efile	e Pu	ıblic Visı	ual Render	ObjectId: 2023121	99349300231 - Su	bmissio	on: 2023-08	-07	TI	N: 41-1322769
	00	20	Re	turn of Organiz	ation Exempt	From	Income	Tax	C	OMB No. 1545-0047
Form S	92	90	Under section	501(c), 527, or 4947(a)	• (1) of the Internal Reve	enue Cod	e (except priv	ate foundatio	ns)	2020
 Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. 										Open to Public
			►G	io to <u>www.irs.gov/Forn</u>	<u>1990</u> for instructions	and the l	atest inform	ation.		Inspection
A Fo	or th	ne 2020 ca		or tax year beginning 11	-01-2020 , and endi	ing 10-3:	1-2021			
_		applicable:	C Name of organiz MINNESOTA HU	zation				D Employer	identif	ication number
		change hange						41-13227	69	
🔾 Ini		-	Doing business	as						
_		rn/terminated				1		E Telephone	number	
		ed return ion pending	Number and str 987 IVY AVENU	eet (or P.O. box if mail is not o E EAST	delivered to street address)	Room/sui	te	(651) 774	-0105	
			City or town, st	ate or province, country, and 2	ZIP or foreign postal code			()		
			ST PAUL, MN 5	55106				G Gross rece	ipts \$ 14	4,832,976
			F Name and a KEVIN LINDSE	ddress of principal officer	:		H(a) Is this	a group retu	rn for	
			987 IVY AVENU	JE EAST				dinates?		🗆 Yes 🗹 No
T Tay		mot status	ST PAUL, MN	55106		_	H(b) Are an include	subordinates ed?)	□ Yes □No
I Tax-exempt status			✓ 501(c)(3)	— 501(c) () ◀ (insert no.		," attach a list	•			
JW	ebsi	te: 🕨 WW	W.MNHUM.ORG				Group	exemption n	umber	•
K Form	n of o	organization:	Corporation	Trust Association	Other 🕨		L Year of forma		1 State	of legal domicile:
Pa	art I	Sumi	mary							
	1	Briefly des	cribe the organi	zation's mission or most s						
Ce		CONDUCTS	S AND SUPPORT	S CULTURAL AND EDUCAT	IONAL PROGRAMS THR	OUGHOU	T MINNESOTA.			
nan										
ven	_		- h • •							
Governance	3		s box 🕨 🗌 of voting membe	ers of the governing body	(Part VI, line 1a)				3	20
× S	4	Number of independent voting members of the governing body (Part VI, line 1b) \ldots								20
Activities &	5	Total num	ber of individua	ls employed in calendar y	ear 2020 (Part V, line 2a	a)			5	37
otiv	6	Total num	ber of volunteer		•	6	36			
Ă				revenue from Part VIII, col					7a	0
	b	Net unrela	ated business ta	xable income from Form 9	990-T, line 39 . . .				7b	0
	_						Prie	or Year	_	Current Year
en			2	(Part VIII, line 1h)		•		2,000,38	-	14,516,491
Revenue				(Part VIII, line 2g) VIII, column (A), lines 3, ²		•		215,90 80,93	_	264,642 51,843
å			-	column (A), lines 5, 6d, 80		•		-38,24	_	0
				8 through 11 (must equal		ne 12)		2,258,98		14,832,976
				nts paid (Part IX, column (-		2,048,33	5	2,485,665
				embers (Part IX, column (A					0	0
8	15	Salaries,	other compensa	tion, employee benefits (F	Part IX, column (A), lines	s 5–10)		2,486,21	7	2,573,625
nse	16a	a Professio	nal fundraising f	ees (Part IX, column (A),	ine 11e)				0	0
Exp enses	b	Total fundra	aising expenses (P	Part IX, column (D), line 25) 🕨	176,892					
'n	17	Other exp	oenses (Part IX,	column (A), lines 11a-11c	•			0	3,199,733	
				13–17 (must equal Part I)				4,534,55	2	8,259,023
	19	Revenue	less expenses. S	Subtract line 18 from line :	12	• •		-2,275,57	-	6,573,953
t Assets or d Balances						Beginning	of Current Yea	r	End of Year	
sset	20	Total asse	ets (Part X, line 1	16)				15,490,89	9	22,466,509
at A: Nd B				e 26)				495,28	7	1,496,894
Net A Fund	22	Net asset	s or fund balanc	es. Subtract line 21 from	line 20			14,995,61	2	20,969,615
Pa	rt II	Signa	ature 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.

ITS OUR PROGRAMMING V	SUITE 800 07 wn above? (see parate instruct Accomplishmet of any CENTER) IS AN IGING PEOPLE T E HUMANITIES UNDATIONS, IN DVIDES HUMANI UMEROUS ORC UMEROUS ORC DFOOGRAM SERVICE 0 0 0 0 0 0 0 0 0 0 0 0 0	e instructions) tions. Page 2 nents / line in this Part N INDEPENDENT TOGETHER TO II CENTER COMES NDIVIDUALS, AN ITTIES-BASED PF GANIZATIONS TH ELATIONSHIP-B DF PEOPLE AND O es during the yea for each of its th report the amou	III	3-07-20 Cat. N Cat.	RGANIZATIO NDING AND S AL ENDOWME D FROM FEES OPMENT SEES IGFUL AND EI HUMANITIES HAVE BEEN I ted on	41-1647057 1) 227-669 1) 227-67 1) 227-67 1) 227-67 1) 227-67 1) 227-67	5 Yes No Form 990 (2 Pa SSION IS TO ANGE. FINANCIA HE HUMANITIES, FERENCE CENTER SCHOOLS AND PUBLIC HUMANIT MING IS FOCUS
and title eparer's name MAHONEY ULBRICH C SAINT PAUL, MN 551 Mith the preparer sho Ct Notice, see the see the see Ct Notice, see the see t	HRISTIANSEN & R SUITE 800 07 wn above? (see Darate instruct Accomplishm e or note to any CENTER) IS AN IGING PEOPLE T E HUMANITIES UNDATIONS, IN DVIDES HUMANI VUMEROUS ORC NESOTA. ITS RI EXPERIENCES O Drogram service La of a significant cha complishments f are required to eported. 6,926,304 in ER (MHC) IS TO CC	e instructions) tions. Page 2 nents / line in this Part N INDEPENDENT TOGETHER TO II CENTER COMES NDIVIDUALS, AN ITTIES-BASED PF GANIZATIONS TH ELATIONSHIP-B DF PEOPLE AND O es during the yea for each of its th report the amou	III	3-07-20 Cat. N Cat.	self-emploved Firm's EIN P Phone no. (65 Io. 11282Y RGANIZATIO NDING AND S AL ENDOWME PROM FEES OPMENT SER HUMANITIES HAVE BEEN I HUMANITIES HAVE BEEN I Ted on 	P005445: 41-1647057 (1) 227-669: 	7 5 Yes □ No Form 990 (2 Pa SSION IS TO ANGE. FINANCIAI HE HUMANITIES, FERENCE CENTER SCHOOLS AND PUBLIC HUMANIT MMING IS FOCUS AND MARGINALIZ □ Yes ☑ No
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4e Total program service expenses►

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4e	Total program service expenses 7,247,084			
		F	orm 99	0 (2020)
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Form	990 (2020)			D
	rt IV Checklist of Required Schedules			Page 3
			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 \mathfrak{B} .	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗐	2	Yes	
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		No
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	Yes	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🗐.	5		No
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? <i>If "Yes," complete Schedule D</i> , Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🔞	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i> ⁵⁰	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 😼	11b		No
	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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗐	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐒	11e		No
	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🗐	12a	Yes	
	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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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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

Form 990 (2020)

Yes

21

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	990	(2020)

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Pa	rt IV Checklist of Required Schedules (continued)			1
			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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$	24b		
с	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? \ldots .	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L</i> , Part I	25b		No
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		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🕺	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance	•		
	Check if Schedule O contains a response or note to any line in this Part V			

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicableI1a Ihttps://projects.propublica.org/nonprofits/organizations/411322769/202312199349300231/full

Yes

379

No

		4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O \ldots	3b		
	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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	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		No
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).			
а	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	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 h	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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.			
а	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			

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c	Enter the amount of reserves on hand		13c		1 1		
	Did the organization receive any payments for indoor	tanning services during the tax ve			14a		No
	If "Yes," has it filed a Form 720 to report these payme				14b		NO
	Is the organization subject to the section 4960 tax on						
10	If "Yes," see instructions and file Form 4720, Schedule			· · · · · · · ·	15		No
16	Is the organization an educational institution subject t If "Yes," complete Form 4720, Schedule O.	o the section 4968 excise tax on n	net inve	estment income?	16		No
					F	orm 99	0 (2020
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		Page 6					
F	000 (2020)						
	990 (2020)						Page
Par	t VI Governance, Management, and Disclosure 8a, 8b, or 10b below, describe the circumstance Check if Schedule O contains a response or note	es, processes, or changes in Sched	lule O.	See instructions.	-		lines
Se	ction 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	20)		
	If there are material differences in voting rights amon body, or if the governing body delegated broad author similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line a	a, above, who are independent	1b	20)		
2	Did any officer, director, trustee, or key employee hav officer, director, trustee, or key employee?	e a family relationship or a busine	ss relat	ionship with any other	2		No
3	Did the organization delegate control over manageme of officers, directors or trustees, or key employees to				¹ 3		No
4	Did the organization make any significant changes to	ts governing documents since the	prior F	orm 990 was filed?	4		No
5	Did the organization become aware during the year of	a significant diversion of the orga	nizatio	n's assets? .	5	Yes	
6	Did the organization have members or stockholders?				6		No
7a	Did the organization have members, stockholders, or members of the governing body?			t or appoint one or more	7a		No
b	Are any governance decisions of the organization rese persons other than the governing body?	rved to (or subject to approval by) meml		7b		No
8	Did the organization contemporaneously document the the following:	e meetings held or written actions	undert	aken during the year by			
а	The governing body?				8a	Yes	
b	Each committee with authority to act on behalf of the	governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee organization's mailing address? If "Yes," provide the n				9		No
Se	ction B. Policies (This Section B requests infor	mation about policies not requ	uired b	v the Internal Revenu	ie Code	e.)	
	· · ·			*		Yes	No
10a	Did the organization have local chapters, branches, or	affiliates?			10a		No
b	If "Yes," did the organization have written policies and and branches to ensure their operations are consisten				10b		
11a	Has the organization provided a complete copy of this form?	Form 990 to all members of its go			11a	Yes	
b	Describe in Schedule O the process, if any, used by th	e organization to review this Form	990.				
12a	Did the organization have a written conflict of interest	policy? If "No," go to line 13 .			12a	Yes	
b	Were officers, directors, or trustees, and key employe conflicts?				12b	Yes	
c	Did the organization regularly and consistently monitor Schedule O how this was done	r and enforce compliance with the	policy	? If "Yes," describe in	12c	Yes	
13	Did the organization have a written whistleblower poli				13	Yes	
14	Did the organization have a written document retention	•			14	Yes	
15	Did the process for determining compensation of the f persons, comparability data, and contemporaneous su	ollowing persons include a review	and ap	proval by independent			

- 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?
 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

15a

15b

16a

Yes

Yes

No

(1) KRISTIN WHITE CHAIR

(2) LES HEENS

VICE CHAIR

(3) BRIAN STEEVES

TREASURER

(4) TRUDY OHNSORG

SECRETARY

(5) NKEM CHIRPICH

(6) WILL COOLEY

..... DIRECTOR

(7) DAVID DAYHOFF

(8) ALI ELHASSAN

DIRECTOR

DIRECTOR

.....

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	status with respect to such arrangements								b
S	ection C. Disclosure								
17	List the states with which a copy of this F	orm 990 is requi	ired to b	be filed	•	MN			
18	Section 6104 requires an organization to only) available for public inspection. Indic							01(c)(3)s	
	🗹 Own website 🛛 Another's website	e 🗹 Upon rec	uest	Oth	her (e	xplain in S	Schedule O)		
19	Describe in Schedule O whether (and if so policy, and financial statements available					verning d	ocuments, conflict o	of interest	
20	State the name, address, and telephone I ABY JOHN 987 IVY AVENUE EAST SA	d records:							
			-	-					Form 990 (202
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orn	n 990 (2020)								Page
Pa	rt VII Compensation of Officers, I	Directors,Tru	stees,	Key	Empl	oyees,	Highest Compe	nsated Employ	
	and Independent Contracto								_
	Check if Schedule O contains a res		o any lin	ne in th	nis Par	t VII .			🗆
S									
a (ear		to be listed. Rep	ort comp	pensati	d Hig tion for	r the cale	ndar year ending wi	th or within the or	
a C ear f cc	complete this table for all persons required	to be listed. Rep rs, directors, tru and (F) if no co nployees, if any. compensated er	ort comp stees (w mpensat See inst nployees	pensati vhether tion wa truction s (othe	d Hig tion for tindiv as paid ons for er thar	r the caler iduals or 1. definition n an office	ndar year ending wi organizations), rega of "key employee.' r, director, trustee o	th or within the or ardless of amount , or key employee)	
a Cear f cc ho rga	complete this table for all persons required to List all of the organization's current office mpensation. Enter -0- in columns (D), (E), List all of the organization's current key en List the organization's five current highest received reportable compensation (Box 5 o	to be listed. Rep rs, directors, tru and (F) if no con pployees, if any. compensated er f Form W-2 and/ , key employees	ort comp stees (w mpensat See inst nployees for Box 7 s, or high	pensati vhether tion wa truction s (othe 7 of Fo hest co	d Hig tion for r indivas paid ons for er thar orm 10	r the caler iduals or J. definition n an office 199-MISC)	ndar year ending wi organizations), rega of "key employee.' r, director, trustee o of more than \$100	th or within the or ardless of amount , or key employee) 1,000 from the	ganization's tax
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la (vear of co vho orga of re orga See	implete this table for all persons required to List all of the organization's current office impensation. Enter -0- in columns (D), (E), List all of the organization's current key en List the organization's five current highest received reportable compensation (Box 5 o nization and any related organizations. List all of the organization's former officers portable compensation from the organization List all of the organization's former directo nization, more than \$10,000 of reportable	to be listed. Rep rs, directors, tru and (F) if no con poloyees, if any. compensated er f Form W-2 and/ , key employees on and any relate or or trustees compensation fro e persons above.	ort comp stees (w mpensat See inst nployees for Box 7 s, or high ed orgar that rec om the c	pensati vhethen tion wa truction s (othe 7 of Fo hest conization ceived, organiz	d Hig cion for r indiv as paid ons for er thar orm 10 ompen ns. , in the zation	r the caler riduals or d. definition n an office 199-MISC) asated em e capacity and any r	ndar year ending wi organizations), rega of "key employee." r, director, trustee o of more than \$100 ployees who receive as a former directo elated organizations	th or within the or ardless of amount or key employee) ,000 from the ed more than \$100 r or trustee of the S.	ganization's tax 0,000

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DIRECTOR							
(9) REBECCA EVAN DIRECTOR	1.00	х			0	0	0
(10) PATRICK HENRY DIRECTOR	1.00	х			0	0	0
(11) ANNAMARIE HILL DIRECTOR	1.00	х			0	0	0
(12) NICHOLAS JENKINS DIRECTOR	1.00	х			0	0	0
(13) JACQUELINE JOHNSON DIRECTOR	1.00	х			0	0	0
(14) ATHENA KILDEGAARD DIRECTOR	1.00	х			0	0	0
(15) LYNNE LEAF DIRECTOR	1.00	х			0	0	0
(16) BRYAN JUNG DIRECTOR	1.00	х			0	0	0
(17) JOSHUA NEY DIRECTOR	1.00	х			0	0	0

Form 990 (2020)

Page 8 -----

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

Form 990 (2020) Part VII Sec

Page **8**

(A) Name and title	(B) Average hours per week (list any hours	pers	an òn on is	e bo botł	t che x, u n an	eck m nless office ustee)	er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations
(18) ANITA PATEL	1.00	Х						0	0	0
DIRECTOR										
(19) SYLVIA STROBEL	1.00	х						0	0	0
DIRECTOR	•••••	^						Ű	,	,
(20) KIM SCHAUFENBUEL	1.00	х						0	0	0
DIRECTOR		^						0	0	0
(21) CHRISTINE WOLF	1.00	V								
DIRECTOR		×						0	0	0
(22) TZIANENA VANG	1.00									
DIRECTOR								0	0	0
(23) REBECCA PETERSON	1.00									
DIRECTOR	1.00	×						0	0	0
(24) SHEILA TABAKA	1.00									
DIRECTOR	1.00	Х						0	0	0
(25) JESSICA O'BRIEN	1.00									
DIRECTOR	1.00	х						0	0	0
(26) ALEXANDRA SICLAIT										
DIRECTOR	1.00	х						0	0	0
(27) KEVIN LINDSEY	45.00						<u> </u>			

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CHIEF EXECUTIVE OFFICER	45.00			х			185,8	50	0		34,994
(28) MAYKAO FREDEERICKS	45.00			x			110,3	85	0		28,957
CHIEF HUMANITIES OFFICER (29) ABY JOHN				~			110,0		-		20,507
CHIEF OPERATING OFFICER			:	x			105,2	:69	0		28,548
(30) CAROL AEGERTER	45.00				v		107.4		_		
DIRECTOR-BLDG RENOVATION / FMR COO					х		137,4		0		11,463
(31) ROSE MCGEE	45.00				x		111,2	210	0		11,835
PROGRAM OFFICER (32) CASSANDRA DEMARAIS	_							-	_		
DIR OF STRATEGIC PTNRSHPS					х		109,6	600	0		12,089
1b Sub-Total			• •								
c Total from continuation sheets to Part d Total (add lines 1b and 1c)			• •				759,791	C			127,886
2 Total number of individuals (including b	ut not limited to t			ove)	who red	ceived mo	ore than \$1	.00,000			
of reportable compensation from the or	ganization 🕨 6										
								F		Yes	No
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J fi			key em	iploy	ee, or h	ighest co	mpensated	employee on	3		No
 For any individual listed on line 1a, is th 			pensat	ion a	and othe	er comper	sation fror	n the	3		No
organization and related organizations of individual											
		•••		•	• •	•••	•••		4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?I	•								5		No
Section B. Independent Contractor	rs								-		
1 Complete this table for your five highes from the organization. Report compensations	t compensated in	depend	ent cor	ntrac	tors that	t received	more than	n \$100,000 of com	pens	ation	
	(A)	iuai yea		ng w				(B)		(0	
Name and INNOCENT TECHNOLOGIES	l business address							cription of services CONSULTANT & PROG	RAM	Comper	1sation 356,250
275 MARKET ST SUITE 280							FEES				
MINNEAPOLIS, MN 55405 AKINTUNDE PRODUCTIONS							SCHOLAR C	CONSULTANT AND FIL	м		235,000
3817 S 186TH AVE							PRODUCTIO				200,000
OMAHA, NE 68130								CONSULTANT			199,000
TOMMY WATSON, 10130 MALLARD CREED RD SUITE 300 CHARLOTTE, NC 28262							SCHULAR C	ONSULIANT			199,000
ELEANOR TOOMBS COLEMAN DBA COLEMAN CONS								ANAGEMENT SERVICE	S-		155,000
2313 RIVER POINTE CIRCLE							OPS PROJE	СТ			
MINNEAPOLIS, MN 554114279 THE POWER OF PEOPLE CONSULTING GROUP							SCHOLAR C	CONSULTANT			123,000
600 18TH AVE SUITE 1											
MINNEAPOLIS, MN 55411 2 Total number of independent contractors	including but not	limited	to tho	se lis	sted abo	ve) who i	received m	ore than \$100.000	of		
compensation from the organization \triangleright 5	<u> </u>					-, -					a (2020)
									1	-0111 99	0 (2020)
			Page	9 -							
Form 990 (2020)											Page 9
Part VIII Statement of Revenue											Tuge 2
Check if Schedule O contains a	response or note	to any	line in		Part VII						
			Tota	(A) l rev	enue		B) ted or	(C) Unrelated		(D) Rever	
							empt ction	business revenue		excludec x under	l from sections
derated campaigns . 1a							enue		1	512 -	
sterated campaigns 1a											
An											
g indraising events 1c											
ś.											

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Contribution	Vernment grants (contr 12,480,761 Al other contributions, gif above	fts, grants,	1d 1e 1f				
g	2,035,730 Noncash contributions inc lines 1a - 1f:\$	luded in	1g				
h	1,892,151 Total. Add lines 1a-1f			14,516,491			
-				Business Code			
1	2a PROGRAM INCOME			611600	179,746	179,746	
	CONFERENCE CENTER	R RENTAL		611600	68,066	68,066	
	: OTHER			900099	16,830	16,830	
	E						
-	 f All other program g Total. Add lines 2 			264,642			
	3 Investment income						
	similar amounts) . 4 Income from invest 5 Royalties	• •		▶	51,843		51,843
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income	or (loss)		· · · •			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other	7a					
	 than inventory Less: cost or other basis and sales expenses 	7Ь					
	c Gain or (loss)	7c					
	d Net gain or (loss)	• •		🕨			
Other Devenue	 Gross income from fu (not including \$ contributions reported See Part IV, line 18 b Less: direct expen c Net income or (los 	d on line 10	of :). 8a 8b	nts			
C	 Gross income from 9 See Part IV, line 19 b Less: direct expen c Net income or (los 	ses .	· 9a 9b	s			
	10a Gross sales of inver returns and allowa b Less: cost of good	entory, les inces .	55 • 10 a				

Miscellaneous Revenue	Business Code				
11a					
b					
	<u> </u>				
c					
d All other revenue	1				
e Total. Add lines 11a–11d					
12 Total revenue. See instructions	· · · ►	14,832,976	264,642	0	51,84

)

Page 10 -

Form 990 (2020)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete col	umn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			🗹
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	2,455,665	2,455,665		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	30,000	30,000		
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	494,004	187,138	262,697	44,169
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	1,476,009	1,203,577	215,615	56,817
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	106,266	87,077	15,133	4,056
9 Other employee benefits	355,812	278,956	59,740	17,116
10 Payroll taxes	141,534	94,007	41,085	6,442
11 Fees for services (non-employees):				
a Management				
b Legal	15,847	1,018		14,829
c Accounting	19,800		19,800	
d Lobbying	66,200		66,200	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees			Γ	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,614,196	2,535,214	73,428	5,554
12 Advertising and promotion	116,098	110,463	4,753	882
13 Office expenses	71,729	56,834	11,504	3,391
14 Information technology				
15 Royalties				
16 Occupancy	41,582	32,873	6,578	2,131
17 Travel	7,901	5,982	1,677	242
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	10,455	1,152	8,354	949

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21 Payments to affiliates		1	1	
22 Depreciation, depletion, and amortization	102,642	86,614	9,002	7,026
23 Insurance	20,728	17,442	2,528	758
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a EQUIP RENTAL/FURNISHING	37,307	20,380	4,756	12,171
b MEMBERSHIPS AND SUBSCRI	33,708	5,539	28,169	
c FOOD SERVICE/HOUSEKEEPI	15,062	15,062		
d SITE FEES	12,764	12,764		
e All other expenses	13,714	9,327	4,028	359
25 Total functional expenses. Add lines 1 through 24e	8,259,023	7,247,084	835,047	176,892
 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). 				
			For	m 990 (2020)

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------ Page 11 -

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any line in this l	Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			636,728	1	67,116
	2	Savings and temporary cash investments		[246,738	2	272,069
	3	Pledges and grants receivable, net			5,897,514	3	13,608,523
	4	Accounts receivable, net			10,298	4	57,679
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, o ese persons	r 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section $4958(f)(1)$, a				6	
\$	7	Notes and loans receivable, net		[7	
ssets	8	Inventories for sale or use		· • [8	
As	9	Prepaid expenses and deferred charges			23,318	9	10,500
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,922,752			
	b	Less: accumulated depreciation	10b	2,527,666	1,337,351	10c	3,395,086
	11	Investments—publicly traded securities .			7,338,952	11	5,055,536
	12	$\label{eq:linear} Investments-other \ securities. \ See \ Part \ IV, \ line$	11	. [12	
	13	Investments-program-related. See Part IV, line	e11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		[15	
	16	Total assets. Add lines 1 through 15 (must equ	ual line 33)		15,490,899	16	22,466,509
	17	Accounts payable and accrued expenses			431,387	17	1,247,260
	18	Grants payable				18	124,795
	19	Deferred revenue			7,000	19	576
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D			21	
iabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor, or 35% contro	lled entity		22	
Ë	23	Secured mortgages and notes payable to unrela	ated third parties	. F		23	124,263
	24	Unsecured notes and loans payable to unrelated	third parties	F	56,900	24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24		rd parties,		25	

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1	Complete Part X of Schedule D			I
26	Total liabilities. Add lines 17 through 25	495,287	26	1,496,894
nces	Organizations that follow FASB ASC 958, check here 🕨 🗹 and complete lines 27, 28, 32, and 33.			
uele 27	Net assets without donor restrictions	3,291,155	27	2,994,522
8 28	Net assets with donor restrictions	11,704,457	28	17,975,093
Fund	Organizations that do not follow FASB ASC 958, check here \blacktriangleright and complete lines 29 through 33.			
o 29	Capital stock or trust principal, or current funds		29	
6ts	Paid-in or capital surplus, or land, building or equipment fund		30	
SS 31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	14,995,612	32	20,969,615
33 Net	Total liabilities and net assets/fund balances	15,490,899	33	22,466,509
		•		Form 990 (2020)

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Form	990 (2020)				Page 12
Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\checkmark
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14	,832,976
2	Total expenses (must equal Part IX, column (A), line 25)	2			,259,023
3	Revenue less expenses. Subtract line 2 from line 1	3		6	,573,953
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		14	,995,612
5	Net unrealized gains (losses) on investments	5			-25,267
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 in Schedule O)	9			-574,683
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		20	,969,615
Pa	TXII 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 in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	ngle	3a	Yes	
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 in Schedule O and describe any steps taken to undergo such audits.	red	Зb	Yes	
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Form 990 (2020)

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Constal Condition Description

efil	e Put	olic Visual	Render	ObjectId: 2	20231219934930	0231 - Submi	ssion: 2023-	08-07	TIN: 41-1322769
SC	HED	ULE A		Public (Charity Statu	s and Pub	lic Supp	ort	OMB No. 1545-0047
		or 990EZ)	Con		rganization is a sect				2020
Depart	ment of th	ne Treasury			4947(a)(1) nonexe Attach to Form	mpt charitable	trust.		
		e Service	•	Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in			ormation.	Open to Public
Nam	e of th	ne organiza	tion					Employer identif	Inspection ication number
		IUMANITIES C						41-1322769	
Pa	rt I	Reason	for Public	Charity Stat	us (All organization	s must comple	te this part.) S		
					e it is: (For lines 1 thro				
1		A church, c	onvention of	churches, or as	sociation of churches	described in sect	tion 170(b)(1)	(A)(i).	
2		A school de	escribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)		
3		A hospital of	or a cooperat	ive hospital serv	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	bed in section 1	L70(b)(1)(A)(iii).	Enter the hospital's
5				d for the benefi mplete Part II.)	t of a college or univer	rsity owned or op	erated by a gov	ernmental unit desc	ribed in section
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).	
7	\checkmark			mally receives (vi). (Complete		s support from a	governmental u	nit or from the gene	eral public described in
8					n 170(b)(1)(A)(vi).	(Complete Part II	ſ.)		
9									ollege or university or a
10	\square		5		ee instructions. Enter (1) more than 331/3%				
		from activit investment	ies related to income and	o its exempt fur unrelated busin	ictions—subject to cert	tain exceptions, a	and (2) no more	than 331/3% of its	
11		An organiza	ation organize	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more public	cly supported	organizations of		09(a)(1) or sec	tion 509(a)(2). See section 509	the purposes of one or (a)(3). Check the box
а		Type I. A son organizatio	supporting or n(s) the pow	ganization oper	ated, supervised, or composite a majo	ontrolled by its s	upported organiz	zation(s), typically b	y giving the supported ganization. You must
b		Type II. A manageme	supporting on supporting on sup	rganization sup	ervised or controlled in ation vested in the sar				
с		Type III f	unctionally	integrated. A s	supporting organizatio ions). You must com				rated with, its
d		functionally	integrated.	The organizatio	d. A supporting organi n generally must satis rt IV, Sections A and	fy a distribution r	equirement and		anization(s) that is not quirement (see
е		Check this	box if the org	anization receiv	ved a written determir integrated supporting	ation from the II		pe I, Type II, Type I	II functionally
f	Enter	5 1	<i>,</i> ,	,		5			
g				on about the su	upported organization(
	(i) N	lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	
						Yes	Νο		
Tota	I								
		vork Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 11285	if s	Schedule A (Form	990 or 990-EZ) 2020
FOIL	1 990	01 990-22.							
					Pa	ge 2			
Sche	۸ ملیل	(Form 000 o	r 990-EZ) 20	120					D 3
	rt II				ations Described	in Sections 1	70(b)(1)(A)	(iv) and 170(h)	Page 2
		(Comple If the o	ete only if y rganization	ou checked th		or 8 of Part I c	or if the organi	zation failed to qu	Jalify under Part III.
	ection	A. Public	Support			1			
					- / / / / / / / / / / / / / / / / / / /	0004000004/5		-	

 (or fiscal year beginning in) ► (a) 20. 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") 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. 	16 8,223,962 8,223,962		(c) 2018 9,348,471 9,348,471	(d) 2019 2,000,385 2,000,385	(e) 2020 1,831,339 1,831,339	(f) Total 35,414,090 35,414,090
 membership fees received. (Do not include any "unusual grant."). 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 						
 organization's benefit and either paid to or expended on its behalf 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 	8,223,962	14,009,933	9,348,471	2,000,385	1,831,339	35 414 000
 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 	8,223,962	14,009,933	9,348,471	2,000,385	1,831,339	35 414 000
 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 	8,223,962	14,009,933	9,348,471	2,000,385	1,831,339	35 414 000
 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 	8,223,962	14,009,933	9,348,471	2,000,385	1,831,339	35 414 000
 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 	8,223,962	14,009,933	9,348,471	2,000,385	1,831,339	25 /1/ 000
 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 						22,414,090
 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 						
 line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 						1
amount shown on line 11, column (f) 6 Public support. Subtract line 5						13,774,125
						1
						21,639,965
Section B. Total Support						
Calendar year (or fiscal year beginning in) (a) 20	16	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	8,223,962	14,009,933	9,348,471	2,000,385	1,831,339	35,414,090
8 Gross income from interest, dividends, payments received on	24.676	64 F6F	100.074	00.000		204.027
securities loans, rents, royalties and	31,676	64,565	100,274	80,936	26,576	304,027
income from similar sources 9 Net income from unrelated business						
activities, whether or not the						1
business is regularly carried on 10 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.).						1
11 Total support. Add lines 7 through						35,718,117
10 12 Gross receipts from related activities, etc. (se	o instructi	one)				
 Gross receipts from related activities, etc. (se First 5 years. If the Form 990 is for the orga 					12	1,644,951
this box and stop here				•		ization, check
Section C. Computation of Public Supp						
14 Public support percentage for 2020 (line 6, co			column (f))		14	60.590 %
15 Public support percentage for 2019 Schedule	A, Part II,	line 14			15	65.160 %
16a 33 1/3% support test-2020. If the organiz	ation did i	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this l	
and stop here. The organization qualifies as						
b 33 1/3% support test-2019. If the organi						
box and stop here. The organization qualifie 17a 10%-facts-and-circumstances test—2020						🕨 🗆
is 10% or more, and if the organization meets	s the "fact	s-and-circumstanc	es" test, check thi	s box and stop he	ere. Explain	
in Part VI how the organization meets the "fac			-			
organization						▶□
15 is 10% or more, and if the organization m	neets the '	'facts-and-circums	tances" test, checl	k this box and sto	p here.	
Explain in Part VI how the organization meet			•	•	. ,	► 🗆
supported organization						🕨 🗆
instructions						► 🗆
				Schedu	le A (Form 990 c	r 990-EZ) 2020
		Page 3				
Schedule A (Form 990 or 990-EZ) 2020						Page 3
Part III Support Schedule for Org	anizatio	ne Described i	n Soction E00/	(-)(-)		

(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.)

Se	ection A. Public Support						
	endar year fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						

6/5/24	, 10:49 AM	Minneso	ta Humanities Ce	nter - Full Filing-	Nonprofit Explorer	- ProPublica			
	under section 513								
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								
6	the organization without charge Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
c	13 for the year. Add lines 7a and 7b.								
8	Public support. (Subtract line 7c								
	from line 6.)								
_	ction B. Total Support	1		1					
	ndar year ïscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources.								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,			1					
	1975.								
с 11	Add lines 10a and 10b. Net income from unrelated business								
11	activities not included in line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								,
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
15	11, and 12.).								
14	First 5 years. If the Form 990 is for t	-			-		-		_
	check this box and stop here								
	check this box and stop here	· · · · · · · ·	<u></u>						
	ction C. Computation of Public	Support Perce	entage						
15	ction C. Computation of Public Public support percentage for 2020 (lir	Support Perce ne 8, column (f) d	entage livided by line 13,	, column (f))		15			
15 16	ction C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 S	Support Perce ne 8, column (f) d Schedule A, Part I	entage livided by line 13, II, line 15	, column (f))					
15 16 Se	ction C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 S ction D. Computation of Invest	Support Perce ne 8, column (f) d Schedule A, Part I ment Income	ivided by line 13, II, line 15 Percentage	, column (f)) . .		15 16			
15 16 Se 17	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 202	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colu	ivided by line 13, II, line 15 Percentage mn (f) divided by	, column (f))	(f))	15 16 17			
15 16 Se 17 18	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colu 019 Schedule A,	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	. column (f)) 	(f))	15 16 17 18			
15 16 Se 17 18 19a	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the computation	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colu 019 Schedule A, organization did n	Invided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box	column (f))	(f))	15 16 17 18 an 33 1/3%, and	line 17	is not	
15 16 5e 17 18 19a	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colu 019 Schedule A, organization did n stop here. The or	Invided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualifi	column (f))	(f))	15 16 17 18 an 33 1/3%, and ation	line 17	is not	
15 16 5e 17 18 19a	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the onore than 33 1/3%, check this box and s	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colu 019 Schedule A, organization did n stop here. The or e organization did	II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualifi not check a box	r column (f))	(f))	15 16 17 18 an 33 1/3%, and ation is more than 33	line 17 ▶ 3 1/3% a	is not nd line	
15 16 5e 17 18 19a	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 203 331/3% support tests—2020. If the onore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colui 019 Schedule A, organization did n stop here. The or e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualifi not check a box The organization	column (f))	(f))	15 16 17 18 an 33 1/3%, and ation is more than 33 rganization	line 17 3 1/3% a	is not	
15 16 Se 17 18 19a b	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2020. If the on ore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colui 019 Schedule A, organization did n stop here. The or e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualifi not check a box The organization	column (f))	(f))	15 16 17 18 an 33 1/3%, and ation is more than 33 rganization	line 17 1/3% a 	is not Ind line	18 is
15 16 Se 17 18 19a b	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2020. If the on ore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colui 019 Schedule A, organization did n stop here. The or e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualifi not check a box The organization	column (f))	(f))	15 16 17 18 an 33 1/3%, and ation is more than 33 rganization e instructions .	line 17 1/3% a 	is not Ind line	18 is
15 16 Se 17 18 19a b	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2020. If the on ore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colui 019 Schedule A, organization did n stop here. The or e organization did and stop here.	II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualifi not check a box The organization	column (f))	(f))	15 16 17 18 an 33 1/3%, and ation is more than 33 rganization e instructions .	line 17 1/3% a 	is not Ind line	18 is
15 16 Se 17 18 19a b	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 20 331/3% support tests—2020. If the on ore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colui 019 Schedule A, organization did n stop here. The or e organization did and stop here.	Entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualifi not check a box The organization a box on line 14,	column (f))	(f))	15 16 17 18 an 33 1/3%, and ation is more than 33 rganization e instructions .	line 17 1/3% a 	is not Ind line	18 is
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15 16 Se 17 18 19a 5 20	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 203 331/3% support tests—2020. If the of nore than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked a box 12b, of Part I, complete Se	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colur 019 Schedule A, organization did n stop here. The or e organization did and stop here. The or on did not check a s a box on line 12 o ections A and C. If	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualifi not check a box The organization a box on line 14, Page 4	column (f))	(f))	15 16 17 18 an 33 1/3%, and ation is more than 33 rganization re instructions . ule A (Form 99 e Sections A and	line 17 ► 3 //3% aı ► ► 90 or 99	is not Ind line DO-EZ) Purchase	18 is 2020 age 4
15 16 17 18 19a r b 20 Schee Par	ction C. Computation of Public Public support percentage for 2020 (lir Public support percentage from 2019 S ction D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 331/3% support tests—2020. If the one than 33 1/3%, check this box and s 33 1/3% support tests—2019. If the one than 33 1/3%, check this box Private foundation. If the organization Mule A (Form 990 or 990-EZ) 2020 tIV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Section	Support Perce ne 8, column (f) d Schedule A, Part I ment Income 20 (line 10c, colur 019 Schedule A, organization did n stop here. The or e organization did and stop here. The or e organization did and stop here. The or e organization did and stop here. The or e organization did a and stop here. The or e organization did a stop here. The or e organization did a stop here. The organizat	Pertage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . Not check the box rganization qualifi not check a box The organization a box on line 14, Page 4	column (f))	(f))	15 16 17 18 an 33 1/3%, and ation is more than 33 rganization re instructions . ule A (Form 99 e Sections A and	line 17 ► 3 //3% aı ► ► 90 or 99	is not Ind line DO-EZ) Purchase	18 is 2020 age 4
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	determination.	3b	
с	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	
с	to 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	
с	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 (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If</i> " <i>Yes</i> ," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 in 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	
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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).	10a 10b	

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Sche	dule A (Form 990 or 990-EZ) 2020		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		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? <i>If "Yes," explain in Part VI how providing such benefit</i>			
	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 and continuous working relationship with the curported organization(s) or (ii) serving on the governing body of a support of 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 in 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.			

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):
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. b \square
 - **c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

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

2	Activities lest. Answer lines 2a and 2b below.			
2	Activities rest. Answei miles za and zb below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2-		
	, ,	2a		
	b Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

Sche	dule A (Form 990 or 990-EZ) 2020			Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on N tions r	Nov. 20, 1970 (explain in must complete Sections in	P art VI). See 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):	1		
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		

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add lines 1a, 1b, and 1c)	1d		
nt claimed for blockage or other factors n in detail in Part VI):			
ion indebtedness applicable to non-exempt use assets	2		
t line 2 from line 1d	3		
eemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see ions).	4		
ue of non-exempt-use assets (subtract line 4 from line 3)	5		
line 5 by 0.035	6		
ies of prior-year distributions	7		
Im Asset Amount (add line 7 to line 6)	8		
n C - Distributable Amount			Current Year
d net income for prior year (from Section A, line 8, Column A)	1		
5% of line 1	2		
m asset amount for prior year (from Section B, line 8, Column A)	3		
reater of line 2 or line 3	4		
tax imposed in prior year	5		
utable Amount. Subtract line 5 from line 4, unless subject to emergency ary reduction (see instructions)	6		
	In claimed for blockage or other factors in detail in Part VI): ion indebtedness applicable to non-exempt use assets t line 2 from line 1d memed held for exempt use. Enter 0.015 of line 3 (for greater amount, see ions). The of non-exempt-use assets (subtract line 4 from line 3) line 5 by 0.035 The of prior-year distributions The Asset Amount (add line 7 to line 6) In C - Distributable Amount d net income for prior year (from Section A, line 8, Column A) 5% of line 1 In asset amount for prior year (from Section B, line 8, Column A) reater of line 2 or line 3 tax imposed in prior year utable Amount. Subtract line 5 from line 4, unless subject to emergency	Interview (Interview) Interview) Int claimed for blockage or other factors Interview) ion indebtedness applicable to non-exempt use assets 2 t line 2 from line 1d 3 remed held for exempt use. Enter 0.015 of line 3 (for greater amount, see ions). 4 ue of non-exempt-use assets (subtract line 4 from line 3) 5 line 5 by 0.035 6 ries of prior-year distributions 7 Im Asset Amount (add line 7 to line 6) 8 m C - Distributable Amount 1 d net income for prior year (from Section A, line 8, Column A) 1 5% of line 1 2 m asset amount for prior year (from Section B, line 8, Column A) 3 reater of line 2 or line 3 4 tax imposed in prior year 5 utable Amount. Subtract line 5 from line 4, unless subject to emergency 6	Interviewer (a), and each (a), and

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

nued)
Current Year
0
(iii) Distributable Amount for 2020

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	+		
a	Applied to underdistributions of prior years		
Ŀ	 Applied to 2020 distributable amount 		
c	: Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
Ŀ	Excess from 2017		
c	Excess from 2018		
C	Excess from 2019		
e	Excess from 2020		
		Schedule A (F	orm 990 or 990-EZ) (2020)

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Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test			
Return Reference	Explanation		
	Schedule A (Form 990 or 990-EZ) 2020		

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efile Public Visual Ren	der Objectld: 202312199349300231 - Submission: 2023-08-07		TIN: 41-1322769
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No. 1545-0047
or 990-PF) Department of the Treasury Internal Revenue Service	2020		
Name of the organization MINNESOTA HUMANITIES		Employer id	lentification number
		41-1322769	
Organization type (che	eck one):		
Filers of:	Section:		
Form 990 or 990-EZ	□ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation	
	□ 527 political organization		
Form 990-PF	\Box 501(c)(3) exempt private foundation		
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundatio	'n	
	501(c)(3) taxable private foundation		

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization MINNESOTA HIMANITIES CENTER https://projects.propublica.org/nonprofits/organizations/411322769/202312199349300231/full Employer identification number

Part I Contributors	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
RESTRICTED	,	\$ RESTRICTED	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page 3		
Name of or MINNESOT	ganization A HUMANITIES CENTER	Employer identification 41-1322769	Employer identification number 41-1322769		
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		

https://projects.propublica.org/nonprofits/organizations/411322769/202312199349300231/full

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-				\$	
(a) No. from Part I	(b) Description of noncash	ı property given		(C) r estimate) astructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncast			(C) r estimate) astructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash		(C) r estimate) astructions)	(d) Date received	
-					
(a) No. from Part I	(b) Description of noncash property given			(C) or estimate) ostructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash property given			(C) or estimate) istructions)	(d) Date received
-				\$	
				Schedule B (Form	990, 990-EZ, or 990-PF) (2020)
		Page 4			
	B (Form 990, 990-EZ, or 990-PF) (2020)				Page 4
Name of or MINNESOT	rganization A HUMANITIES CENTER			Employer ident 41-1322769	tification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See in: Use duplicate copies of Part III if additional s	ntributor. Complete columns (a) the total of exclusively religious, chastructions.)	rough (e) a	nd the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	tion of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationship	o of transferor to	transferee
(a)					
No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descrip	tion of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	elationshir	o of transferor to	transferee

Additional Data

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Part I	(a) i aibood oi âirt		(0) 000 01 gill	
			(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP 4		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
. =				
	Transferee's name, address, ar	nd ZIP 4	(e) Transfer of gift Relations	ship of transferor to transferee
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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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efile Public Visual	Render		9349300231 - Submission		TIN: 41-1322769 OMB No. 1545-0047				
SCHEDULE C (Form 990 or 990-EZ)	For Orga	-	aign and Lobbying		2020				
Department of the Treasury Internal Revenue Service	► Complete	if the organization is de	scribed below. ►Attach to Fo	orm 990 or Form 990-EZ.	Open to Public Inspection				
If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III.									
Name of the organizat	ion			Employer identi	fication number				
MINNESOTA HUMANITIES	CENTER			41-1322769					
Part I-A Complet	e if the or	ganization is exempt	under section 501(c) or is	a section 527 organiza	ntion.				
"political campaig	n activities")	Ē	ect political campaign activities i	·					
Volunteer nours is			uctions) under section 501(c)(3).						
•			ization under section 4955	► ¢					
		, .	on managers under section 4955	5 > \$					
			Form 4720 for this year?						
-			,,,,,,		Yes No Yes No				
b If "Yes," describe									
			under section 501(c), exc						
	, ,	,	tion for section 527 exempt func						
function activities		-	outed to other organizations for s	> \$					
3 Total exempt func	tion expendi	tures. Add lines 1 and 2. En	ter here and on Form 1120-POL,	, line 17b 🕨 💲					
4 Did the filing orga	nization file	Form 1120-POL for this ye	ear?		🗌 Yes 🗌 No				
organization mad of political contrib	e payments. utions receiv	For each organization listed ved that were promptly and	umber (EIN) of all section 527 p I, enter the amount paid from the directly delivered to a separate p pace is needed, provide informati	e filing organization's funds. A political organization, such as	lso enter the amount				
(a) Name	(1	b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				
1									
2									
3									
4									
5									
6									
For Paperwork Reduction	Act Notice, s	see the instructions for Form	990 or 990-EZ. Ca	t. No. 50084S Schedule C (Fo	orm 990 or 990-EZ) 2020				

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Schedule C (Form 990 or 990-EZ) 2020

Page **2** Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under caction 501/h))

	Section Sol(1).						
A	Check b if the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated g	group member's nam	e, address, EIN,			
В	Check \blacktriangleright if the filing organization checked box i	A and "limited control" provisions apply.					
	Limits on Lobbyin (The term "expenditures" mean	(a) Filing organization's totals	(b) Affiliated group totals				
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)					
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)					
с	Total lobbying expenditures (add lines 1a and 1b)						
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1c and	1 1d)					
f	Lobbying nontaxable amount. Enter the amount from columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:					
	Not over \$500,000	20% of the amount on line 1e.					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.					
	Over \$17,000,000	\$1,000,000.					
				•			
g	Grassroots nontaxable amount (enter 25% of line 1f)					
h	Subtract line 1g from line 1a. If zero or less, enter -	D					
i	Subtract line 1f from line 1c. If zero or less, enter -0						
j	j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting Section 4911 tax for this year?						

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
с	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								
				Schedul	e C (Form 990 c	or 990-EZ) 2020			

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Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		(;	a)	(b)	
activ		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
С	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
е	Publications, or published or broadcast statements?		No		
https:	//projects.propublica.org/nonprofits/organizations/411322769/202312199349300231/full			:	

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https://projects.propublica.org/nonprofits/organizations/411322769/202312199349300231/full	

g	Direct contact with legislators, the	r staffs, government officials, or a legislative body?	Yes			6	6,200
h		conventions, speeches, lectures, or any similar means?		No			
i	Other activities?			No			
j	Total. Add lines 1c through 1i					6	6,200
2a	Did the activities in line 1 cause th	e organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any t	ax incurred under section 4912					
с	If "Yes," enter the amount of any t	ax incurred by organization managers under section 4912					
d	If the filing organization incurred a	section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the org 501(c)(6).	anization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	ion		
				-		Yes	No
1	, ,	e) dues received nondeductible by members?			1		
2	5 ,	house lobbying expenditures of \$2,000 or less?			2		
3	5 5 ,	over lobbying and political expenditures from the prior year?anization is exempt under section 501(c)(4), section 501(c)			3		
1	answered "Yes."	OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	111-A	, line 3	3, is		
2	Section 162(e) nondeductible lobb expenses for which the section	ying and political expenditures (do not include amounts of political 527(f) tax was paid).					
а			2a				
b	, ,		2b				
С			2c				
3		tion $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4	the organization agree to carryove	nt on line 2c exceeds the amount on line 3, what portion of the excess does r to the reasonable estimate of nondeductible lobbying and political	4				
5	Taxable amount of lobbying and po	litical expenditures (see instructions)	5				
Pa	art IV Supplemental Info	rmation					
Pro inst	vide the descriptions required for Pa ructions), and Part II-B, line 1. Also,	rt I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); complete this part for any additional information.	Part II-	A, lines	1 and	1 2 (se	e
	Return Reference	Explanation					
PART	,	THE HUMANITIES CENTER CONTRACTS WITH A LEGISLATIVE COUNSEL TO H THE HUMANITIES AT THE FOREFRONT OF THE LEGISLATURE.	ELP KE	EP THE I	[MPO	RTANCI	E OF

Schedule C (Form 990 or 990EZ) 2020

Additional Data

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		0011101				

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f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			6	56,200
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		No			
j	Total. Add lines 1c through 1i				6	56,200
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	:)(5), o	r sect	ion		
	501(c)(0).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		Ē	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Par				501(c)(6)

efil	e Public Visua	l Render	ObjectId: 2023121	199349300231 - Submission	: 2023-08-0	07	TIN: 41-1322769
SCI	HEDULE D		Supplemen	ntal Financial Statem	onte		OMB No. 1545-0047
(For	m 990)		Complete if the or	ganization answered "Yes," on F 10, 11a, 11b, 11c, 11d, 11e, 11f,	orm 990,		2020
	ment of the Treasury I Revenue Service			Attach to Form 990.			Open to Public
-	me of the organ		do to <u>www.irs.gov/Porn</u>	1990 for instructions and the late			Inspection ification number
	INESOTA HUMANITIE						
Da	rt I Organi	zations Ma	intaining Donor Advi	sed Funds or Other Similar F		1322769	
Γa				sed Funds of Other Similar F s" on Form 990, Part IV, line 6.	unus or Ac	counts.	
	•	5		(a) Donor advised funds		(b) Funds a	nd other accounts
1	Total number at	end of year .					
2	Aggregate value	of contributio	ons to (during year)				
3	Aggregate value	-					
4	Aggregate value	at end of year	ır				
5	organization's p	roperty, subje	ect to the organization's ex	rs in writing that the assets held in clusive legal control?			e 🗌 Yes 🗌 No
	charitable purpo	ses and not fo	for the benefit of the donor	or donor advisor, or for any other p	ourpose confer	ring impermis	ssible
Pa		vation Ease		s" on Form 990, Part IV, line 7.			
1				nization (check all that apply).			
	Preservation	on of land for	public use (e.g., recreation	n or education) 🛛 🗍 Preservati	ion of an histo	rically import	ant land area
	Protection	of natural hat	bitat		ion of a certifi	ed historic str	ucture
	\square	on of open spa					
2				qualified conservation contribution i	in the form of	a conservatio	n
-	easement on the						he End of the Year
а	Total number of	conservation	easements		2a		
b	Total acreage res	stricted by cor	nservation easements		2b		
с	Number of conse	ervation easer	ments on a certified histori	c structure included in (a)	. 2 c		
d	structure listed i	n the National	al Register	ired after 7/25/06, and not on a hist			
3	Number of const tax year ►	ervation easer	ments modified, transferre	d, released, extinguished, or termin	ated by the o	rganization dı	uring the
4	Number of state	s where prope	erty subject to conservation	on easement is located 🕨			
5			ervation policy regarding the ervation easements it hold:	ne periodic monitoring, inspection, h s?	andling of vio	lations,	Yes 🗌 No
6	Staff and volunt	eer hours dev	voted to monitoring, inspec	cting, handling of violations, and enf	orcing conserv	vation easem	ents during the year
7	Amount of expe	nses incurred	l in monitoring, inspecting,	handling of violations, and enforcin	g conservatior	n easements o	luring the year
8				above satisfy the requirements of s			Yes 🗌 No
9	balance sheet, a	and include, if		pervation easements in its revenue a footnote to the organization's finan ts.			
Par				of Art, Historical Treasures, s" on Form 990, Part IV, line 8.	or Other S	imilar Asse	ets.
1a	If the organizati historical treasu	on elected, as res, or other s	s permitted under FASB AS similar assets held for pub	GC 958, not to report in its revenue 3. lic exhibition, education, or research ents that describes these items.			
b	If the organizati	on elected, as res, or other s	s permitted under FASB AS similar assets held for pub	SC 958, to report in its revenue state lic exhibition, education, or research			
(-	-				. ▶\$	
2	If the organizati	on received o	or held works of art, histori	cal treasures, or other similar assets ASC 958 relating to these items:			the
а	-		•	- 		. 🕨 \$	
b	Assets included	in Form 990,	Part X			. ▶\$	
For I				ns for Form 990.			ule D (Form 990) 2020

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					— Page 2								
Sche	dule D	(Form 990) 2020											
	t III	Organizations Ma	aintaining Coll	lections of A	rt Histor	ical Tre	22511	ires oi	Other	Similar A	sets (c	ontinuer	Page 2
3		the organization's acq											
_	items	(check all that apply):						-		-			
а	\Box	Public exhibition			d	\cup I	Loan	or excha	ange prog	jrams			
b		Scholarly research			e		Other	r					
с													
4		Preservation for future	-	actions and av	alain haw th	ov furthe		orania	ation/a a	compt purpo	co in		
4	Part X	le a description of the IIII.	organization's con	ections and exp		ey furthe	er the	e organiz	ationsex	kempt purpo	sem		
5		g the year, did the orga s to be sold to raise fur									🗌 Yes	. 0	No
Par	tIV	Escrow and Cust Complete if the org			n Form 990), Part I	V, lin	ne 9, or	reporte	d an amou	nt on Fc	orm 990), Part X,
1a	Is the	line 21. organization an agent	t trustee custodia	an or other inte	rmediary for	- contribu	utions	s or othe	er assets	not			
14		ed on Form 990, Part									🗌 Yes		No
								_				_	
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete t	he following	table:				A	mount		
C	Begin	ning balance							1c				
d		ons during the year .						t	1d				
e £		butions during the year						t	1e 1f				
f		g balance						1					
2a		e organization include									_		No
b		s," explain the arrange		Check here if t	the explanat	ion has t	been	provideo	l in Part >	(III	\bigcup		
Ра	rt V	Endowment Fun Complete if the or		ered "Yes" or	n Form 990	Part I	V lin	ne 10					
			gamzation anon	(a) Current ye		Prior year			ears back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginni	ing of year balance .		62	2,772	58,8	885		53,050		52,594		50,016
b	Contrib	utions											
		estment earnings, gair		17	7,378	3,8	887		5,835		456		2,578
		or scholarships											
		expenditures for facilition	es										
		strative expenses .			748								
g	End of	year balance		79	9,402	62,7	772		58,885		53,050		52,594
2		le the estimated perce		nt year end ba	lance (line 1	g, colum	ın (a))) held a	s:		I		
а	Board	designated or quasi-e	endowment 🕨		-			-					
b	Perma	anent endowment 🕨	63.000 %										
с			000 %										
_		ercentages on lines 2a											
3a		ere endowment funds ization by:	not in the posses	sion of the orga	anization tha	t are hel	id and	d admini	stered fo	r the		Ye	s No
	(i) Ur	nrelated organizations									. 3a		No
	• •	elated organizations					•				. 3a	(ii)	No
b		s" on 3a(ii), are the rel	5				·	•••			3	b	
4		ibe in Part XIII the inte		-	endowment	funds.							
Par	t VI	Land, Buildings, Complete if the or			n Form 990	Part I	V lin	ne 11a	See For	m 990 Par	t X line	10	
	Descri	ption of property	(a) Cost or oth (investme	er basis (b) Cost or other					lepreciation		i) Book v	alue
1a	Land					235	<i>,</i> 000						235,000
b	Building	gs				4,891	,402			1,789,082			3,102,320
		old improvements											
d	Equipm	ient				704	,817			647,051			57,766
-	Other						,533			91,533			0
Tota	I. Add I	ines 1a through 1e. (C	Column (d) must e	qual Form 990,	, Part X, colu	ımn (B),	line	10(c).)		•			3,395,086

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020					Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV/ lin	10 11h	See Form 990 P	art V line	12
(a) Description of security or category (including name of security)	(b) Book value			d of valuati	on:
(1) Financial derivatives					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.	1				
Complete if the organization answered 'Yes' on Form 990, F	Part IV, lir	ne 11c.			
(a) Description of investment			(b) Book value		hod of valuation: nd-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV. lin	e 11d.	See Form 990, Part	X. line 15.	
(a) Description	/				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				•	

Part X **Other Liabilities.**

1.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (b) Book value (a) Description of liability

	- 511	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

rt XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Part				
Total revenue, gains, and other support per audited financial statements $\$.			1	14,807,709
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
Net unrealized gains (losses) on investments	2a	-25,267		
Donated services and use of facilities	2b			
Recoveries of prior year grants	2c			
Other (Describe in Part XIII.)	2d			
Add lines 2a through 2d			2e	-25,267
Subtract line 2e from line 1			3	14,832,976
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		·		
Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
Other (Describe in Part XIII.)	4b			
Add lines 4a and 4b			4c	0
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,832,976
Total expenses and losses per audited financial statements	• •		1	
Amounts included on line 1 but not on Form 990, Part IX, line 25:				0,000,700
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			0,000,700
	2a 2b			
Donated services and use of facilities		574,683		0,000,700
Donated services and use of facilities	2b	574,683		0,000,700
Donated services and use of facilities Prior year adjustments Other losses 	2b 2c	574,683	2e	
Donated services and use of facilities	2b 2c	574,683	2e 3	574,683
Donated services and use of facilities . Prior year adjustments . Other losses . Other (Describe in Part XIII.) . Add lines 2a through 2d .	2b 2c	574,683	-	574,683
Donated services and use of facilities	2b 2c	574,683	-	574,683
Donated services and use of facilities	2b 2c 2d 	574,683	-	574,683
Donated services and use of facilities . Prior year adjustments . Other losses . Other (Describe in Part XIII.) . Add lines 2a through 2d . Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a	574,683	-	574,683 8,259,023
Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 :Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)	2b 2c 2d 4a 4b		3	574,683 8,259,023 0
Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2b 2c 2d 4a 4b		3 4c	8,833,706 574,683 8,259,023 0 8,259,023
Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	2b 2c 2d 4a 4b 		3 4c 5	574,683 8,259,023 0 8,259,023
Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2b 2c 2d 4a 4b 		3 4c 5	574,683 8,259,023 0 8,259,023

PART X, LINE 2:

MHC HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE. CHARITABLE CONTRIBUTIONS BY DONORS TO MHC ARE TAX DEDUCTIBLE. MHC IS SUBJECT TO UNRELATED BUSINESS INCOME TAX ON A PORTION OF ITS CONFERENCE CENTER RENTAL ACTIVITIES. MHC BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND ACCORDINGLY, DOES NOT HAVE ANY UNCERTAIN TAX

POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

Additional Data

Return to Form

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	(19) DIVISION OF INDIAN	81-5265328	501(C)(3)	20.000					NEH ARP
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(20) DAKOTA COUNTY 41-1318150 501(C)(3) 10,000 NEH ARP	(20) DAKOTA COUNTY	41-1318150	501(C)(3)	10.000					NEH ARP

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HISTORICAL SOCIETY 130 3RD AVENUE NO ST PAUL, MN 55057			,		
(21) EVERY THIRD SATRUDAY INC	81-2658331	501(C)(3)	15,000		NEH ARP
(22) FREEBORN COUNTY HISTORICAL SOCIETY	41-0872543	501(C)(3)	20,000		NEH ARP
(23) GRASSROOTS INDIGENOUS MULTIMEDIA	41-1962329	501(C)(3)	33,500		LEGACY CULTURAL HERITAGE GRANT/NEH ARP
(24) GREAT RIVER CHILDREN'S MUSEUM	30-0716191	501(C)(3)	163,000		LEGACY CHILDREN'S MUSEUM
(25) GREEN CARD VOICES	46-3753490	501(C)(3)	13,320		LEGACY CULTURAL HERITAGE GRANT
(26) HERITAGE ORGANIZATION OF ROMANIAN AMERICANS IN MINNESOTA	27-1321713	501(C)(3)	10,000		NEH ARP
(27) HMONG AMERICAN FARMERS ASSOCIATION 149 THOMPSON AVE EAST SUITE 210 WEST SAINT PAUL, MN 55118	46-0928003	501(C)(3)	12,150		LEGACY CULTURAL HERITAGE GRANT
(28) HMONG CULTURAL CENTER	41-1752391	501(C)(3)	59,797		LEGACY CULTURAL HERITAGE GRANT/NEH ARP
(29) IN BLACK INK	82-4012406	501(C)(3)	10,000		NEH ARP
(30) JAPAN AMERICAN SOCIETY OF MINNESOTA	23-7259977	501(C)(3)	20,000		NEH ARP
(31) LANGUAGE ATTITUDE	81-3872559	501(C)(3)	10,000		LEGACY CULTURAL HERITAGE GRANT/NEH CARES
(32) LOWER PHALEN CREEK PROJECT	27-5469929	501(C)(3)	20,000		NEH ARP
(33) MIGIZI COMMUNICATIONS INC	41-1379114	501(C)(3)	60,858		LEGACY CULTURAL HERITAGE GRANT
(34) MINNESOTA AFRICAN AMERICAN HERITAGE MUSEUM AND GALLERY	82-5182136	501(C)(3)	15,000		NEH ARP
(35) MINNESOTA TRANSPORTATION MUSEUM	23-7066156	501(C)(3)	20,000		NEH ARP
(36) MINORS IN NEED OF RESETTLEMENT	36-3359383	501(C)(3)	20,000		NEH ARP
(37) NORTH AMERICAN TRADITIONAL INDIGENOUS FOOD SYSTEMS	82-0613944	501(C)(3)	15,413		LEGACY CULTURAL HERITAGE GRANT
(38) OLMSTEAD COUNTY HISTORICAL SOCIETY	41-0718368	501(C)(3)	20,000		NEH ARP
(39) OYATE HOTANIN	30-0941753	501(C)(3)	15,449		LEGACY CULTURAL HERITAGE GRANT/NEH ARP
(40) PANGEA WORLD THEATER	41-1854164	501(C)(3)	20,200		LEGACY CULTURAL HERITAGE GRANT
(41) PLANTING PEOPLE GROWING JUSTICE LEADERSHIP INSITITUTE	82-1476509	501(C)(3)	20,000		NEH ARP
(42) RAGAMALA DANCE	41-1747144	501(C)(3)	10,000		LEGACY CULTURAL

5/24, 10.49 Alvi	1				TEKTIAGE GRANT
(43) REGION 5 CHILDREN'S MUSEUM	83-2715287	501(C)(3)	75,394		LEGACY CHILDREN'S OF MINNESOTA
44) RICE COUNTY NEIGHBORS UNITED	83-0875139	501(C)(3)	20,000		NEH ARP/CARES
45) SAUK CENTRE AREA IISTORICAL SOCIETY	41-1675500	501(C)(3)	10,000		NEH ARP
46) SINCLAIR LEWIS OUNDATION	41-6040034	501(C)(3)	20,000		NEH ARP
47) SOMALI AMERICAN OCIAL SERVICES ISSOCIATION	46-1751962	501(C)(3)	21,000		LEGACY CULTURAL HERITAGE GRANT/NI CARES
48) SPARK THE CHILDREN'S IUSEUM OF ROCHERSTER	84-2749957	501(C)(3)	195,700		LEGACY CHILDREN'S OF MINNESOTA
49) THE MINNESOTA CHINA RIENDSHIP GARDEN SOCIETY	20-2838160	501(C)(3)	6,500		LEGACY CULTURAL HERITAGE GRANT
50) THE MUSEUM OF USSIAN ART	75-3044344	501(C)(3)	20,000		NEH ARP
51) THE SEAD PROJECT	47-4088420	501(C)(3)	25,000		LEGACY CULTURAL HERITAGE GRANT
52) THE WORKS	41-1570750	501(C)(3)	34,768		LEGACY CHILDREN'S OF MINNESOTA
53) THINKSELF INC	81-3668773	501(C)(3)	10,000		NEH ARP
54) TWIN CITIES MEDIA	42-1670009	501(C)(3)	10,000		LEGACY CULTURAL HERITAGE GRANT
55) UNITE CLOUD	47-5178839	501(C)(3)	10,000		LEGACY CULTURAL HERITAGE GRANT/NE CARES
56) WDSE-WRPT	41-0877607	501(C)(3)	30,000		NEH ARP/CARES
57) WINONA COUNTY ISTORICAL SOCIETY	41-0789385	501(C)(3)	20,000		NEH ARP
58) WOOD KRUEGER NITIATIVES LLC	82-0964801		7,475		LEGACY CULTURAL HERITAGE GRANT
Enter total number of section Enter total number of other		-		_ · · · · · · ▶	6

Page 2

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Page **2**

 Part III can be duplicated if additional space is needed.

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of noncash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (1) LEGACY CULTURAL HERITAGE GRANT
 1
 30,000

(1) LEGACY CULIURAL HERITAGE GRANT	1	30,000		
(1)				
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https://projects.propublica.org/nonprofits/organizations/411322769/202312199349300231/full

(7)						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Return Reference	Explanation					
PART I, LINE 2: FOR LEGACY GRANTS OF \$50K OR MORE, WE REQUIRE A SITE VISIT BE CONDUCTED BY MHC FINANCE AND THE GRANT ADMINISTRATION STAFF, WHICH IN FINANCIAL REVIEW.						
	Schedule I (Form 990) 2020					

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visua	al Render ObjectId: 202312199349300231 - Submission: 2023-08-07						TIN: 41-1322769		
chedule J	Compensation Information							0047	
orm 990)	F	or certain Officers,		rustees, Key Employees, and Hig	hest				
	► Cor	mplete if the organi		ited Employees rered "Yes" on Form 990, Part IV	, line 23.	20	20)	
artment of the Treasury	►G	in to www.irs.gov/F		to Form 990. instructions and the latest inform	mation.	Opent	o Pul	blic	
rnal Revenue Service		10 10 <u>10 10 10 10 10 10 10 10 10 10 10 10 10 1</u>	<u>onnooo</u> 101	instructions and the latest mon		Insp	ectio	n	
ame of the organiz					Employer iden	tification nu	mber		
					41-1322769				
Part I Questi	ons Regard	ing Compensation	1				Yes	No	
				the following to or for a person lister y relevant information regarding the			165		
	or charter tra								
0	companions	ivei		Housing allowance or residence for Payments for business use of perso	-				
	-	gross-up payments	\Box	Health or social club dues or initiati					
Discretion	ary spending	account		Personal services (e.g., maid, chau	ffeur, chef)				
				6 H - H - H					
				follow a written policy regarding pay ve? If "No," complete Part III to expl		· 1b			
				or allowing expenses incurred by all r, regarding the items checked on Lir	1 2	2			
unectors, truste	es, oncers, in	icidaling the CEO/Exect		, regarding the items checked on Li	le 1a:				
Indicate which,	if any, of the f	ollowing the filing orga	anization use	d to establish the compensation of t	he				
				ot check any boxes for methods CEO/Executive Director, but explain i	in Part III.				
	-		_	· · · ·					
	ation committe	ee tion consultant	✓✓	Written employment contract Compensation survey or study					
-	of other orga			Approval by the board or compensation	tion committee				
During the year	did anv perso	on listed on Form 990.	Part VII, See	ction A, line 1a, with respect to the f	iling organization	or a			
related organiza			,		5 5				
Receive a sever	ance payment	or change-of-control	payment? .			4a		No	
• •	. ,	, ,,		ified retirement plan?		4b		No	
• •	. ,			nsation arrangement?		4c		No	
If "Yes" to any o	or lines 4a-c, li	st the persons and pro	ovide the app	licable amounts for each item in Par	t 111.				
Only 501(c)(3), 501(c)(4),	and 501(c)(29) org	ganizations	must complete lines 5-9.					
For persons list compensation c			line 1a, did i	the organization pay or accrue any					
 The organizatio 	ı?					5a		No	
 Any related org 						5b		No	
If "Yes," on line									
		0, Part VII, Section A, he net earnings of:	line 1a, did i	the organization pay or accrue any					
a The organizatio						6a		No	
Any related org						6b		No	
If "Yes," on line									
		0, Part VII, Section A, es 5 and 6? If "Yes," d		the organization provide any nonfixe rt III .	d 	7	Yes		
subject to the in				red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d	escribe				
						8		No	
in Part III						•			
			e rebuttable	presumption procedure described in	Regulations sections	-			

Schedule J (Form 990) 2020 Page **2** 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 are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and other (E) Total of (D) Nontaxable benefits (F) Compensation in (A) Name and Title columns (B)(i)-(D) (i) Base (iii) Other deferred column (B) (ii) reported as deferred on prior compensation Bonus & incentive reportable compensation compensation Form 990 compensation 1 KEVIN LINDSEY CHIEF EXECUTIVE OFFICER 180,850 (i) 5,000 0 14,868 20,126 220,844 0 - ------ - -- - - -- - - -- - - - -- - - - -0 (ii) 0 0 0 0 ----- - - -0

Schedule J (Form 990) 2020

— Page 3 —

Schedule J (Form 990) 2020	P
Part III Supplemental In	formation
Provide the information, explanatio	n, 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.
Return Reference	Explanation
PART I, LINE 7	THE EXECUTIVE DIRECTOR RECEIVED A BONUS IN FY21 BASED UPON PERFORMANCE.

Additional Data

Return to Form

Software ID: Software Version:

efile	e Public Visua	al Render Ot	ojectId: 2	02312199349300231 -	Submission: 2023-0	8-07	TIN: 41-	1322	769
SCHEDULE M			OMB No. 1545-0047						
(Form 990) ►Complete if the ► Attach to Form						n 990.			
	nent of the Treasury Revenue Service	▶Go to <u>www.irs.</u>	<u>gov/Form</u>	190 for the latest informat		Open to Pu Inspectio			
	of the organizat SOTA HUMANITIES					Employer iden	tification n	umbei	-
						41-1322769			
Pa	tI Types	of Property			Γ				
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	(d) d of determin ontribution a		S
1	Art—Works of ar	t							
	Art—Historical tr								
	Art—Fractional ir					_			
	Books and public					-			
5	Clothing and hou goods	isehold				1			
6	Cars and other v								
7	Boats and planes	5							
8	Intellectual prop	erty							
	Securities—Publi	,	Х	19,050	1,892,15	1 FAIR MARKET \	/ALUE		
	Securities—Close Securities—Parte	nership, LLC,							
12	or trust interest Securities—Misc								
13	Qualified conser contribution—H structures	vation istoric							
14	Qualified conser contribution—O								
	Real estate—Res								
	Real estate—Cor								
	Real estate—Oth Collectibles								
	Food inventory								
	Drugs and medie								
	Taxidermy								
	Historical artifac								
	Scientific specim								
24	Archeological art	tifacts							
25	Other 🕨 ()							
	Other ► (
27	Other ► ()							
	Other ► (
				ation during the tax year for 3, Part IV, Donee Acknowledg		29			
20-	During the year	did the exercit	n receive h	, contribution any proporty r	anartad in Dart I linas 1 th	mough 20 that it	must	Yes	No
30a	hold for at least	three years from t	he date of tl	y contribution any property r ne initial contribution, and wh	nich isn't required to be use		must		
b		be the arrangement					30a		No
31		-		olicy that requires the review	v of any nonstandard cost	ibutions?	31	Yes	1
	 Does the organization have a gift acceptance policy that requires the review of any nonstandard contrib Does the organization hire or use third parties or related organizations to solicit, process, or sell noncas contributions? 						32a	105	
b	If "Yes," describ						520		No
33	If the organizat describe in Part	•	amount in o	column (c) for a type of prop	erty for which column (a) i	s checked,			
For Pa	perwork Reducti	on Act Notice, see th	e Instructio	ns for Form 990.	Cat. No. 512273	Sche	dule M (Form	990) ((202
									_

Page **2**

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation Schedule M (Form 990) (2020) Additional Data **Return to Form** Software ID: Software Version: ObjectId: 202312199349300231 - Submission: 2023-08-07 efile Public Visual Render TIN: 41-1322769 OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ (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. Department of the Treasury Attach to Form 990 or 990-EZ. **Open to Public** Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Increction Name of the organization Employer identification number MINNESOTA HUMANITIES CENTER 41-1322769 Return Explanation Reference FORM 990, DURING THE YEAR, MHC WAS FRAUDULENTLY INDUCED TO TRANSFER FUNDS INTO THE PURPORTED BANK ACCOUNT PART VI. OF ITS CONSTRUCTION VENDOR. THE FRAUD WAS ACCOMPLISHED WHEN A SENIOR MANAGEMENT OFFICIAL'S EMAIL SECTION A. ACCOUNT WAS HACKED BY A THIRD PARTY. THE CUMULATIVE AMOUNT OF THE TRANSFERS WAS APPROXIMATELY LINE 5 \$575,000. NO GOVERNMENTAL FUNDS WERE IMPACTED. THE FINANCE COMMITTEE RECEIVES COPIES AND REVIEWS THE ENTIRE 990; IT IS ALSO REVIEWED BY THE CHIEF FORM 990, PART VI, OPERATING OFFICER AND THE CEO. A COPY OF THE PUBLIC VERSION IS SENT ELECTRONICALLY TO EACH BOARD SECTION B. MEMBER. LINE 11B FORM 990, REQUIREMENTS ARE REVIEWED WITH ALL INCOMING BOARD MEMBERS, AND THEN ANNUALLY WITH FULL BOARD. IF PART VI, THERE ARE CONFLICTS, THE BOARD MEMBER RECUSES THEMSELVES FROM THE DISCUSSION AND VOTE. SECTION B. LINE 12C FORM 990, COMPENSATION FOR THE CEO IS SET BY THE PERSONNEL COMMITTEE OF THE BOARD. THEY COMPARE COMPENSATION WITH PUBLICALLY AVAILABLE INFORMATION FOR SIMILAR POSITIONS, EITHER THROUGH SALARY PART VI, SURVEYS OR THROUGH REVIEW OF 990'S FOR OTHER NONPROFITS. THERE IS A SALARY GRADE AND RANGE SECTION B. LINE 15 ESTABLISHED FOR THIS POSITION, AS FOR ALL POSITIONS. COMPENSATION IS REVIEWED ANNUALLY FOR ALL STAFF. A FORMAL SALARY ADMINISTRATION PROGRAM IS IN PLACE (SALARY RANGES, JOB GRADES). MARKET COMPARISONS ARE DONE FORMALLY ON A PERIODIC BASIS; PUBLISHED MARKET SURVEYS ARE REVIEWED ANNUALLY AND RANGES ADJUSTED AS MHC LEADERSHIP DETERMINES APPROPRIATE. INDIVIDUAL COMPENSATION IS RECOMMENDED BY DIRECT SUPERVISOR, COO, AND APPROVED BY THE CEO. THE CEO REVIEWS AND APPROVES ALL COMPENSATION ADJUSTMENTS FOR THE LEADERSHIP TEAM. STAFF ADJUSTMENTS FOR ALL STAFF ARE BASED ON JOB RESPONSIBILITIESIES. PERFORMANCE AND COMP ANALYSIS. THE BOARD PERSONNEL COMMITTEES REVIEWS AND APPROVES THE ANNUAL SALARY POOL, PRIOR TO THE APPROVAL OF THE FULL BUDGET BY THE BOARD. FORM 990, THESE DOCUMENTS ARE PROVIDED UPON REQUEST. IN ADDITION, THE ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS AND FORM 990'S ARE ON OUR WEBSITE. PART VI. SECTION C, LINE 19 FORM 990, CONTRACT SERVICE FEES: PROGRAM SERVICE EXPENSES 2,323,664. MANAGEMENT AND GENERAL EXPENSES 73,428. PART IX. FUNDRAISING EXPENSES 5.554, TOTAL EXPENSES 2.402.646, STIPENDS: PROGRAM SERVICE EXPENSES 211.550. LINE 11G MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 211,550. FORM 990, LOSS FROM WIRE FRAUD -574,683. PART XI. LINE 9: For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2020

Additional Data

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