALLY EQUIPPED FOSTER HOMES THAT HAVE THE SKILLS AND RESOURCES TO MEET THEIR COMPLEX NEEDS. OUR TREATMENT FOSTER CARE

4b (Code:) (Expenses $ 2,750,722. including grants of $ 0.) (Revenue $ 2,227,686.)
LUTHER HALL IS A LICENSED PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AND ADOLESCENTS OPERATED BY NEXUS-PATH FAMILY HEALING. LUTHER HALL OFFERS A THERAPEUTIC SETTING FOR UP TO 16 YOUTH AGES 10-17 WHO PRESENT RISK TO THEMSELVES AND OTHERS DUE TO SIGNIFICANT ISSUES IMPACTING THEIR EVERYDAY LIVES, RESULTING IN THE NEED FOR OUT-OF-HOME PLACEMENT FOR TREATMENT. WE PROVIDE INDIVIDUALIZED AND COMPREHENSIVE SERVICES BY SPECIALLY TRAINED, DEDICATED STAFF IN A CAREFULLY STRUCTURED ENVIRONMENT. YOUTH RECEIVE TREATMENT FOR ISSUES SUCH AS MENTAL HEALTH CHALLENGES, SUBSTANCE USE, OR BECAUSE OF A HISTORY THAT DEMONSTRATES THE CHILD'S NEED FOR A HIGHER LEVEL OF CARE.

ALL RESIDENTS PARTICIPATE IN INDIVIDUAL AND GROUP THERAPY, AS WELL AS

4c (Code:) (Expenses $ 1,525,315. including grants of $ 0.) (Revenue $ 0.)
INDEPENDENT LIVING SERVICES - NEXUS-PATH'S INDEPENDENT LIVING PROGRAM PREPARES YOUTH TO LEAVE FOSTER CARE WITH THE RESOURCES AND SKILLS THEY'LL NEED TO LIVE SUCCESSFULLY AS ADULTS. NEXUS-PATH'S INDEPENDENT LIVING COORDINATORS WORK WITH YOUTH WHO ARE PREPARING TO EXIT NORTH DAKOTA'S FOSTER CARE SYSTEM TO HELP THEM FIND EMPLOYMENT, HOUSING, AND/OR EDUCATION, INCLUDING EARNING OR FINDING HOUSING DEPOSITS, SHOPPING FOR FURNITURE AND NECESSITIES, AND OTHER TASKS REQUIRED TO SET UP FOR SUCCESS. THE INDEPENDENT LIVING COORDINATORS HELP THESE YOUTH LEARN HOW TO MANAGE THEIR MONEY, NAVIGATE OR FIND TRANSPORTATION, AND BUILD HEALTHY INTERDEPENDENT SKILLS. FOR MANY YOUTH, THE COORDINATORS ARE THEIR ONLY TIE TO A TRUSTWORTHY, MATURE, STABLE ADULT.

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,828,798. including grants of $ 0.) (Revenue $ 0.)

4e Total program service expenses 12,806,128.

SEE SCHEDULE O FOR CONTINUATION(S)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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	X	
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, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
c	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		X
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	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
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 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *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 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part IV Checklist of Required Schedules *(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 Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		X
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% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
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 entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
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	X	
35a	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 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? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	103		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	179		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**	X	
4a	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)?		**4a**		X
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 a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
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 deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		**17**		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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 taxable entity during the year?	16a		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ND

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

KATIE COUGHLIN - (701)280-9545

1202 28TH ST S, FARGO, ND 58103

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. MICHELLE MURRAY	2.00									
PRESIDENT AND CEO	42.00	X		X				0.	640,054.	67,545.
(2) SCOTT MCGUIRE	2.00									
CFO	42.00			X				0.	447,906.	56,880.
(3) JENNIFER MCINTOSH	2.00									
CHIEF HUMAN RESOURCES OFFICER	42.00			X				0.	399,721.	45,725.
(4) KATE COUGLIN	40.00									
EXECUTIVE DIRECTOR	0.00			X				172,029.	0.	42,997.
(5) TONYA GREYWIN	40.00									
OPERATIONS DIRECTOR	0.00					X		133,515.	0.	39,688.
(6) JENNIFER HINZE	40.00									
ASSOCIATE EXECUTIVE DIRECTOR	0.00					X		117,441.	0.	38,979.
(7) TAMARA PETERS	2.00									
BOARD CHAIR	0.00	X		X				0.	0.	0.
(8) LORI BROWNSHIELD	2.00									
BOARD VICE CHAIR	0.00	X		X				0.	0.	0.
(9) LISA BJERGAARD	2.00									
SECRETARY	0.00	X		X				0.	0.	0.
(10) KYLIE SCHULTZ	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(11) ASHLEY BAKER	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(12) JULIE LUDWIG	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(13) RAY TALLEY	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(14) BRADY PEKAS	2.00									
DIRECTOR	0.00	X						0.	0.	0.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								422,985.	1,487,681.	291,814.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								422,985.	1,487,681.	291,814.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 3

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

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

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	102,862.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,050,240.				
	e Government grants (contributions)	1e	11,912,985.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	29,114.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			13,095,201.			
Program Service Revenue		Business Code					
	2a CONTRACT REVENUE	624110		2,215,611.	2,215,611.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			2,215,611.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			33,406.			33,406.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	15,094.					
	b Less: rental expenses 6b	0.					
	c Rental income or (loss) 6c	15,094.					
	d Net rental income or (loss)			15,094.	12,075.	3,019.	
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a		1,223,960.				
	b Less: cost or other basis and sales expenses 7b		1,183,210.				
	c Gain or (loss) 7c		40,750.				
	d Net gain or (loss)			40,750.			40,750.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a						
	b Less: direct expenses 8b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a						
	b Less: cost of goods sold 10b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a MISCELLANEOUS REVENUE	900099		54,163.			54,163.
	b AFTERCARE	900099		18,000.			18,000.
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			72,163.			
	12 **Total revenue.** See instructions			15,472,225.	2,227,686.	3,019.	146,319.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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				
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	215,026.		215,026.	
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	6,962,947.	5,995,483.	967,464.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,017.	148,685.	19,332.	
9 Other employee benefits	1,004,843.	889,584.	115,259.	
10 Payroll taxes	537,574.	459,056.	78,518.	
11 Fees for services (nonemployees):				
a Management				
b Legal	12,155.		12,155.	
c Accounting	1,646.		1,646.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,617.		2,617.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,716,763.	247,857.	1,468,906.	
12 Advertising and promotion				
13 Office expenses	142,603.	41,159.	101,444.	
14 Information technology				
15 Royalties				
16 Occupancy	1,265,485.	943,446.	322,039.	
17 Travel	293,322.	252,512.	40,810.	
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	144,440.	85,147.	59,293.	
23 Insurance	326,645.	287,919.	38,726.	
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 O.)				
a FOSTER CARE	2,546,191.	2,546,191.		
b YOUTH SUPPLIES	471,556.	471,275.	281.	
c FOOD	144,771.	144,760.	11.	
d LICENSE AND DUES	126,930.	108,765.	18,165.	
e All other expenses	341,444.	184,289.	42,799.	114,356.
25 **Total functional expenses.** Add lines 1 through 24e	16,424,975.	12,806,128.	3,504,491.	114,356.
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)				

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,472,721.	1	2,162,502.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		186,680.	3	
	4	Accounts receivable, net		1,503,769.	4	1,355,484.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		46,065.	9	73,999.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,042,481.			
	b	Less: accumulated depreciation	10b 820,925.	1,426,592.	10c	221,556.
	11	Investments - publicly traded securities			11	1,035,569.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		51,000.	14	51,000.
	15	Other assets. See Part IV, line 11		1,914,546.	15	2,355,632.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		6,601,373.	16	7,255,742.
Liabilities	17	Accounts payable and accrued expenses		1,100,770.	17	1,216,889.
	18	Grants payable			18	
	19	Deferred revenue		76,667.	19	836,617.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		3,001,340.	25	3,725,858.
	26	**Total liabilities.** Add lines 17 through 25		4,178,777.	26	5,779,364.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,409,571.	27	1,468,439.
	28	Net assets with donor restrictions		13,025.	28	7,939.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,422,596.	32	1,476,378.
	33	Total liabilities and net assets/fund balances		6,601,373.	33	7,255,742.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part 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	15,472,225.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,424,975.
3	Revenue less expenses. Subtract line 2 from line 1	3	-952,750.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,422,596.
5	Net unrealized gains (losses) on investments	5	6,532.
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	1,476,378.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	577,974.	678,596.	820,153.	14,926,963.	13,095,201.	30,098,887.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,775,893.	16,132,134.	14,462,078.	1,329,128.	2,215,611.	50,914,844.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	5,921.	4,212.	984.	10,845.	72,163.	94,125.
4 Tax revenues levied for the organization'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	17,359,788.	16,814,942.	15,283,215.	16,266,936.	15,382,975.	81,107,856.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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				116,724.	134,866.	251,590.
c Add lines 7a and 7b				116,724.	134,866.	251,590.
8 **Public support.** (Subtract line 7c from line 6.)						80,856,266.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	17,359,788.	16,814,942.	15,283,215.	16,266,936.	15,382,975.	81,107,856.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	59,286.	52,736.	42,710.	28,441.	48,500.	231,673.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	59,286.	52,736.	42,710.	28,441.	48,500.	231,673.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 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.)	17,419,074.	16,867,678.	15,325,925.	16,295,377.	15,431,475.	81,339,529.

14 **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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	99.41 %
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	99.58 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	.28 %
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	.27 %

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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**		
c	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**		

Section 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 officers, 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 supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	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**		

Section 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**		

Section 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**		
3	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**		

Section 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 instructions).**

- **a** ☐ 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.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its 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, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct 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.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2 Enter 0.85 of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145 PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

NEXUS-PATH FAMILY HEALING

Employer identification number

91-2159746

Organization type (check one):

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

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

General Rule

[X] 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).

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of organization: NEXUS-PATH FAMILY HEALING

Employer identification number: 91-2159746

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		$ 1,050,240.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of organization	Employer identification number
NEXUS-PATH FAMILY HEALING	91-2159746

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
		$	

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of organization

NEXUS-PATH FAMILY HEALING

Employer identification number

91-2159746

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

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

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

b Assets included in Form 990, Part X $ _____

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V Endowment Funds

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

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

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

- a Board designated or quasi-endowment _____%
- b Permanent endowment _____%
- c Term endowment _____%

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		63,240.	49,800.	13,440.
c Leasehold improvements		288,479.	227,169.	61,310.
d Equipment		657,762.	517,969.	139,793.
e Other		33,000.	25,987.	7,013.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				221,556.

532052 04-01-25

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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)	RIGHT OF USE ASSET	2,355,632.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		2,355,632.

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)	DUE TO AFFILIATES	1,272,077.
(3)	LEASE LIABILITY	2,453,781.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		3,725,858.

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

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

1	Total revenue, gains, and other support per audited financial statements			1	15,476,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	6,532.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	6,532.
3	Subtract line 2e from line 1			3	15,469,611.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,614.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	2,614.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	15,472,225.

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

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

1	Total expenses and losses per audited financial statements			1	16,422,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	16,422,361.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,614.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	2,614.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	16,424,975.

Part XIII Supplemental Information

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

PART X, LINE 2:

NEXUS PATH FAMILY HEALING HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE 501(C)(3). THE ORGANIZATION IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE.

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIRMENTS AND, AS SUCH, DOES NOT HAVE AN UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZSE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part XIII Supplemental Information *(continued)*

532055 04-01-25

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

Part I 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**		
2	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**		
3	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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	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:			
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**		X
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**	X	
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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.

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) DR. MICHELLE MURRAY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CEO	(ii)	515,692.	124,362.	0.	12,075.	55,470.	707,599.	0.
(2) SCOTT MCGUIRE	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	375,097.	72,809.	0.	12,232.	44,648.	504,786.	0.
(3) JENNIFER MCINTOSH	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	332,955.	66,766.	0.	7,921.	37,804.	445,446.	0.
(4) KATE COUGLIN	(i)	147,477.	24,552.	0.	6,099.	36,898.	215,026.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TONYA GREYWIN	(i)	121,012.	12,503.	0.	3,684.	36,004.	173,203.	0.
OPERATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER HINZE	(i)	112,792.	4,649.	0.	4,371.	34,608.	156,420.	0.
ASSOCIATE EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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.

PART I, LINE 5:
BONUS ELIGIBILITY IS CONTINGENT ON THE ORGANIZATION MEETING OR EXCEEDING
BUDGETED REVENUE FOR THE FISCAL YEAR. THERE ARE MULTIPLE GOALS ASSOCIATED
WITH MEETING BONUS ELIGIBILITY, AND REVENUE IS JUST ONE OF THEM.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
THE AGENCY STARTED A NEW PROGRAM CALLED THERAPEUTIC HOST HOMES IN 2025, WITH NO SIGNIFICANT FISCAL ACTIVITY UNTIL 2026. HOWEVER, THE PROGRAM CONTRACT BEGAN IN 2025.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
HISTORICALLY THE AGENCY MAINTAINED AN OUTPATIENT THERAPY CLINIC FOR OUTPATIENT SERVICES. IN JANUARY-MARCH OF 2025 THAT PROGRAM WAS WOUND DOWN AND WE NO LONGER HAVE AN OUTPATIENT CLINIC. THIS WAS A VERY SMALL PART OF OUR OPERATIONS AS A WHOLE THOUGH. THE FAMILY SUPPORT PROGRAM WAS ENDED AS OF 7/1/2025.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FAMILIES ARE TRAINED AND CERTIFIED IN MEDICATION MANAGEMENT, CRISIS INTERVENTION, AND TRAUMA-INFORMED CARE, AND THEY'RE FOCUSED ON HELPING FOSTER YOUTH BUILD HEALTHY RELATIONSHIPS AND DEVELOP VALUABLE LIFE SKILLS. NEXUS-PATH CASE WORKERS SUPPORT THESE FAMILIES BY PROVIDING TREATMENT CONSULTATION AND BEHAVIORAL MANAGEMENT SUPPORT. IN ADDITION, WE USE A FULL TEAM APPROACH TO HELP ADDRESS THE ONGOING IMPACT OF ANY FUNCTIONAL DISABILITIES AND/OR PAST TRAUMA. OUR TREATMENT FOSTER FAMILIES COLLABORATE CLOSELY WITH A NEXUS-PATH CASE WORKER, THE CHILD'S CUSTODIAN, AND OTHER SERVICE PROVIDERS TO ENSURE THE BEST CARE FOR EACH INDIVIDUAL CHILD. IN 2025, NEXUS-PATH SERVED 107 YOUTH IN TREATMENT FOSTER CARE.

REGULAR FOSTER CARE HELPS ENSURE THAT YOUTH WHO ARE IN THE CHILD WELFARE SYSTEM (FROM BIRTH THROUGH AGE 21) HAVE THEIR PHYSICAL, EMOTIONAL, AND SOCIAL NEEDS MET DAILY IN A FAMILY SETTING, UNTIL THEY'RE REUNITED WITH THEIR OWN FAMILY, OR ANOTHER PERMANENT OPTION IS ARRANGED. OUR REGULAR FOSTER CARE FAMILIES ARE PAIRED WITH A NEXUS-PATH SOCIAL WORKER WHO KNOWS THE FAMILY WELL AND UNDERSTANDS HOW THEY CAN BEST HELP CHILDREN IN THEIR HOME. THESE FAMILIES PROVIDE A LOWER LEVEL OF CARE THAN OUR TREATMENT FOSTER CARE HOMES. YOUTH IN REGULAR FOSTER CARE DO NOT NEED TO HAVE A MENTAL HEALTH DIAGNOSIS TO RECEIVE SERVICES THROUGH NEXUS-PATH. IN 2025, NEXUS-PATH SERVED 54 YOUTH IN REGULAR FOSTER CARE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
FAMILY THERAPY, WHICH CAN BE DONE IN PERSON OR VIA SECURE VIDEO CONFERENCING AVENUES FOR FAMILIES UNABLE TO BE PHYSICALLY PRESENT. ON-SITE EDUCATIONAL INSTRUCTION IS PROVIDED BY FARGO PUBLIC SCHOOLS AND INCLUDES SPECIAL EDUCATION SERVICES. IN 2025, LUTHER HALL SERVED 42 YOUTH.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THIS RELATIONSHIP SERVES A MUCH GREATER PURPOSE THAN SIMPLY SECURING THE NECESSITIES OF INDEPENDENT LIVING, IT'S A SAFETY NET FOR THOSE WHO DON'T HAVE ONE AND A SPRINGBOARD TOWARD SUCCESS IN ADULTHOOD. IN 2025, INDEPENDENT LIVING SERVED 397 YOUTH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SCHOOL CASE MANAGEMENT PROGRAM - TO SUPPORT CHILDREN AND THEIR

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of the organization: NEXUS-PATH FAMILY HEALING

Employer identification number: 91-2159746

CAREGIVERS THROUGHOUT OUR COMMUNITY WHO NEED MENTAL HEALTH SERVICES, WE PROVIDE A STRENGTHS-BASED SERVICE WITHIN LOCAL SCHOOL DISTRICTS. NEXUS-PATH CASE MANAGERS WORK CLOSELY WITH EACH STUDENT IN THE PROGRAM, ALONGSIDE THE STUDENT'S FAMILY AND THEIR SCHOOL TEAM, TO IMPLEMENT AN INDIVIDUALIZED CARE PLAN THAT SUPPORTS THE CHILD AND THE FAMILY'S NEEDS. NEXUS-PATH CASE MANAGERS HELP THESE CHILDREN AND FAMILIES ACCESS MEDICAL, SOCIAL, EDUCATIONAL, AND OTHER SERVICES NECESSARY FOR APPROPRIATE CARE AND TREATMENT. IN 2025, THE SCHOOL BASE PROGRAM SERVED 260 YOUTH.
EXPENSES $ 1,806,445. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

HOST HOMES ARE FAMILY-STYLE LIVING ARRANGEMENTS FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. AN INDIVIDUAL LIVES WITH A CARING PROVIDER IN THEIR COMMUNITY SURROUNDED BY A CIRCLE OF SUPPORT, PROVIDED BY NEXUS FAMILY HEALING, INSTEAD OF LIVING IN A GROUP HOME OR INSTITUTION. THIS IS A VOLUNTARY PROGRAM DESIGNED TO HELP INDIVIDUALS RETURN TO THEIR HOME WHEN POSSIBLE WHILE CONTINUING TO RECEIVE HELP AND MENTORSHIP FROM THEIR HOST HOME PROVIDER
EXPENSES $ 22,353. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE COMMITTEE CONSISTS OF (A) THE CHAIR OF THE NEXUS-PATH FAMILY HEALING BOARD, WHO SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE; (B) THE NEXUS FAMILY HEALING CEO, WHO SHALL BE A PERMANENT MEMBER OF THE EXECUTIVE COMMITTEE; (C) THE VICE CHAIR; (D) THE SECRETARY/TREASURER AND (E) TWO (2) TO THREE (3) ADDITIONAL BOARD MEMBERS APPOINTED BY THE CHAIR. THE EXECUTIVE DIRECTOR SHALL BE AN EX OFFICIO, NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION DURING THE PERIOD BETWEEN MEETINGS OF THE NEXUS-PATH FAMILY HEALING BOARD, SUBJECT TO ANY PRIOR LIMITATION OR DIRECTION IMPOSED BY THE NEXUS-PATH FAMILY HEALING BOARD.

FORM 990, PART VI, SECTION A, LINE 6:
THE SOLE MEMBER OF THE ORGANIZATION IS NEXUS FAMILY HEALING, A MINNESOTA NONPROFIT CORPORATION DESCRIBED IN SECTION 501(C)(3).

FORM 990, PART VI, SECTION A, LINE 7B:
THE FOLLOWING ITEMS ARE SUBJECT TO APPROVAL BY NEXUS FAMILY HEALING, THE SOLE MEMBER: ANY SALE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, OR ANY ACQUISITION, MERGER, OR CONSOLIDATION WITH ANY OTHER PERSON OR ENTITY; ANY CHANGES TO THE ARTICLES OR BYLAWS; ANY ACTION THAT MIGHT JEOPARDIZE THE TAX-EXEMPT STATUS OF THE ORGANIZATION OR THE SOLE MEMBER; PARAMETERS AND GUIDELINES FOR THE ORGANIZATION'S CAPITAL AND OPERATING BUDGETS; MODIFICATION OR AMENDMENT OF ANY CAPITAL OR OPERATING BUDGET IN EXCESS OF 5% IN THE AGGREGATE; PARAMETERS AND GUIDELINES FOR STRATEGIC PLANS AND ANY MATERIAL MODIFICATIONS TO APPROVED PLANS; ANY MATERIAL TRANSACTION OR THE INCURRENCE OF INDEBTEDNESS NOT ACCOUNTED FOR IN THE ORGANIZATION'S BUDGET ESTABLISHED PURSUANT TO THE PARAMETERS AND GUIDELINES AND IN EXCESS OF $25,000; ALTERING THE PURPOSE OF THE ORGANIZATION; ANY PROPOSED DISSOLUTION

FORM 990, PART VI, SECTION B, LINE 11B:
A COMPLETED COPY OF FORM 990 WILL BE PROVIDED TO THE CFO BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY. THE

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of the organization: NEXUS-PATH FAMILY HEALING

Employer identification number: 91-2159746

CONFLICT OF INTEREST POLICY IS INCLUDED IN THE EMPLOYEE HANDBOOK WHICH IS GIVEN TO ALL NEW HIRES WHO SIGN THAT THEY HAVE REVIEWED AND UNDERSTAND ALL POLICIES AND EXPECTATIONS CONTAINED IN THE HANDBOOK. SUPERVISORS AND MANAGEMENT ENSURE ADHERENCE TO THE POLICY. IF VIOLATIONS ARE SUSPECTED, STAFF CAN USE AN ANONYMOUS REPORTING PHONE LINE (RED FLAG REPORTING) OPERATED BY A THIRD-PARTY SERVICE TO REPORT SUSPECTED VIOLATIONS. THE THIRD-PARTY OPERATOR SUBMITS ALL REPORTED ITEMS TO CORPORATE HR FOR FOLLOW-UP.

THERE IS ALSO A CONFLICT OF INTEREST POLICY FOR THE BOARD WHICH IS REVIEWED AND SIGNED ANNUALLY. BOARD MEMBERS ARE REQUIRED TO SELF-DISCLOSE CONFLICTS. IF A BOARD MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT, IT IS DISCUSSED WITH THE CHAIRPERSON. IF A CONFLICT OF INTEREST EXISTS, THE BOARD MEMBER IS EXPECTED TO RECUSE HIM/HERSELF FROM THE VOTE ON ANY ITEM THAT WOULD REPRESENT A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:
THE CURRENT PRACTICE FOR EXECUTIVE COMPENSATION IS TO UTILIZE AN OUTSIDE CONSULTING FIRM EVERY THREE YEARS TO PRICE ALL EXECUTIVE POSITIONS TO THE MARKETPLACE AND ESTABLISH NEW SALARY RANGES WHICH ARE APPROVED BY THE BOARD OF DIRECTORS. MERIT REVIEWS ARE CONDUCTED ANNUALLY AND CORRESPONDING MERIT INCREASES ARE DETERMINED BY EXECUTIVE MANAGEMENT UTILIZING ESTABLISHED DOCUMENTED PROTOCOLS.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:	
PROGRAM SERVICE EXPENSES	185,542.
MANAGEMENT AND GENERAL EXPENSES	6,749.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	192,291.
ADMINISTRATIVE FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,406,243.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,406,243.
OTHER FEES:	
PROGRAM SERVICE EXPENSES	45,740.
MANAGEMENT AND GENERAL EXPENSES	29,376.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75,116.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	16,575.
MANAGEMENT AND GENERAL EXPENSES	26,538.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	43,113.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,716,763.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
NEXUS FAMILY HEALING - 41-1419064 505 HWY 169 N PLYMOUTH, MN 55441	RESIDENTIAL TREATMENT PROGRAM	MINNESOTA	501(C)(3)	LINE 10	N/A		X
NEXUS DIVERSIFIED COMMUNITY SERVICES - 41-1419062, 505 HWY 169 N, PLYMOUTH, MN 55441	RESEARCH, EDUCATION, AND THERAPY	MINNESOTA	501(C)(3)	LINE 12B, II	NEXUS FAMILY HEALING		X
NEXUS WOODBOURNE FAMILY HEALING - 52-0909347 505 HWY 169 N PLYMOUTH, MN 55441	TREATMENT FACILITY FOR YOUTH	MINNESOTA	501(C)(3)	LINE 10	NEXUS FAMILY HEALING		X
NEXUS KINDRED FAMILY HEALING - 36-4494707 505 HWY 169 N PLYMOUTH, MN 55441	YOUTH AND FAMILY SERVICES	MINNESOTA	501(C)(3)	LINE 10	NEXUS FAMILY HEALING		X

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
NEXUS TRUST - 41-1824400 505 HWY 169 N PLYMOUTH, MN 55441	PROVIDE BENEFITS TO PARTICIPANTS	MINNESOTA	501(C)(9)		NEXUS FAMILY HEALING		X
WOODBOURNE CENTER CHARITABLE TRUST - 52-7218778, 505 HWY 169 N, PLYMOUTH, MN 55441	SUPPORT WOODBOURNE CENTER	MINNESOTA	501(C)(3)	LINE 12A, I	NEXUS FAMILY HEALING		X
NEXUS FOUNDATION FOR FAMILY HEALING - 83-2534015, 505 HWY 169 N, PLYMOUTH, MN 55441	FUNDRAISING	MINNESOTA	501(C)(3)	LINE 12A, I	NEXUS FAMILY HEALING		X

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
NEXUS- FACTS FAMILY HEALING - 20-2097356 1385 MENDOTA HEIGHTS RD #200 MENDOTA HEIGHTS, MN 55120	MENTAL HEALTH SERVICES	MN	N/A	C CORP	N/A	N/A	N/A		X

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VII Supplemental Information

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

** PUBLIC DISCLOSURE COPY **

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning _____ , and ending _____ .

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

A [X] Check box if address changed.

B Exempt under section
[X] 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a) 529A

Name of organization (Check box if name changed and see instructions.)
NEXUS-PATH FAMILY HEALING

D Employer identification number
91-2159746

Number and street. If a P.O. box, see instructions.
1202 28TH ST S

Room or suite no.
400

E Group exemption number (see instructions)

City or town
FARGO

State or province
ND

Country

ZIP or foreign postal code
58103

C Book value of all assets at end of year ..... 7,255,742.

F Check box if an amended return.

G Check organization type [X] 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university
6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation .....

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of KATIE COUGHLIN Telephone number (701)280-9545

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved for future use	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: Tax rate schedule or Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). [ ] Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5 a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5a	0.
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15			5b	
6 a	Payments: Preceding year's overpayment credited to the current year	6a	281.		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
k	Section 1062 applicable net tax liability. Enter amount from 1062, line 14	6k			
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k			7	281.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			10	281.
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** 281. **Refunded** For Refunded amount, also complete and attach Form 8050. See instructions.			11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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.

Signed by: Kenneth D. Varble — 10/30/2026 — CHIEF FINANCIAL OFFICER

Signature of officer — Date — Title

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes ☐ No

Paid Preparer Use Only

Enter preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANN NEIL	ANN NEIL	10/29/26		P01817922

Firm's name CLIFTONLARSONALLEN LLP — Firm's EIN 41-0746749

Firm's address 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402 — Phone no. 612-376-4500

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization
NEXUS-PATH FAMILY HEALING

B Employer identification number
91-2159746

C Unrelated business activity code (see instructions) 531190

D Sequence: 1 of 1

E Describe the unrelated trade or business DEBT-FINANCED RENTAL INCOME

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____ b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7	572.	430.	142.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 **Total.** Combine lines 3 through 12	13	572.	430.	142.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)			1	
2 Salaries and wages			2	
3 Repairs and maintenance			3	
4 Bad debts			4	
5 Interest (attach statement). See instructions			5	
6 Taxes and licenses			6	
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	
13 Excess readership costs (Part IX)			13	
14 Other deductions (attach statement) SEE STATEMENT 1			14	500.
15 **Total deductions.** Add lines 1 through 14			15	500.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-358.
17 Deduction for net operating loss. See instructions			17	0.
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	-358.

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ RENTAL INCOME
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property	15,094.			
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)	0.			
b	Other deductions (attach statement) STMT 4	11,350.			
c	Total deductions (add lines 3a and 3b, columns A through D)	11,350.			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2	21,532.			
5	Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3	568,577.			
6	Divide line 4 by line 5	3.787 %	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	572.			

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 572.

9	Allocable deductions. Multiply line 3c by line 6	430.			

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 430.

11 **Total dividends - received deductions** included in line 10 0.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
NEXUS-PATH FAMILY HEALING	91-2159746
Number, street, and room or suite no. If a P.O. box, see instructions. 1202 28TH ST S, 400	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. FARGO, ND 58103	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KATIE COUGHLIN
1202 28TH ST S - FARGO, ND 58103

Telephone No. (701)280-9545 Fax No. _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**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.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

NEXUS-PATH FAMILY HEALING 91-2159746

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 1

DESCRIPTION	AMOUNT
PROFESSIONAL FEES	500.
TOTAL TO SCHEDULE A, PART II, LINE 14	500.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ACQUISITION DEBT STATEMENT 2

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
RENTAL INCOME	1	
BEGINNING FIRST MONTH		28,820.
BEGINNING SECOND MONTH		14,243.
BEGINNING THIRD MONTH		0.
BEGINNING FOURTH MONTH		0.
BEGINNING FIFTH MONTH		0.
BEGINNING SIXTH MONTH		0.
BEGINNING SEVENTH MONTH		0.
BEGINNING EIGHTH MONTH		0.
BEGINNING NINTH MONTH		0.
BEGINNING TENTH MONTH		0.
BEGINNING ELEVENTH MONTH		0.
BEGINNING TWELFTH MONTH		0.
TOTAL OF ALL MONTHS		43,063.
NUMBER OF MONTHS IN YEAR		2
AVERAGE ACQUISITION DEBT		21,532.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

NEXUS-PATH FAMILY HEALING 91-2159746

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 3
AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
RENTAL INCOME	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		574,252.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		562,902.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		568,577.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
RENTAL EXPENSES				
DEPRECIATION		11,350.		
- SUBTOTAL -	1	11,350.	1.00	11,350.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				11,350.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

2025 DEPRECIATION AND AMORTIZATION REPORT

RENTAL INCOME A DEBT 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000	HY	16									
	* TOTAL 990-T SCH E DEPR						0.				0.	0.		0.	0.

528111 04-01-25

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

2025 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEXUS-PATH FAMILY HEALING

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* TOTAL 990-T SCH E DEPR					0.		0.	0.	0.		0.

528102 04-01-25

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

2026 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - NEXUS-PATH FAMILY HEALING

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

TAX RETURN FILING INSTRUCTIONS

NORTH DAKOTA FORM ND-40

FOR THE YEAR ENDING

December 31, 2025

Prepared For:

Nexus-PATH Family Healing
1202 28th St S 400
Fargo, ND 58103

Prepared By:

CliftonLarsonAllen LLP
220 S 6th Street, Suite 300
Minneapolis, MN 55402

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total Tax	$	0
Less: payments and credits	$	0
Plus: other amount		0
Plus: interest and penalties	$	0
No payment required	$	

Overpayment:

Credited to your estimated tax	$	0
Other amount	$	0
Refunded to you	$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Office of State Tax Commissione
600 E. Boulevard Ave.
Department 127
Bismarck, ND 58505-0599

Return Must be Mailed On or Before:

December 15, 2026

Special Instructions:

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
NEXUS-PATH FAMILY HEALING	91-2159746
Number, street, and room or suite no. If a P.O. box, see instructions. 1202 28TH ST S, 400	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. FARGO, ND 58103	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KATIE COUGHLIN
1202 28TH ST S - FARGO, ND 58103

Telephone No. (701)280-9545 Fax No. _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**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.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

CORPORATION INCOME TAX RETURN

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER

SFN 28714 (12-2025)

FORM 40
2025

Mark one: ☐ **Calendar Year** (Jan. 1, 2025 - Dec. 31, 2025)
☒ **Fiscal Year** Beginning 01/01/2025 and ending 12/31/2025

Have a federal extension? If yes, must attach	Name	Federal EIN*
▶ ☒ Yes ☐ No	NEXUS-PATH FAMILY HEALING	▶ 91-2159746
Date of incorporation	**Mailing address**	**Is this a farming or ranching corporation?**
▶ 04/11/2017	1202 28TH ST S 400	▶ ☐ Yes ☒ No
Final return	**City, State, ZIP Code** / **Phone Number**	**Business Code (see instructions)**
▶ ☒ Yes ☐ No	FARGO, ND 58103 / (701)280-9545	▶ 531110

Computation of tax liability

Round off to dollars

1 Income from (*Mark the ONE box that identifies the filing method - see instructions*) ..... (LA) 1

▶ a. ☒ Single Corp Entity b. ☐ Combined Report Method b1. ☐ Combined Report Method Consol. Return c. ☐ Water's Edge Method c1. ☐ Water's Edge Method Consol. Return d. ☐ Other

2	Total additions *(Enter amount from Schedule SA, line 7)*	(LB)	2	
3	Total subtractions *(Enter amount from Schedule SA, line 16)*	(LC)	3	
4	North Dakota apportionable income *(subtract line 3 from the sum of lines 1 and 2)*		4	
5	Apportionment Factor *(Factor from Schedule FACT or Schedule CR)*	(LE)	5	1.000000
6	Income apportioned to North Dakota *(Line 4 multiplied by line 5)*		6	
7	Income allocated to North Dakota _____ less related expenses _____	(LF)	7	
8	North Dakota income *(Add lines 6 and 7)*		8	
9	Exemption for new and expanding business *(Attach worksheet - for consolidated return, amount from Sch. CR)*	(CL)	9	
10	Renaissance zone income exemption *(Amount from Sch. RZ - for consolidated return, amount from Sch. CR)*	(RE)	10	
11	North Dakota income after income exemptions *(Subtract lines 9 and 10 from line 8)*		11	
12	North Dakota loss carryforward *(Attach worksheet - for consolidated return, amount from Sch. CR)*	(LH)	12	
13	Subtotal *(Subtract line 12 from line 11)*		13	
14	Gross proceeds allocated to North Dakota from sale of research tax credit *(See instructions)*	(EF)	14	
15	North Dakota taxable income *(See instructions)*	(LI)	15	
16	Income tax due *(See rates below)*	(EE)	16	
17	Surtax on water's edge method election *(3.5% of line 15 - Water's edge filers only)*	(ST)	17	
18	Total income tax due *(Add lines 16 and 17)*	(LJ)	18	
19	Tax credits *(Enter amount from Schedule TC, line 25)*	(AZ)	19	

Balance due or overpayment

20	Net income tax liab. *(Subtract line 19 from line 18 - for consolidated return, amount from Sch. CR, Part 1, line 20a)*		20	
21	2025 estimated income tax payments and payment with extension	(LN)	21	
22	North Dakota income tax withheld on oil and gas royalties *(Attach 1099-MISC)*	(LW)	22	
23	Total payments and amount withheld *(Add lines 21 and 22)*		23	
24	**If line 20 is greater than line 23, enter difference as BALANCE DUE** *(Enter $0 if less than $5)*	(LR)	24	
	a. Interest and penalty for balance due on line 24	(LQ)	24a	
	b. Interest on underpayment of estimated tax *(Attach Form 40-UT)*	(UT)	24b	
	c. Total payment due *(Add lines 24, 24a, and 24b - Pay to ND State Tax Commissioner)*		24c	
25	**If line 23 is greater than line 20, enter difference less line 24b, as OVERPAYMENT** *(Enter $0 if less than $5)*	(LV)	25	
	a. Amount of line 25 to be credited to 2026 estimated tax *(Minimum $5)*	(AI)	25a	
	b. Amount of line 25 to be **REFUNDED** *(Subtract line 25a from line 25 - no refund under $5)*		25b	

I declare that this return is correct and complete to the best of my knowledge and belief. * Privacy Act Notice - see instructions

☐ I authorize the North Dakota Office of State Tax Commissioner to discuss this return with the preparer.

Date: _____ Signature of Officer: _____ Title: CHIEF FINANCIAL OFFI

Date: _____ Signature of Preparer: ANN NEIL Address: 220 S 6TH STREET, SUITE 300 FEIN: 410746749

Mail to: Office of State Tax Commissioner, 600 E. Boulevard Ave. Dept 127, Bismarck, North Dakota 58505-0599

PLEASE DO NOT WRITE IN THIS SPACE

Tax Rate Table

$0 - $25,000	1.41% of North Dakota taxable income
$25,000 - $50,000	$352.50 + 3.55% of amount over $25,000
Over $50,000	$1,240.00 + 4.31% of amount over $50,000

570401 10-23-25

1019 CIT

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Schedule SA: Statutory adjustments

This schedule is to be used by all corporations regardless of filing method.

Additions

1.	Federal net operating loss deduction *(Federal Form 1120, line 29a)*	(CA)	1	
2.	Special deductions *(Federal Form 1120, line 29b)*	(CB)	2	
3.	All income taxes, franchise or privilege taxes measured by income	(CC)	3	
4.	Interest on state and local obligations *(Excluding North Dakota obligations)*	(CF)	4	
5.	Contribution to endowment fund credit adjustment	(CD)	5	
6.	Other additions *(Attach worksheet)*	(CG)	6	
7.	Total additions *(Add lines 1 through 6. Enter amount here and on page 1, line 2)*		7	

Subtractions

8.	Tax refunds received in 2025 *(Attach worksheet)*	(CH)	8	
9.	Foreign Derived Intangible Income Deduction *(See instructions)*	(CJ)	9	
10.	Interest on United States obligations *(Attach statement regarding obligations)*	(CI)	10	
11.	Allocable income *(Attach worksheet)*	(LS)	11	
12.	Related expenses *(Attach worksheet)*	(LT)	12	
13.	Balance *(Subtract line 12 from line 11)*	(LD)	13	
14.	IC-DISC distribution to a non-corporate owner *(See instructions)*	(CM)	14	
15.	Other subtractions *(Attach worksheet)*	(CO)	15	
16.	Total subtractions *(Add lines 8, 9, 10, 13, 14 and 15. Enter amount here and on page 1, line 3)*		16	

The following questions must be answered

		Yes	No
1.	Has the IRS issued a Final Determination that affects a previously filed North Dakota return that has not been reported to North Dakota? ▶ 1		X
2.	Is this return for a tax-exempt organization required to report unrelated business taxable income? ▶ 2	X	
3.	Is this return for a foreign corporation filing Federal Form 1120-F that does not have an office or place of business in the United States? ▶ 3		X
4.	Has this corporation filed as a cooperative, a Foreign Sales Corporation, or a Domestic International Sales Corporation for federal purposes? ▶ 4		X
5.	Is this return for an entity, or does the return include an entity, that filed a Financial Institution Tax return (Form 35) for 2012? If yes, check the box to indicate if this is an S corporation. ▶ ☐ ▶ 5		X
6.	Does this corporation use the combined report method in any other states? If yes, attach a statement showing all states where the combined report method is used. ▶ 6		X
7.	Does this corporation file its federal income tax return as a member of a consolidated group? If yes, please enter the Federal Employer I.D. No. under which the consolidated return is filed. **(AM)** ▶ 7		X
8.	Does the numerator of the apportionment factor on page 1, line 5 include the property, payroll and/or sales of more than one corporation required to file in this state? If yes: ▶ 8 • Filing method box on page 1, line 1 must have been checked b1 or c1. • How many corporations are included in the numerator? ▶ • Complete North Dakota Schedule CR, Parts I, II and III reporting the activities of each company apportioning income to North Dakota.		X
9.	If this return is filed using the water's edge method, indicate which year of the five-year election this return represents. (List number: 1 through 5) ▶		
10.	Is this a limited liability company? ▶ 10		X
11.	Are any single member LLC's with business activity or apportionment factors in North Dakota that are treated as disregarded entities included in this return? *(If yes, attach schedule with names and FEIN)* ▶ 11		X
12.	Is this corporation or any of its affiliates included in this return a captive real estate investment trust (REIT)? *(If yes, attach schedule with names and Federal I.D. numbers of all captive REITS)* ▶ 12		X
13.	Has this corporation changed names, been involved in a merger, reorganization or takeover during this tax year? If so, provide former name and details of change. ▶ *(former name)*		

14321029 131839 B121248 2025.05000 NEXUS-PATH FAMILY HEALING B1212481

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Schedule FACT: Apportionment factor for corporations NOT filing a consolidated North Dakota return

This schedule is for corporations that are NOT filing a consolidated North Dakota return, i.e., corporations using filing method a, b, c, or d on page 1, line 1.

Corporations that are filing a consolidated North Dakota return - i.e., corporations using filing method b1 or c1 on page 1, line 1 - must use Schedule CR, Part II, on page 7. Do not use this schedule.

If a sales factor weighting election applies, skip lines 1-8 and complete lines 9-12, 15 and 16.

Property factor: Average value at original cost of real and tangible personal property.

			1. Total		2. North Dakota	3. Factor
1.	Inventories	1				*(Use 6-digit decimal only)*
2.	Buildings and other fixed depreciable assets	2				
3.	Depletable assets	3				*(North Dakota divided by Total = Factor)*
4.	Land	4				
5.	Other assets *(Attach detail)*	5				
6.	Rented property *(Annual rental x 8)*	6		(BL)		
7.	Total property *(Add lines 1 through 6)* (BH)	7		(BA)		

Payroll factor:

8.	Wages, salaries, commissions, and other compensation of employees (BJ)	8		(BC)		

Sales factor:

9.	Gross receipts or sales *(less returns and allowances, if applicable)*	9				
10.	Sales delivered, shipped, or assignable to North Dakota destinations (BM)	10				
11.	Sales shipped from North Dakota to the U.S. Government, or to purchasers in a state or foreign country where the taxpayer was not subject to a tax measured by net income	11				
12.	Total sales *(Add lines 9 through 11)* (BK)	12		(BE)		

13. Sum of factors *(Add factors in column 3, lines 7, 8 and 12)* 13

14. **Apportionment factor** - If a sales factor weighting election applies, skip this line and go to line 15. Otherwise, divide line 13 by the number of factors having an amount greater than zero in column 1 on lines 7, 8, and 12. Enter factor here and on page 1, line 5 14

Sales factor weighting election - If a sales factor weighting election applies, skip lines 1-8 and complete lines 15 and 16. See instructions.

15. **a.** Sales factor weighting election *(Mark box)* (BS) ☐ **b.** Year of election period *(1-5)* (BO)

16. **Apportionment factor** - Enter the amount from line 12, column 3. Enter factor here and on page 1, line 5 16

14321029 131839 B121248 2025.05000 NEXUS-PATH FAMILY HEALING B1212481

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Schedule TC: Tax credits

This schedule is to be used by all corporations to report the total allowable credit(s) regardless of filing method. Corporations filing a consolidated North Dakota tax return, i.e., those corporations using filing method b1 or c1 on page 1, line 1, report each corporation's separate credits on Schedule CR, Part I, line 19 under each corporation's separate column, and on Schedule CR, Part III - Tax Credits.

If a credit is being claimed on lines 6-14, 16, 18, or 22, a property tax clearance is required for each county the corporation has 50% or more interest in real property in North Dakota. The tax clearance requirement also applies to any officer responsible for the corporation's state tax filing or payment obligations. **Failure to attach a copy of the property tax clearance for each county identified below may result in a credit being disallowed.** See instructions for details.

Does this requirement apply? ☐ Yes ☒ No If yes, enter county name(s)

County name(s): _____ (GS)

1.	Contributions to nonprofit private colleges credit	(LK)	1	
2.	Contributions to nonprofit private high schools credit	(LL)	2	
3.	Contributions to nonprofit private primary schools credit	(EL)	3	
4.	Geothermal, solar, wind, biomass energy device credits carried forward (*Attach worksheet*)	(LM)	4	
5.	Employment of individuals with developmental disabilities or severe mental illness credit	(LX)	5	
6.	Research and experimental expenditure credits generated by taxpayer *(Attach worksheet)*	(LY)	6	
7.	Research and experimental expenditure credits purchased by taxpayer *(Attach worksheet)*	(TO)	7	
8.	Renaissance Zone credits *(Enter amount from Schedule RZ and attach)*	(RC)	8	
9.	Biodiesel or green diesel fuel production credit *(Attach worksheet)*	(LO)	9	
10.	Soybean and canola crushing equipment costs credit *(Attach worksheet)*	(TB)	10	
11.	Seed capital business investment credit *(Attach documentation)*	(TS)	11	
12.	Biodiesel or green diesel fuel blending credit *(Attach worksheet)*	(TD)	12	
13.	Biodiesel or green diesel fuel sales equipment costs credit *(Attach worksheet)*	(TF)	13	
14.	Agricultural commodity processing facility investment credit *(Attach documentation)*	(TE)	14	
15.	Endowment fund contribution credit *(Attach documentation)*	(TG)	15	
16.	Internship employment credit *(Attach worksheet)*	(TI)	16	
17.	Employer child care contribution tax credit (Attach Schedule ECC)	(XC)	17	
18.	Workforce recruitment credit *(Attach worksheet)* Number of qualified employees hired (TT) _____	(TW)	18	
19.	Wages paid to a mobilized military employee credit *(Attach Schedule ME)*	(TQ)	19	
20.	Housing Incentive Fund credit carried forward *(Attach documentation)*	(TU)	20	
21.	Maternity home, child placing agency, or pregnancy help center tax credit (Attach Sch. MCP)	(XA)	21	
22.	Automation tax credit *(See instructions)*	(TZ)	22	
23.	Contributions to Rural Leadership ND scholarship tuition program credit	(TY)	23	
24.	Apprentice tax credit *(Attach worksheet)*	(XB)	24	
25.	Total tax credits *(Add lines 1 through 24. Enter amount here and on page 1, line 19)*		25	

Schedule WW: Combined report method income schedule

This schedule is to be used by all corporations using filing methods b or b1 on Page 1, Line 1.

1.	Federal taxable income *(Consolidated Federal Form 1120, line 30)*	(LP)	1	
2.	Taxable income or loss included on line 1 from **nonunitary** corporations *(Attach worksheet)*	(WN)	2	
3.	Balance *(Subtract line 2 from line 1)*		3	
4.	Taxable income or loss not included on line 1 from **unitary** U.S. corporations required to file a federal income tax return *(Attach worksheet)*	(WU)	4	
5.	Book income before income taxes of unitary foreign corporations *(Attach worksheet)*		5	
6.	Optional: Book to tax reconciliation *(Attach worksheet)*		6	
7.	Subtotal *(Add lines 5 and 6)*	(WF)	7	
8.	Income or loss from Foreign Sales Corporations, Interest Charge DISCs, and affiliated corporations incorporated in a Possession of the U.S. *(Attach worksheet)*		8	
9.	Intercompany eliminations for members of the unitary group *(Attach worksheet)*		9	
10.	Total income *(Add lines 3, 4, 7, and 8, and then subtract line 9 from result. Enter amount here and on Form 40, page 1, line 1, and check box b or b1 on page 1, line 1)*	(WW)	10	

14321029 131839 B121248 2025.05000 NEXUS-PATH FAMILY HEALING B1212481

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
NEXUS-PATH FAMILY HEALING

Doing business as NEXUS FAMILY HEALING NORTH DAKOTA

Number and street (or P.O. box if mail is not delivered to street address): 1202 28TH ST S
Room/suite: 400

City or town, state or province, country, and ZIP or foreign postal code: FARGO, ND 58103

F Name and address of principal officer: KEN VARBLE
SAME AS C ABOVE

D Employer identification number
91-2159746

E Telephone number
(701)280-9545

G Gross receipts $ 16,655,435.

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.NEXUSFAMILYHEALING.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 2000

M State of legal domicile: ND

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FOSTER CARE, IN-HOME, & COMMUNITY-BASED FAMILY SERVICES IN ND.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	179
6	Total number of volunteers (estimate if necessary)	6	8
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,019.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,138,656.	13,095,201.
9	Program service revenue (Part VIII, line 2g)	1,329,128.	2,215,611.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	642.	74,156.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,163.	87,257.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,502,589.	15,472,225.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,704,557.	8,888,407.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 114,356.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,897,471.	7,536,568.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,602,028.	16,424,975.
19	Revenue less expenses. Subtract line 18 from line 12	-99,439.	-952,750.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,601,373.	7,255,742.
21	Total liabilities (Part X, line 26)	4,178,777.	5,779,364.
22	Net assets or fund balances. Subtract line 21 from line 20	2,422,596.	1,476,378.

Part II Signature Block

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

Sign Here

Signature of officer
Date
KEN VARBLE, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ANN NEIL	ANN NEIL	10/29/26		P01817922

Firm's name: CLIFTONLARSONALLEN LLP
Firm's EIN: 41-0746749
Firm's address: 220 S 6TH STREET, SUITE 300, MINNEAPOLIS, MN 55402
Phone no. 612-376-4500

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
STRENGTHENING LIVES, FAMILIES, AND COMMUNITIES THROUGH OUR CORNERSTONE VALUES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... X Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... X Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 6,701,293. including grants of $ 0.) (Revenue $ 0.)
NEXUS-PATH FAMILY HEALING (NEXUS-PATH) OPERATES A FOSTER CARE PROGRAM THAT WORKS TIRELESSLY TO MAKE SURE EVERY CHILD IS CARED FOR IN A SAFE AND SECURE HOME, WHETHER THEY NEED SHORT-TERM CARE WHILE A FAMILY IS IN TRANSITION OR A PERMANENT PLACE TO CALL THEIR OWN. NEXUS-PATH PROVIDES TREATMENT FOSTER CARE SERVICES THAT OFFER A RANGE OF SUPPORT DESIGNED TO STRENGTHEN FAMILIES AND CREATE SAFE, STABLE HOMES FOR CHILDREN AND YOUTH.

TREATMENT FOSTER CARE IS FOR CHILDREN AND YOUTH THAT HAVE A MENTAL HEALTH DIAGNOSIS INVOLVING SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS. WE PROVIDE SAFE, SPECIALLY EQUIPPED FOSTER HOMES THAT HAVE THE SKILLS AND RESOURCES TO MEET THEIR COMPLEX NEEDS. OUR TREATMENT FOSTER CARE

4b (Code:) (Expenses $ 2,750,722. including grants of $ 0.) (Revenue $ 2,227,686.)
LUTHER HALL IS A LICENSED PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR CHILDREN AND ADOLESCENTS OPERATED BY NEXUS-PATH FAMILY HEALING. LUTHER HALL OFFERS A THERAPEUTIC SETTING FOR UP TO 16 YOUTH AGES 10-17 WHO PRESENT RISK TO THEMSELVES AND OTHERS DUE TO SIGNIFICANT ISSUES IMPACTING THEIR EVERYDAY LIVES, RESULTING IN THE NEED FOR OUT-OF-HOME PLACEMENT FOR TREATMENT. WE PROVIDE INDIVIDUALIZED AND COMPREHENSIVE SERVICES BY SPECIALLY TRAINED, DEDICATED STAFF IN A CAREFULLY STRUCTURED ENVIRONMENT. YOUTH RECEIVE TREATMENT FOR ISSUES SUCH AS MENTAL HEALTH CHALLENGES, SUBSTANCE USE, OR BECAUSE OF A HISTORY THAT DEMONSTRATES THE CHILD'S NEED FOR A HIGHER LEVEL OF CARE.

ALL RESIDENTS PARTICIPATE IN INDIVIDUAL AND GROUP THERAPY, AS WELL AS

4c (Code:) (Expenses $ 1,525,315. including grants of $ 0.) (Revenue $ 0.)
INDEPENDENT LIVING SERVICES - NEXUS-PATH'S INDEPENDENT LIVING PROGRAM PREPARES YOUTH TO LEAVE FOSTER CARE WITH THE RESOURCES AND SKILLS THEY'LL NEED TO LIVE SUCCESSFULLY AS ADULTS. NEXUS-PATH'S INDEPENDENT LIVING COORDINATORS WORK WITH YOUTH WHO ARE PREPARING TO EXIT NORTH DAKOTA'S FOSTER CARE SYSTEM TO HELP THEM FIND EMPLOYMENT, HOUSING, AND/OR EDUCATION, INCLUDING EARNING OR FINDING HOUSING DEPOSITS, SHOPPING FOR FURNITURE AND NECESSITIES, AND OTHER TASKS REQUIRED TO SET UP FOR SUCCESS. THE INDEPENDENT LIVING COORDINATORS HELP THESE YOUTH LEARN HOW TO MANAGE THEIR MONEY, NAVIGATE OR FIND TRANSPORTATION, AND BUILD HEALTHY INTERDEPENDENT SKILLS. FOR MANY YOUTH, THE COORDINATORS ARE THEIR ONLY TIE TO A TRUSTWORTHY, MATURE, STABLE ADULT.

4d Other program services (Describe on Schedule O.)
(Expenses $ 1,828,798. including grants of $ 0.) (Revenue $ 0.)

4e Total program service expenses 12,806,128.

SEE SCHEDULE O FOR CONTINUATION(S)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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	X	
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, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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		X
c	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		X
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	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
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 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
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 foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *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 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part IV Checklist of Required Schedules *(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 Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		X
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% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
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 entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
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	X	
35a	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 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? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	103		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	179		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**	X	
4a	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)?		**4a**		X
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 a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
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 deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		**17**		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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 taxable entity during the year?	16a		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ND

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

KATIE COUGHLIN - (701)280-9545

1202 28TH ST S, FARGO, ND 58103

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. MICHELLE MURRAY	2.00									
PRESIDENT AND CEO	42.00	X		X				0.	640,054.	67,545.
(2) SCOTT MCGUIRE	2.00									
CFO	42.00			X				0.	447,906.	56,880.
(3) JENNIFER MCINTOSH	2.00									
CHIEF HUMAN RESOURCES OFFICER	42.00			X				0.	399,721.	45,725.
(4) KATE COUGLIN	40.00									
EXECUTIVE DIRECTOR	0.00			X				172,029.	0.	42,997.
(5) TONYA GREYWIN	40.00									
OPERATIONS DIRECTOR	0.00					X		133,515.	0.	39,688.
(6) JENNIFER HINZE	40.00									
ASSOCIATE EXECUTIVE DIRECTOR	0.00					X		117,441.	0.	38,979.
(7) TAMARA PETERS	2.00									
BOARD CHAIR	0.00	X		X				0.	0.	0.
(8) LORI BROWNSHIELD	2.00									
BOARD VICE CHAIR	0.00	X		X				0.	0.	0.
(9) LISA BJERGAARD	2.00									
SECRETARY	0.00	X		X				0.	0.	0.
(10) KYLIE SCHULTZ	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(11) ASHLEY BAKER	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(12) JULIE LUDWIG	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(13) RAY TALLEY	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(14) BRADY PEKAS	2.00									
DIRECTOR	0.00	X						0.	0.	0.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								422,985.	1,487,681.	291,814.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								422,985.	1,487,681.	291,814.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 3

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

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

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	102,862.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,050,240.				
	e Government grants (contributions)	1e	11,912,985.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	29,114.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			13,095,201.			
Program Service Revenue		Business Code					
	2a CONTRACT REVENUE	624110		2,215,611.	2,215,611.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			2,215,611.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			33,406.			33,406.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a	15,094.					
	b Less: rental expenses 6b	0.					
	c Rental income or (loss) 6c	15,094.					
	d Net rental income or (loss)			15,094.	12,075.	3,019.	
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a		1,223,960.				
	b Less: cost or other basis and sales expenses 7b		1,183,210.				
	c Gain or (loss) 7c		40,750.				
	d Net gain or (loss)			40,750.			40,750.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a						
	b Less: direct expenses 8b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a						
	b Less: cost of goods sold 10b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a MISCELLANEOUS REVENUE	900099		54,163.			54,163.
	b AFTERCARE	900099		18,000.			18,000.
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			72,163.			
	12 **Total revenue.** See instructions			15,472,225.	2,227,686.	3,019.	146,319.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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				
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	215,026.		215,026.	
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	6,962,947.	5,995,483.	967,464.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,017.	148,685.	19,332.	
9 Other employee benefits	1,004,843.	889,584.	115,259.	
10 Payroll taxes	537,574.	459,056.	78,518.	
11 Fees for services (nonemployees):				
a Management				
b Legal	12,155.		12,155.	
c Accounting	1,646.		1,646.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,617.		2,617.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,716,763.	247,857.	1,468,906.	
12 Advertising and promotion				
13 Office expenses	142,603.	41,159.	101,444.	
14 Information technology				
15 Royalties				
16 Occupancy	1,265,485.	943,446.	322,039.	
17 Travel	293,322.	252,512.	40,810.	
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	144,440.	85,147.	59,293.	
23 Insurance	326,645.	287,919.	38,726.	
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 O.)				
a FOSTER CARE	2,546,191.	2,546,191.		
b YOUTH SUPPLIES	471,556.	471,275.	281.	
c FOOD	144,771.	144,760.	11.	
d LICENSE AND DUES	126,930.	108,765.	18,165.	
e All other expenses	341,444.	184,289.	42,799.	114,356.
25 **Total functional expenses.** Add lines 1 through 24e	16,424,975.	12,806,128.	3,504,491.	114,356.
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)				

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,472,721.	1	2,162,502.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		186,680.	3	
	4	Accounts receivable, net		1,503,769.	4	1,355,484.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		46,065.	9	73,999.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,042,481.			
	b	Less: accumulated depreciation	10b 820,925.	1,426,592.	10c	221,556.
	11	Investments - publicly traded securities			11	1,035,569.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		51,000.	14	51,000.
	15	Other assets. See Part IV, line 11		1,914,546.	15	2,355,632.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		6,601,373.	16	7,255,742.
Liabilities	17	Accounts payable and accrued expenses		1,100,770.	17	1,216,889.
	18	Grants payable			18	
	19	Deferred revenue		76,667.	19	836,617.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		3,001,340.	25	3,725,858.
	26	**Total liabilities.** Add lines 17 through 25		4,178,777.	26	5,779,364.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,409,571.	27	1,468,439.
	28	Net assets with donor restrictions		13,025.	28	7,939.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,422,596.	32	1,476,378.
	33	Total liabilities and net assets/fund balances		6,601,373.	33	7,255,742.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part 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	15,472,225.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,424,975.
3	Revenue less expenses. Subtract line 2 from line 1	3	-952,750.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,422,596.
5	Net unrealized gains (losses) on investments	5	6,532.
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	1,476,378.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
NEXUS-PATH FAMILY HEALING	91-2159746
Number, street, and room or suite no. If a P.O. box, see instructions. 1202 28TH ST S, 400	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. FARGO, ND 58103	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KATIE COUGHLIN
1202 28TH ST S - FARGO, ND 58103

Telephone No. (701)280-9545 Fax No. _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**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.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
NEXUS-PATH FAMILY HEALING	91-2159746

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	577,974.	678,596.	820,153.	14,926,963.	13,095,201.	30,098,887.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,775,893.	16,132,134.	14,462,078.	1,329,128.	2,215,611.	50,914,844.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	5,921.	4,212.	984.	10,845.	72,163.	94,125.
4 Tax revenues levied for the organization'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	17,359,788.	16,814,942.	15,283,215.	16,266,936.	15,382,975.	81,107,856.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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				116,724.	134,866.	251,590.
c Add lines 7a and 7b				116,724.	134,866.	251,590.
8 **Public support.** (Subtract line 7c from line 6.)						80,856,266.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	17,359,788.	16,814,942.	15,283,215.	16,266,936.	15,382,975.	81,107,856.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	59,286.	52,736.	42,710.	28,441.	48,500.	231,673.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	59,286.	52,736.	42,710.	28,441.	48,500.	231,673.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 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.)	17,419,074.	16,867,678.	15,325,925.	16,295,377.	15,431,475.	81,339,529.

14 **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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	99.41 %
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	99.58 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	.28 %
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	.27 %

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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**		
c	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**		

Section 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 officers, 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 supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	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**		

Section 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**		

Section 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**		
3	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**		

Section 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 instructions).**

- **a** ☐ 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.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its 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, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct 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.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number
NEXUS-PATH FAMILY HEALING	91-2159746

Organization type (check one):

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

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

General Rule

[X] 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).

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of organization: NEXUS-PATH FAMILY HEALING

Employer identification number: 91-2159746

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		$ 1,050,240.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of organization: NEXUS-PATH FAMILY HEALING

Employer identification number: 91-2159746

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
		$	

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of organization

NEXUS-PATH FAMILY HEALING

Employer identification number

91-2159746

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

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

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

b Assets included in Form 990, Part X $ _____

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V Endowment Funds

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

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

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

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		63,240.	49,800.	13,440.
c Leasehold improvements		288,479.	227,169.	61,310.
d Equipment		657,762.	517,969.	139,793.
e Other		33,000.	25,987.	7,013.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				221,556.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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)	RIGHT OF USE ASSET	2,355,632.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		2,355,632.

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)	DUE TO AFFILIATES	1,272,077.
(3)	LEASE LIABILITY	2,453,781.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		3,725,858.

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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

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

1	Total revenue, gains, and other support per audited financial statements			1	15,476,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	6,532.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	6,532.
3	Subtract line 2e from line 1			3	15,469,611.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,614.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	2,614.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	15,472,225.

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

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

1	Total expenses and losses per audited financial statements			1	16,422,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	16,422,361.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,614.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	2,614.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	16,424,975.

Part XIII Supplemental Information

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

PART X, LINE 2:

NEXUS PATH FAMILY HEALING HAVE BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE 501(C)(3). THE ORGANIZATION IS REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE.

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIRMENTS AND, AS SUCH, DOES NOT HAVE AN UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZSE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part XIII Supplemental Information *(continued)*

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

Part I 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**		
2	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**		
3	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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	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:			
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**		X
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**	X	
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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.

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) DR. MICHELLE MURRAY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CEO	(ii)	515,692.	124,362.	0.	12,075.	55,470.	707,599.	0.
(2) SCOTT MCGUIRE	(i)	0.	0.	0.	0.	0.	0.	0.
CFO	(ii)	375,097.	72,809.	0.	12,232.	44,648.	504,786.	0.
(3) JENNIFER MCINTOSH	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	332,955.	66,766.	0.	7,921.	37,804.	445,446.	0.
(4) KATE COUGLIN	(i)	147,477.	24,552.	0.	6,099.	36,898.	215,026.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TONYA GREYWIN	(i)	121,012.	12,503.	0.	3,684.	36,004.	173,203.	0.
OPERATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER HINZE	(i)	112,792.	4,649.	0.	4,371.	34,608.	156,420.	0.
ASSOCIATE EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

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.

PART I, LINE 5:
BONUS ELIGIBILITY IS CONTINGENT ON THE ORGANIZATION MEETING OR EXCEEDING
BUDGETED REVENUE FOR THE FISCAL YEAR. THERE ARE MULTIPLE GOALS ASSOCIATED
WITH MEETING BONUS ELIGIBILITY, AND REVENUE IS JUST ONE OF THEM.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
THE AGENCY STARTED A NEW PROGRAM CALLED THERAPEUTIC HOST HOMES IN 2025, WITH NO SIGNIFICANT FISCAL ACTIVITY UNTIL 2026. HOWEVER, THE PROGRAM CONTRACT BEGAN IN 2025.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
HISTORICALLY THE AGENCY MAINTAINED AN OUTPATIENT THERAPY CLINIC FOR OUTPATIENT SERVICES. IN JANUARY-MARCH OF 2025 THAT PROGRAM WAS WOUND DOWN AND WE NO LONGER HAVE AN OUTPATIENT CLINIC. THIS WAS A VERY SMALL PART OF OUR OPERATIONS AS A WHOLE THOUGH. THE FAMILY SUPPORT PROGRAM WAS ENDED AS OF 7/1/2025.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FAMILIES ARE TRAINED AND CERTIFIED IN MEDICATION MANAGEMENT, CRISIS INTERVENTION, AND TRAUMA-INFORMED CARE, AND THEY'RE FOCUSED ON HELPING FOSTER YOUTH BUILD HEALTHY RELATIONSHIPS AND DEVELOP VALUABLE LIFE SKILLS. NEXUS-PATH CASE WORKERS SUPPORT THESE FAMILIES BY PROVIDING TREATMENT CONSULTATION AND BEHAVIORAL MANAGEMENT SUPPORT. IN ADDITION, WE USE A FULL TEAM APPROACH TO HELP ADDRESS THE ONGOING IMPACT OF ANY FUNCTIONAL DISABILITIES AND/OR PAST TRAUMA. OUR TREATMENT FOSTER FAMILIES COLLABORATE CLOSELY WITH A NEXUS-PATH CASE WORKER, THE CHILD'S CUSTODIAN, AND OTHER SERVICE PROVIDERS TO ENSURE THE BEST CARE FOR EACH INDIVIDUAL CHILD. IN 2025, NEXUS-PATH SERVED 107 YOUTH IN TREATMENT FOSTER CARE.

REGULAR FOSTER CARE HELPS ENSURE THAT YOUTH WHO ARE IN THE CHILD WELFARE SYSTEM (FROM BIRTH THROUGH AGE 21) HAVE THEIR PHYSICAL, EMOTIONAL, AND SOCIAL NEEDS MET DAILY IN A FAMILY SETTING, UNTIL THEY'RE REUNITED WITH THEIR OWN FAMILY, OR ANOTHER PERMANENT OPTION IS ARRANGED. OUR REGULAR FOSTER CARE FAMILIES ARE PAIRED WITH A NEXUS-PATH SOCIAL WORKER WHO KNOWS THE FAMILY WELL AND UNDERSTANDS HOW THEY CAN BEST HELP CHILDREN IN THEIR HOME. THESE FAMILIES PROVIDE A LOWER LEVEL OF CARE THAN OUR TREATMENT FOSTER CARE HOMES. YOUTH IN REGULAR FOSTER CARE DO NOT NEED TO HAVE A MENTAL HEALTH DIAGNOSIS TO RECEIVE SERVICES THROUGH NEXUS-PATH. IN 2025, NEXUS-PATH SERVED 54 YOUTH IN REGULAR FOSTER CARE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
FAMILY THERAPY, WHICH CAN BE DONE IN PERSON OR VIA SECURE VIDEO CONFERENCING AVENUES FOR FAMILIES UNABLE TO BE PHYSICALLY PRESENT. ON-SITE EDUCATIONAL INSTRUCTION IS PROVIDED BY FARGO PUBLIC SCHOOLS AND INCLUDES SPECIAL EDUCATION SERVICES. IN 2025, LUTHER HALL SERVED 42 YOUTH.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
THIS RELATIONSHIP SERVES A MUCH GREATER PURPOSE THAN SIMPLY SECURING THE NECESSITIES OF INDEPENDENT LIVING, IT'S A SAFETY NET FOR THOSE WHO DON'T HAVE ONE AND A SPRINGBOARD TOWARD SUCCESS IN ADULTHOOD. IN 2025, INDEPENDENT LIVING SERVED 397 YOUTH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SCHOOL CASE MANAGEMENT PROGRAM - TO SUPPORT CHILDREN AND THEIR

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of the organization: NEXUS-PATH FAMILY HEALING

Employer identification number: 91-2159746

CAREGIVERS THROUGHOUT OUR COMMUNITY WHO NEED MENTAL HEALTH SERVICES, WE PROVIDE A STRENGTHS-BASED SERVICE WITHIN LOCAL SCHOOL DISTRICTS. NEXUS-PATH CASE MANAGERS WORK CLOSELY WITH EACH STUDENT IN THE PROGRAM, ALONGSIDE THE STUDENT'S FAMILY AND THEIR SCHOOL TEAM, TO IMPLEMENT AN INDIVIDUALIZED CARE PLAN THAT SUPPORTS THE CHILD AND THE FAMILY'S NEEDS. NEXUS-PATH CASE MANAGERS HELP THESE CHILDREN AND FAMILIES ACCESS MEDICAL, SOCIAL, EDUCATIONAL, AND OTHER SERVICES NECESSARY FOR APPROPRIATE CARE AND TREATMENT. IN 2025, THE SCHOOL BASE PROGRAM SERVED 260 YOUTH.
EXPENSES $ 1,806,445. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

HOST HOMES ARE FAMILY-STYLE LIVING ARRANGEMENTS FOR INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. AN INDIVIDUAL LIVES WITH A CARING PROVIDER IN THEIR COMMUNITY SURROUNDED BY A CIRCLE OF SUPPORT, PROVIDED BY NEXUS FAMILY HEALING, INSTEAD OF LIVING IN A GROUP HOME OR INSTITUTION. THIS IS A VOLUNTARY PROGRAM DESIGNED TO HELP INDIVIDUALS RETURN TO THEIR HOME WHEN POSSIBLE WHILE CONTINUING TO RECEIVE HELP AND MENTORSHIP FROM THEIR HOST HOME PROVIDER
EXPENSES $ 22,353. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE COMMITTEE CONSISTS OF (A) THE CHAIR OF THE NEXUS-PATH FAMILY HEALING BOARD, WHO SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE; (B) THE NEXUS FAMILY HEALING CEO, WHO SHALL BE A PERMANENT MEMBER OF THE EXECUTIVE COMMITTEE; (C) THE VICE CHAIR; (D) THE SECRETARY/TREASURER AND (E) TWO (2) TO THREE (3) ADDITIONAL BOARD MEMBERS APPOINTED BY THE CHAIR. THE EXECUTIVE DIRECTOR SHALL BE AN EX OFFICIO, NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION DURING THE PERIOD BETWEEN MEETINGS OF THE NEXUS-PATH FAMILY HEALING BOARD, SUBJECT TO ANY PRIOR LIMITATION OR DIRECTION IMPOSED BY THE NEXUS-PATH FAMILY HEALING BOARD.

FORM 990, PART VI, SECTION A, LINE 6:
THE SOLE MEMBER OF THE ORGANIZATION IS NEXUS FAMILY HEALING, A MINNESOTA NONPROFIT CORPORATION DESCRIBED IN SECTION 501(C)(3).

FORM 990, PART VI, SECTION A, LINE 7B:
THE FOLLOWING ITEMS ARE SUBJECT TO APPROVAL BY NEXUS FAMILY HEALING, THE SOLE MEMBER: ANY SALE OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, OR ANY ACQUISITION, MERGER, OR CONSOLIDATION WITH ANY OTHER PERSON OR ENTITY; ANY CHANGES TO THE ARTICLES OR BYLAWS; ANY ACTION THAT MIGHT JEOPARDIZE THE TAX-EXEMPT STATUS OF THE ORGANIZATION OR THE SOLE MEMBER; PARAMETERS AND GUIDELINES FOR THE ORGANIZATION'S CAPITAL AND OPERATING BUDGETS; MODIFICATION OR AMENDMENT OF ANY CAPITAL OR OPERATING BUDGET IN EXCESS OF 5% IN THE AGGREGATE; PARAMETERS AND GUIDELINES FOR STRATEGIC PLANS AND ANY MATERIAL MODIFICATIONS TO APPROVED PLANS; ANY MATERIAL TRANSACTION OR THE INCURRENCE OF INDEBTEDNESS NOT ACCOUNTED FOR IN THE ORGANIZATION'S BUDGET ESTABLISHED PURSUANT TO THE PARAMETERS AND GUIDELINES AND IN EXCESS OF $25,000; ALTERING THE PURPOSE OF THE ORGANIZATION; ANY PROPOSED DISSOLUTION

FORM 990, PART VI, SECTION B, LINE 11B:
A COMPLETED COPY OF FORM 990 WILL BE PROVIDED TO THE CFO BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY. THE

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Name of the organization: NEXUS-PATH FAMILY HEALING

Employer identification number: 91-2159746

CONFLICT OF INTEREST POLICY IS INCLUDED IN THE EMPLOYEE HANDBOOK WHICH IS GIVEN TO ALL NEW HIRES WHO SIGN THAT THEY HAVE REVIEWED AND UNDERSTAND ALL POLICIES AND EXPECTATIONS CONTAINED IN THE HANDBOOK. SUPERVISORS AND MANAGEMENT ENSURE ADHERENCE TO THE POLICY. IF VIOLATIONS ARE SUSPECTED, STAFF CAN USE AN ANONYMOUS REPORTING PHONE LINE (RED FLAG REPORTING) OPERATED BY A THIRD-PARTY SERVICE TO REPORT SUSPECTED VIOLATIONS. THE THIRD-PARTY OPERATOR SUBMITS ALL REPORTED ITEMS TO CORPORATE HR FOR FOLLOW-UP.

THERE IS ALSO A CONFLICT OF INTEREST POLICY FOR THE BOARD WHICH IS REVIEWED AND SIGNED ANNUALLY. BOARD MEMBERS ARE REQUIRED TO SELF-DISCLOSE CONFLICTS. IF A BOARD MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT, IT IS DISCUSSED WITH THE CHAIRPERSON. IF A CONFLICT OF INTEREST EXISTS, THE BOARD MEMBER IS EXPECTED TO RECUSE HIM/HERSELF FROM THE VOTE ON ANY ITEM THAT WOULD REPRESENT A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:
THE CURRENT PRACTICE FOR EXECUTIVE COMPENSATION IS TO UTILIZE AN OUTSIDE CONSULTING FIRM EVERY THREE YEARS TO PRICE ALL EXECUTIVE POSITIONS TO THE MARKETPLACE AND ESTABLISH NEW SALARY RANGES WHICH ARE APPROVED BY THE BOARD OF DIRECTORS. MERIT REVIEWS ARE CONDUCTED ANNUALLY AND CORRESPONDING MERIT INCREASES ARE DETERMINED BY EXECUTIVE MANAGEMENT UTILIZING ESTABLISHED DOCUMENTED PROTOCOLS.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:	
PROGRAM SERVICE EXPENSES	185,542.
MANAGEMENT AND GENERAL EXPENSES	6,749.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	192,291.
ADMINISTRATIVE FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,406,243.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,406,243.
OTHER FEES:	
PROGRAM SERVICE EXPENSES	45,740.
MANAGEMENT AND GENERAL EXPENSES	29,376.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75,116.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	16,575.
MANAGEMENT AND GENERAL EXPENSES	26,538.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	43,113.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,716,763.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
NEXUS-PATH FAMILY HEALING

Employer identification number
91-2159746

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
NEXUS FAMILY HEALING - 41-1419064 505 HWY 169 N PLYMOUTH, MN 55441	RESIDENTIAL TREATMENT PROGRAM	MINNESOTA	501(C)(3)	LINE 10	N/A		X
NEXUS DIVERSIFIED COMMUNITY SERVICES - 41-1419062, 505 HWY 169 N, PLYMOUTH, MN 55441	RESEARCH, EDUCATION, AND THERAPY	MINNESOTA	501(C)(3)	LINE 12B, II	NEXUS FAMILY HEALING		X
NEXUS WOODBOURNE FAMILY HEALING - 52-0909347 505 HWY 169 N PLYMOUTH, MN 55441	TREATMENT FACILITY FOR YOUTH	MINNESOTA	501(C)(3)	LINE 10	NEXUS FAMILY HEALING		X
NEXUS KINDRED FAMILY HEALING - 36-4494707 505 HWY 169 N PLYMOUTH, MN 55441	YOUTH AND FAMILY SERVICES	MINNESOTA	501(C)(3)	LINE 10	NEXUS FAMILY HEALING		X

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
NEXUS TRUST - 41-1824400 505 HWY 169 N PLYMOUTH, MN 55441	PROVIDE BENEFITS TO PARTICIPANTS	MINNESOTA	501(C)(9)		NEXUS FAMILY HEALING		X
WOODBOURNE CENTER CHARITABLE TRUST - 52-7218778, 505 HWY 169 N, PLYMOUTH, MN 55441	SUPPORT WOODBOURNE CENTER	MINNESOTA	501(C)(3)	LINE 12A, I	NEXUS FAMILY HEALING		X
NEXUS FOUNDATION FOR FAMILY HEALING - 83-2534015, 505 HWY 169 N, PLYMOUTH, MN 55441	FUNDRAISING	MINNESOTA	501(C)(3)	LINE 12A, I	NEXUS FAMILY HEALING		X

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
NEXUS- FACTS FAMILY HEALING - 20-2097356 1385 MENDOTA HEIGHTS RD #200 MENDOTA HEIGHTS, MN 55120	MENTAL HEALTH SERVICES	MN	N/A	C CORP	N/A	N/A	N/A		X

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VII **Supplemental Information**

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

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

***** THIS IS NOT A FILEABLE COPY *****

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning _____ , 2025, 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

2025

Name of filer	EIN or SSN
NEXUS-PATH FAMILY HEALING	91-2159746

Name and title of officer or person subject to tax: KEN VARBLE, CHIEF FINANCIAL OFFICER

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	☐	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
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	0.
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 ☒ 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 2025 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

☒ I authorize CLIFTONLARSONALLEN LLP to enter my PIN 55402

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2025 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 2025 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 **** THIS IS NOT A FILEABLE COPY **** Date

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. 41144655902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 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 ANN NEIL Date 10/29/26

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 instructions. Form **8879-TE** (2025) Created 5/1/25

LHA 502521 12-18-25

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
NEXUS-PATH FAMILY HEALING	91-2159746
Number, street, and room or suite no. If a P.O. box, see instructions. 1202 28TH ST S, 400	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. FARGO, ND 58103	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KATIE COUGHLIN
1202 28TH ST S - FARGO, ND 58103

Telephone No. (701)280-9545 Fax No. _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**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.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning _____ , and ending _____ .

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

A [X] Check box if address changed.

B Exempt under section
[X] 501(c)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a) [ ] 529A

Name of organization ([ ] Check box if name changed and see instructions.)
NEXUS-PATH FAMILY HEALING

Number and street. If a P.O. box, see instructions.
1202 28TH ST S

Room or suite no.
400

City or town
FARGO

State or province
ND

Country

ZIP or foreign postal code
58103

C Book value of all assets at end of year ..... 7,255,742.

D Employer identification number
91-2159746

E Group exemption number (see instructions)

F [ ] Check box if an amended return.

G Check organization type [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust [ ] State college/university [ ] 6417(d)(1)(A) Applicable entity

H Check if filing only to claim [ ] Credit from Form 8941 [ ] Refund shown on Form 2439 [ ] Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... [ ]

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of KATIE COUGHLIN Telephone number (701)280-9545

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved for future use	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). [ ] Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part III Tax and Payments *(continued)*

5 a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5a	0.
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15			5b	
6 a	Payments: Preceding year's overpayment credited to the current year	6a	281.		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
k	Section 1062 applicable net tax liability. Enter amount from 1062, line 14	6k			
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k			7	281.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			10	281.
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** 281. **Refunded** For Refunded amount, also complete and attach Form 8050. See instructions.			11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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.

Signature of officer | Date | CHIEF FINANCIAL OFFICER Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Enter preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANN NEIL	ANN NEIL	10/29/26		P01817922

Firm's name CLIFTONLARSONALLEN LLP — Firm's EIN 41-0746749

Firm's address 220 S 6TH STREET, SUITE 300 MINNEAPOLIS, MN 55402 — Phone no. 612-376-4500

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization
NEXUS-PATH FAMILY HEALING

B Employer identification number
91-2159746

C Unrelated business activity code (see instructions) 531190

D Sequence: 1 of 1

E Describe the unrelated trade or business DEBT-FINANCED RENTAL INCOME

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____ b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7	572.	430.	142.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 **Total.** Combine lines 3 through 12	13	572.	430.	142.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)			1	
2 Salaries and wages			2	
3 Repairs and maintenance			3	
4 Bad debts			4	
5 Interest (attach statement). See instructions			5	
6 Taxes and licenses			6	
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	
13 Excess readership costs (Part IX)			13	
14 Other deductions (attach statement) SEE STATEMENT 1			14	500.
15 **Total deductions.** Add lines 1 through 14			15	500.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-358.
17 Deduction for net operating loss. See instructions			17	0.
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	-358.

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ RENTAL INCOME
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property	15,094.			
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)	0.			
b	Other deductions (attach statement) STMT 4	11,350.			
c	Total deductions (add lines 3a and 3b, columns A through D)	11,350.			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2	21,532.			
5	Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3	568,577.			
6	Divide line 4 by line 5	3.787 %	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	572.			

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 572.

9	Allocable deductions. Multiply line 3c by line 6	430.			

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 430.

11 **Total dividends - received deductions** included in line 10 0.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

NEXUS-PATH FAMILY HEALING 91-2159746

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 1

DESCRIPTION	AMOUNT
PROFESSIONAL FEES	500.
TOTAL TO SCHEDULE A, PART II, LINE 14	500.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ACQUISITION DEBT STATEMENT 2

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
RENTAL INCOME	1	
BEGINNING FIRST MONTH		28,820.
BEGINNING SECOND MONTH		14,243.
BEGINNING THIRD MONTH		0.
BEGINNING FOURTH MONTH		0.
BEGINNING FIFTH MONTH		0.
BEGINNING SIXTH MONTH		0.
BEGINNING SEVENTH MONTH		0.
BEGINNING EIGHTH MONTH		0.
BEGINNING NINTH MONTH		0.
BEGINNING TENTH MONTH		0.
BEGINNING ELEVENTH MONTH		0.
BEGINNING TWELFTH MONTH		0.
TOTAL OF ALL MONTHS		43,063.
NUMBER OF MONTHS IN YEAR		2
AVERAGE ACQUISITION DEBT		21,532.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

NEXUS-PATH FAMILY HEALING 91-2159746

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 3
AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
RENTAL INCOME	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		574,252.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		562,902.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		568,577.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
RENTAL EXPENSES				
DEPRECIATION		11,350.		
- SUBTOTAL -	1	11,350.	1.00	11,350.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				11,350.

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

2025 DEPRECIATION AND AMORTIZATION REPORT

RENTAL INCOME A DEBT 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000	HY	16									
	* TOTAL 990-T SCH E DEPR						0.				0.	0.		0.	0.

528111 04-01-25

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

2025 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - NEXUS-PATH FAMILY HEALING

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* TOTAL 990-T SCH E DEPR					0.		0.	0.	0.		0.

528102 04-01-25

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Docusign Envelope ID: 89A44824-C750-8BF8-8056-63BC2DCC9145

2026 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - NEXUS-PATH FAMILY HEALING

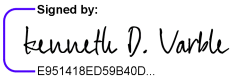
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation

Certificate Of Completion

Envelope Id: 89A44824-C750-8BF8-8056-63BC2DCC9145
Status: Completed
Subject: Exempt Return for Nexus-PATH Family Healing B121248 12.31.2025
Client Name: Nexus-PATH Family Healing
Client Number: B121248
Source Envelope:
Document Pages: 121
Signatures: 6
Envelope Originator:
Supplemental Document Pages: 61
Initials: 1
CLA Operations (Dawn Schwarz)
Certificate Pages: 5
AutoNav: Enabled
220 S 6th St Ste 300
EnvelopeId Stamping: Enabled
Minneapolis, MN 55402-1418
Time Zone: (UTC-06:00) Central Time (US & Canada)
Dawn.Schwarz@claconnect.com
IP Address: 20.88.153.176

Record Tracking

Status: Original
10/29/2026 1:47:13 PM
Holder: CLA Operations (Dawn Schwarz)
Dawn.Schwarz@claconnect.com
Location: DocuSign

Signer Events	Signature	Timestamp
Kenneth D. Varble kvarble@nexusfamilyhealing.org Chief Financial Officer Security Level: Email, Account Authentication (None), Access Code	Signed by:  E951418ED59B40D... Signature Adoption: Pre-selected Style Using IP Address: 206.246.160.178	Sent: 10/29/2026 2:53:16 PM Viewed: 10/30/2026 10:46:39 AM Signed: 10/30/2026 10:47:03 AM

Electronic Record and Signature Disclosure:
Accepted: 10/30/2026 10:46:39 AM
ID: 006cf022-f313-4739-b4fd-d3b820dcf52d

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Lee, Nick Nick.Lee@claconnect.com Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 10/30/2026 10:47:06 AM
Neil, Ann M. Ann.Neil@claconnect.com CLA Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 10/30/2026 10:47:06 AM

Carbon Copy Events	Status	Timestamp
Robb Peterson RPeterson@nexusfamilyhealing.org Security Level: Email, Account Authentication (None), Access Code **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 10/30/2026 10:47:06 AM
Tingley, Jennifer M. Jennifer.Tingley@claconnect.com Principal, CPA Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 4/22/2025 8:40:34 AM ID: b563bbe5-31bf-452c-bc53-1c561370775e	COPIED	Sent: 10/30/2026 10:47:06 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/29/2026 2:53:16 PM
Certified Delivered	Security Checked	10/30/2026 10:46:39 AM
Signing Complete	Security Checked	10/30/2026 10:47:03 AM
Completed	Security Checked	10/30/2026 10:47:06 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, CliftonLarsonAllen LLP (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact CliftonLarsonAllen LLP:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: BusinessTechnology@CLAconnect.com

To advise CliftonLarsonAllen LLP of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at BusinessTechnology@CLAconnect.com and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from CliftonLarsonAllen LLP

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with CliftonLarsonAllen LLP

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify CliftonLarsonAllen LLP as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CliftonLarsonAllen LLP during the course of your relationship with CliftonLarsonAllen LLP.