

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

A For the 2021 calendar year, or tax year beginning 11-01-2021, and ending 10-31-2022

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

C Name of organization: MINNESOTA HUMANITIES CENTER. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 987 IVY AVENUE EAST. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: ST PAUL, MN 55106

D Employer identification number: 41-1322769. E Telephone number: (651) 774-0105. G Gross receipts \$ 4,467,725

F Name and address of principal officer: KEVIN LINDSEY, 987 IVY AVENUE EAST, ST PAUL, MN 55106

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.MNHUM.ORG

K Form of organization: Corporation

L Year of formation: 1979

M State of legal domicile: MN

Part I Summary

Table with 3 main sections: Activities & Governance (mission, members, employees, volunteers, revenue), Revenue (prior vs current year), Expenses (prior vs current year), and Net Assets or Fund Balances (beginning vs end of year).

Part II Signature Block

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

Sign Here

Signature of officer

2023-11-13

Date

KEVIN LINDSEY CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2023-11-13	Check <input type="checkbox"/> if self-employed	PTIN P00544551
Firm's name ▶ MAHONEY ULBRICH CHRISTIANSEN & RUSS PA			Firm's EIN ▶ 41-1647057	
Firm's address ▶ 10 RIVER PARK PLAZA SUITE 800 SAINT PAUL, MN 55107			Phone no. (651) 227-6695	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MINNESOTA HUMANITIES CENTER (HUMANITIES CENTER) IS AN INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION. ITS MISSION IS TO CONNECT OUR PAST, PRESENT, AND FUTURE BY BRINGING PEOPLE TOGETHER TO INCREASE UNDERSTANDING AND SPARK CHANGE. FINANCIAL SUPPORT FOR THE PROGRAMS AND SERVICES OF THE HUMANITIES CENTER COMES FROM THE NATIONAL ENDOWMENT FOR THE HUMANITIES, THE STATE OF MINNESOTA, PRIVATE AND CORPORATE FOUNDATIONS, INDIVIDUALS, AND REVENUE EARNED FROM FEES AND CONFERENCE CENTER RENTALS. THE MINNESOTA HUMANITIES CENTER PROVIDES HUMANITIES-BASED PROFESSIONAL DEVELOPMENT SERVICES TO SCHOOLS AND EDUCATORS AND IT WORKS IN PARTNERSHIP WITH NUMEROUS ORGANIZATIONS TO CONDUCT MEANINGFUL AND ENGAGING PUBLIC HUMANITIES PROGRAMMING IN COMMUNITIES THROUGHOUT MINNESOTA. ITS RELATIONSHIP-BASED APPROACH TO HUMANITIES PROGRAMMING IS FOCUSED ON BRINGING INTO PUBLIC LIFE THE STORIES AND EXPERIENCES OF PEOPLE AND COMMUNITIES THAT HAVE BEEN MISSING AND MARGINALIZED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  Yes  No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 7,934,725 including grants of \$ 2,961,251 ) (Revenue \$ 222,064 )

THE MISSION OF THE MINNESOTA HUMANITIES CENTER (MHC) IS TO CONNECT OUR PAST, PRESENT, AND FUTURE BY BRINGING PEOPLE TOGETHER TO INCREASE UNDERSTANDING AND SPARK CHANGE. OUR VISION IS A JUST SOCIETY THAT IS CURIOUS, CONNECTED, AND COMPASSIONATE. MHC COLLABORATES WITH INDIVIDUALS AND COMMUNITIES TO BRING TRANSFORMATIONAL HUMANITIES PROGRAMMING INTO THE LIVES OF MINNESOTANS THROUGHOUT THE STATE. USING STORY AS A CATALYST, WE PRODUCE, CREATE, AND SUPPORT PROJECTS AND PROGRAMS THAT EXPLORE A RANGE OF SUBJECTS. FOUNDED IN 1971, MHC IS AN INDEPENDENT NONPROFIT AFFILIATED WITH AND SUPPORTED BY THE NATIONAL ENDOWMENT FOR THE HUMANITIES, MINNESOTA GENERAL OPERATING AND LEGACY FUNDING. MHC IS ALSO A GRANT-MAKING ORGANIZATION AND OPERATES A FULL-SERVICE EVENT CENTER IN A HISTORIC BUILDING ON ST. PAUL'S EAST SIDE. DURING FISCAL YEAR 2019, MHC USED OUR FUNDS IN THE FOLLOWING PROGRAM AREAS: EDUCATION INITIATIVES - FOCUS ON STRENGTHENING TEACHER-STUDENT RELATIONSHIPS AND PROVIDING RESOURCES THAT HELP CLASSROOMS BECOME MORE INCLUSIVE. RESEARCH DEMONSTRATES THAT STRONG RELATIONSHIPS ARE AT THE ROOT OF EDUCATIONAL TRANSFORMATION. BY USING THE HUMANITIES TO DEEPEN UNDERSTANDING ACROSS CULTURAL AND LIVED EXPERIENCES, RELATIONSHIPS THRIVE AND STUDENT ENGAGEMENT INCREASES. IN FY2019, 840 EDUCATORS ATTENDED 24 EVENTS INCLUDING: THE EDUCATOR INSTITUTE, A WEEKLONG ANNUAL WORKSHOP, TEACHES EDUCATORS TO UTILIZE MHC'S ABSENT NARRATIVES APPROACH IN THEIR CLASSROOMS TO STRENGTHEN RELATIONSHIPS WITH STUDENTS. ROUTINELY DESCRIBED AS "TRANSFORMATIVE" BY PARTICIPANTS, THE INSTITUTE IS LED BY A TEAM OF CONSULTANTS WHOSE EXPERTISE AND APPROACHES DRAMATICALLY CHANGE PERSPECTIVES AND CLASSROOM PRACTICES. INCREASE ENGAGEMENT THROUGH ABSENT NARRATIVES IS A DAY-LONG WORKSHOP THAT INTRODUCES CORE STRATEGIES FOR CREATING AN INCLUSIVE WORKPLACE OR CLASSROOM ENVIRONMENT. PARTICIPANTS PRACTICE HANDS-ON ACTIVITIES THAT WILL HELP THEM ENGAGE OTHERS WITH RESPECT AND EMPATHY. ADDITIONALLY, EDUCATORS AND THE COMMUNITY BENEFIT FROM MHC-PRODUCED RESOURCES THAT SUPPORT EDUCATORS AND PROFESSIONALS IN BRINGING TYPICALLY ABSENT NARRATIVES INTO CURRICULUM, PUBLIC LIFE, AND WORKPLACES. THE ABSENT NARRATIVES RESOURCE COLLECTION PROVIDES FREE ACCESS TO MORE THAN 1,000 READY-TO-USE VIDEOS, BOOKS, TEACHER GUIDES, AND READINGS. RESOURCES INCLUDE WORKS CO-CREATED WITH PARTNERS TO FILL A COMMUNITY NEED SUCH AS SOMALI BILINGUAL FOLKTALES, VOICES FROM THE LATINO COMMUNITY, AND A DAY IN THE LIFE OF THE MINNESOTA TRIBAL NATIONS. A NEW RESOURCE PUBLISHED IN FALL 2019, "CROSSROADS: AN ANTHOLOGY OF RESILIENCE AND HOPE BY YOUNG SOMALI WRITERS", INCLUDES THE AUTHENTIC, FIRST-HAND STORIES OF MINNESOTA'S SOMALI YOUTH. THIS BOOK SERVES AS A RESOURCE FOR EDUCATORS, STUDENTS, AND THE GENERAL PUBLIC, BUILDING UNDERSTANDING AMONG CULTURES AND EMPOWERING SOMALI YOUTH. VETERANS' VOICES - EXPLORES THE FULL LIFE EXPERIENCE OF VETERANS. DEVELOPED IN 2012 WITH THE MINNESOTA DEPARTMENT OF VETERANS AFFAIRS, THIS PROGRAM DRAWS ON THE POWER OF THE HUMANITIES TO SHAPE THE NARRATIVE OF VETERANS, HONORING THEIR MANY CONTRIBUTIONS TO COMMUNITY, STATE, AND COUNTRY. THIS PROGRAM EMPOWERS ALL MINNESOTA VETERANS TO SPEAK IN THEIR OWN VOICES THROUGH STORYTELLING, ART, THEATER, DISCUSSION GROUPS, AND MORE. IN FY2019, 625 INDIVIDUALS PARTICIPATED IN 13 EVENTS INCLUDING: EDUCATOR SALONS FACILITATED CONVERSATIONS WITH POST-SECONDARY EDUCATORS ABOUT THE CHALLENGES AND RESPONSIBILITIES OF TEACHING VETERANS DURING REINTEGRATION INTO CIVILIAN LIFE. WARRIOR WRITERS WORKSHOPS THROUGHOUT THE STATE HELPED VETERANS FIND THEIR VOICE, PROCESS THEIR EXPERIENCES, AND CONNECT WITH OTHERS THROUGH ORIGINAL POETRY, PROSE, ESSAYS, MEMOIRS, AND MORE. THE 2019 VETERANS' VOICES AWARD CEREMONY CELEBRATED THE OUTSTANDING WORK OF MINNESOTA'S VETERANS BY HONORING SELECTED WRITTEN WORKS FROM VETERANS ACROSS THE STATE. "WE ARE WATER MN" EXPLORES THE CONNECTIONS BETWEEN THE HUMANITIES AND WATER THROUGH AN EXHIBIT, PUBLIC EVENTS, AND EDUCATOR RESOURCES. THE TRAVELING EXHIBIT ENGAGES MINNESOTANS WITH OUR STATE'S MOST IMPORTANT NATURAL RESOURCE THROUGH PERSONAL STORIES, HISTORICAL MATERIALS, AND SCIENTIFIC INFORMATION. THIS INNOVATIVE APPROACH TO ENVIRONMENTAL STEWARDSHIP HAS FOSTERED RICH PARTNERSHIPS AMONG COMMUNITY ORGANIZATIONS, GOVERNMENT AGENCIES, AND STATEWIDE NONPROFITS. PARTNERS INCLUDE THE MINNESOTA POLLUTION CONTROL AGENCY, THE MINNESOTA HISTORICAL SOCIETY, THE MINNESOTA DEPARTMENT OF HEALTH, THE MINNESOTA DEPARTMENT OF AGRICULTURE, AND THE MCKNIGHT FOUNDATION. IN ITS SECOND TOUR OF THE STATE, "WE ARE WATER MN" VISITED EIGHT NEW PARTNER SITES STATEWIDE FROM OCTOBER 2018 TO NOVEMBER 2019 WITH ATTENDANCE OF 42,075. NATIVE NATIONS OF MINNESOTA - PROGRAMMING HAS BEEN A GROWING FOCAL AREA FOR THE ORGANIZATION IT AMPLIFIES THE VOICES AND HISTORIES OF DAKOTA AND OTTIBW PEOPLE PROVIDING AN INTRODUCTION TO

STORIES THAT HAVE OFTEN BEEN LEFT OUT OF OUR STATE'S HISTORY. MHC IS A LEADER IN ADVOCATING THAT TRUER STORIES OF OUR STATE'S HISTORY AND PLACES BE SHARED WITH PUBLIC AUDIENCES. WHY TREATIES MATTER: SELF-GOVERNMENT IN THE DAKOTA AND OJIBWE NATIONS IS A NATIONALLY-RECOGNIZED TRAVELING EXHIBIT CREATED IN PARTNERSHIP WITH THE MINNESOTA INDIAN AFFAIRS COUNCIL AND THE SMITHSONIAN'S NATIONAL MUSEUM OF THE AMERICAN INDIAN. THE AWARD-WINNING EXHIBIT EXPLORES RELATIONSHIPS BETWEEN DAKOTA AND OJIBWE INDIAN NATIONS AND THE U.S. GOVERNMENT IN THIS PLACE WE NOW CALL MINNESOTA. A PERMANENT EXHIBIT IS ON DISPLAY AT THE MINNESOTA STATE CAPITOL, AND A TOURING EXHIBIT VISITED 10 NEW LOCATIONS STATEWIDE FROM JULY 2018 TO JUNE 2019, ADDING TO A TOTAL OF MORE THAN 100 TOUR LOCATIONS SINCE IT STARTED TRAVELING THE STATE IN 2011. LEARNING FROM PLACE: BDOE SHARES DAKOTA TRADITIONS AND PERSPECTIVES RELATED TO SITES OF SIGNIFICANCE IN THE TWIN CITIES METRO AREA ON A DAY-LONG IMMERSIVE EXPERIENCE. PARTICIPANTS LEARN TO CHALLENGE TYPICAL ASSUMPTIONS ABOUT MINNESOTA HISTORY AS THEY HEAR ABOUT EVENTS THAT SHAPED THESE SITES. INITIALLY CONCEIVED AS AN EDUCATOR EXPERIENCE, WE HAVE OFFERED THE TRIP TO PUBLIC AUDIENCES AND LOCAL INSTITUTIONS FOR FIVE YEARS DUE TO INTENSIVE INTEREST. IN FY2019, 360 PEOPLE PARTICIPATED IN 9 TRIPS. GRANTMAKING: IN 2019, WE LAUNCHED TWO EXCITING NEW GRANTMAKING PROGRAMS THAT OFFER OPPORTUNITIES FOR BOTH LARGE AND SMALL ORGANIZATIONS. THE COMMUNITY PARTNER FUND IS A TWO-YEAR FUNDING OPPORTUNITY CENTERED IN MHC'S ABSENT NARRATIVES APPROACH THAT FOSTERS COLLABORATION BETWEEN TWO OR MORE NEIGHBORHOOD OR COMMUNITY ORGANIZATIONS TO ADDRESS COMMUNITY-IDENTIFIED GOALS AND OPPORTUNITIES. GRANTS OF \$100,000 EACH WERE AWARDED TO MINNESOTA PRISON WRITING WORKSHOP AND THE NATIONAL NATIVE AMERICAN BOARDING SCHOOL HEALING COALITION IN FALL 2019. A SECOND NEW PROGRAM, THE HUMANITIES INNOVATION LAB, SUPPORTS INNOVATIVE IDEAS THAT BLEND HUMANITIES PRACTICES AND SUBJECT MATTER. OPEN TO INDIVIDUALS OR ORGANIZATIONS WHO HAVE A HUMANITIES-FOCUSED IDEA THEY WANT TO EXPLORE, TEST, OR DEVELOP, PROJECTS MUST HAVE A PUBLIC-FACING IMPACT AND AUDIENCE. WE FUNDED 11 PROJECTS TOTALING \$20,100 IN FY2019. TRUTH AND TRANSFORMATION: CHANGING RACIAL NARRATIVES IN MEDIA HELPED MINNESOTA MEDIA PROFESSIONALS UNCOVER AND DISMANTLE ASSUMPTIONS THAT CONTRIBUTE TO PROBLEMATIC RACIAL NARRATIVES PERPETUATED BY THE MEDIA. USING MHC'S ABSENT NARRATIVES APPROACH, WE WORKED WITH COMMUNITIES FREQUENTLY MARGINALIZED BY MAINSTREAM MEDIA TO SHARE THEIR STORIES AND AMPLIFY COMMUNITY SOLUTIONS TO NARRATIVE CHANGE. IN MARCH 2019, THE PROJECT CULMINATED AT A TWO-DAY STATEWIDE CONFERENCE THAT HELPED 275 PROFESSIONALS CHANGE THEIR APPROACH AND PRACTICES TO MORE JUSTLY REPRESENT THE LIVED EXPERIENCES, STORIES, AND PERSPECTIVES OF THE PEOPLE REPRESENTED. MHC PARTNERED WITH HAMLINE UNIVERSITY, KMOJ-FM, MINNESOTA PUBLIC RADIO, PILLSBURY UNITED COMMUNITIES, AND THREE SIXTY JOURNALISM. LEGACY PROGRAMS AND PURPOSES - MHC RECEIVED AN APPROPRIATION FROM THE CLEAN WATER, LAND AND LEGACY AMENDMENT FOR PROGRAMS AND PURPOSES FOR THE 2020-2021 BIENNIUM. A PORTION OF THESE FUNDS ARE USED TO SUPPORT OUR PROGRAMS, SERVING MINNESOTA'S STATEWIDE. LEGACY PASS-THROUGH APPROPRIATIONS - IN 2019, MHC ADMINISTERED 6 DIRECT APPROPRIATIONS AND ONE COMPETITIVE GRANT PROGRAM TOTALING \$1,647,335 FROM THE MINNESOTA GENERAL OPERATING FUND AND THE CLEAN WATER, LAND AND LEGACY AMENDMENT FOR THE 2017-2019 BIENNIUM. GRANTEES INCLUDE FIVE CHILDREN'S MUSEUMS, THREE CIVICS EDUCATION ORGANIZATIONS, VETERANS DEFENSE PROJECT, HUNGER SOLUTIONS, A SOMALI MUSEUM AND SEVERAL SOMALI COMMUNITY PROGRAMS.

4b (Code: ) (Expenses \$ 256,790 including grants of \$ 0 ) (Revenue \$ 175,832 )
MHC OPERATES A FULL-SERVICE EVENT CENTER, AS CREATED BY THE STATE LEGISLATURE IN 1996. IN ADDITION TO HOUSING MHC'S PROGRAMS, THIS RESTORED ARCHITECTURAL LANDMARK SERVES AS A GATHERING PLACE FOR EDUCATORS, SOCIAL SERVICE PROVIDERS, OTHER NONPROFITS, STATE COLLEGES AND UNIVERSITIES, STATE AGENCIES AND COMMUNITY GROUPS SEEKING TO IMPROVE BOTH THEIR INDIVIDUAL WORK AND THE QUALITY OF LIFE FOR ALL MINNESOTANS, BY PROVIDING HIGH-QUALITY, COST EFFECTIVE MEETING AND EVENT SPACE FOR EDUCATIONAL AND PUBLIC PROGRAMS AND STAFF EDUCATION AND DEVELOPMENT. IN 2019, THE HUMANITIES CENTER HOSTED 375 MEETINGS AND EVENTS IN ITS MEETING AND EVENT SPACES, SERVING NEARLY 11,000 PEOPLE ASSOCIATED WITH LOCAL COMMUNITY ORGANIZATIONS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8,191,515

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Table with 3 columns: Question, Yes, No. Contains 8 rows of questions regarding organizational status and activities.

<i>complete Schedule D, Part III</i>		
<b>9</b>	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>	No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes
<b>11</b>	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.	
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes
<b>11b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	No
<b>11c</b>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	No
<b>11d</b>	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>	No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	No
<b>11f</b>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?	No
<b>14b</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>	No
<b>15</b>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	No
<b>16</b>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	No
<b>17</b>	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? <i>If "Yes," complete Schedule G, Part I</i> . See instructions.	No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	
<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes

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Part IV Checklist of Required Schedules (continued)

		Yes	No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
<b>23</b>	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>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No

<b>b</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, Part I . . . . .</i>	<b>25b</b>	No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	No
<b>27</b>	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, Part III . . . . .</i>	<b>27</b>	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>	No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

<b>2a</b>	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>2a</b>	36		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>	<b>3b</b>		Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>			No
<b>b</b>	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		

<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	17	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>	The governing body?	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b>	Other officers or key employees of the organization	<b>15b</b>	Yes
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>16a</b>	No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed	MN
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b>	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ ABY JOHN 987 IVY AVENUE EAST    SAINT PAUL, MN 55106 (651) 772-4243	

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

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

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LES HEEN CHAIR	2.00	X		X				0	0	0
(2) JOSHUA NEY VICE CHAIR	1.00	X		X				0	0	0
(3) BRYAN LJUNG TREASURER	1.00	X		X				0	0	0
(4) KIM SCHAUFENBUEL SECRETARY	1.00	X		X				0	0	0
(5) ALEXANDRA SICLAIT DIRECTOR	1.00	X						0	0	0
(6) ANNAMARIE HILL DIRECTOR	1.00	X						0	0	0
(7) BRIAN STEEVES DIRECTOR	1.00	X						0	0	0
(8) PATRICK HENRY DIRECTOR	1.00	X						0	0	0
(9) NANCY ARONSON NORR DIRECTOR	1.00	X						0	0	0
(10) JESSICA O'BRIEN DIRECTOR	1.00	X						0	0	0
(11) NKEM CHIRPICH DIRECTOR	1.00	X						0	0	0
(12) MICHELLE BAUER DIRECTOR	1.00	X						0	0	0
(13) DAVID DAYHOFF DIRECTOR	1.00	X						0	0	0
(14) NICHOLAS JENKINS DIRECTOR	1.00	X						0	0	0
(15) JAY SIELING DIRECTOR	1.00	X						0	0	0
(16) REBECCA PETERSON DIRECTOR	1.00	X						0	0	0





**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
JE DUNN CONSTRUCTION 800 WASHINGTON AVE N SUITE 600 MINNEAPOLIS, MN 55401	CONSTRUCTION	1,520,975
INNOCENT TECHNOLOGIES 275 MARKET STREET SUITE 280 MINNEAPOLIS, MN 55405	SCHOLAR CONSULTANT & PROGRAM FEES	475,000

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

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns				
<b>1b</b> Contributions, Gifts, Grants, and Membership dues				
<b>1c</b> Other similar fundraising events				
<b>1d</b> Related organizations				
<b>1e</b> Government grants (contributions)	3,613,654			
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above	370,548			
<b>1g</b> Noncash contributions included in lines 1a - 1f:\$				
<b>h Total.</b> Add lines 1a-1f	3,984,202			

	Business Code	Program Service Revenue		
		(A)	(B)	(D)
<b>2a</b> PROGRAM REVENUE				
CONFERENCE CTR RENTAL	611600	212,385	212,385	
PUBLICATION SALES	611600	175,832	175,832	
	511130	9,679	9,679	
<b>f</b> All other program service revenue.				
<b>g Total.</b> Add lines 2a-2f.		397,896		
<b>3</b> Investment income (including dividends, interest, and other similar amounts)		17,245		17,245
<b>4</b> Income from investment of tax-exempt bond proceeds				
<b>5</b> Royalties				

		(I) Real	(II) Personal				
<b>6a</b>	Gross rents	68,382					
<b>b</b>	Less: rental expenses	109,519					
<b>c</b>	Rental income or (loss)	-41,137					
<b>d</b>	Net rental income or (loss)			-41,137		-41,137	
		(i) Securities	(ii) Other				
<b>7a</b>	Gross amount from sales of assets other than inventory						
<b>b</b>	Less: cost or other basis and sales expenses						
<b>c</b>	Gain or (loss)						
<b>d</b>	Net gain or (loss)						
<b>8</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
		<b>8b</b>					
		<b>c</b>	Net income or (loss) from fundraising events				
<b>9</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
		<b>9b</b>					
		<b>c</b>	Net income or (loss) from gaming activities				
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>					
		<b>b</b>	Less: cost of goods sold				
<b>c</b>	Net income or (loss) from sales of inventory						
<b>11a</b>	Miscellaneous Revenue		Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue						
<b>e</b>	Total. Add lines 11a-11d						
<b>12</b>	Total revenue. See instructions			4,358,206	397,896	-41,137	17,245

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<b>Part IX Statement of Functional Expenses</b>				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX <input checked="" type="checkbox"/>				
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,915,256	2,915,256		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	45,995	45,995		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				

<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	519,516	270,113	210,141	39,262
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,232,377	918,851	252,892	60,634
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	101,869	84,793	12,644	4,432
<b>9</b> Other employee benefits . . . . .	292,086	248,512	31,075	12,499
<b>10</b> Payroll taxes . . . . .	117,937	86,606	24,512	6,819
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	27,172		19,551	7,621
<b>d</b> Lobbying . . . . .	77,000		77,000	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,288,005	3,140,240	88,166	59,599
<b>12</b> Advertising and promotion . . . . .	66,724	57,981	4,781	3,962
<b>13</b> Office expenses . . . . .	91,593	72,996	12,617	5,980
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	42,815	36,375	5,438	1,002
<b>17</b> Travel . . . . .	110,275	87,625	15,386	7,264
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	25,259	9,054	15,468	737
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	109,005	93,562	11,986	3,457
<b>23</b> Insurance . . . . .	25,754	14,471	10,553	730
<b>24</b> 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 O.)				
<b>a</b> EQUIP RENTAL/MAINTENANC	157,688	56,437	100,100	1,151
<b>b</b> FOOD SERVICE/HOUSEKEEPI	37,859	37,859	0	0
<b>c</b> MEMBERSHIPS AND SUBSCRI	31,653	7,657	23,920	76
<b>d</b> STAFF DEVELOPMENT	8,259	5,290	1,586	1,383
<b>e</b> All other expenses	5,821	1,842	3,979	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,329,918	8,191,515	921,795	216,608
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

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

	(A) Beginning of year		(B) End of year
<b>1</b> Cash-non-interest-bearing . . . . .	67,116	<b>1</b>	120,770
<b>2</b> Savings and temporary cash investments . . . . .	272,069	<b>2</b>	107,507
<b>3</b> Pledges and grants receivable, net	13,608,523	<b>3</b>	8,962,485

<b>Assets</b>	3	Prepaids and grants receivable, net				
	4	Accounts receivable, net		57,679	4	133,802
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		10,500	9	200
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,715,386		
	b	Less: accumulated depreciation	10b	2,579,481	10c	4,135,905
	11	Investments—publicly traded securities		5,055,536	11	2,693,723
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		22,466,509	16	16,154,392
	<b>Liabilities</b>	17	Accounts payable and accrued expenses		1,247,260	17
18		Grants payable		124,795	18	231,843
19		Deferred revenue		576	19	1,703
20		Tax-exempt bond liabilities			20	
21		Escrow or custodial account liability. Complete Part IV of Schedule D			21	
22		Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
23		Secured mortgages and notes payable to unrelated third parties		124,263	23	109,821
24		Unsecured notes and loans payable to unrelated third parties			24	
25		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25	
26		<b>Total liabilities.</b> Add lines 17 through 25		1,496,894	26	607,149
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions		2,994,522	27	4,242,485
	28	Net assets with donor restrictions		17,975,093	28	11,304,758
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	<b>Total net assets or fund balances</b>		20,969,615	32	15,547,243
33	<b>Total liabilities and net assets/fund balances</b>		22,466,509	33	16,154,392	

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Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,358,206
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,329,918
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,971,712
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,969,615
5	Net unrealized gains (losses) on investments	5	-23,639
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-138,537
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-288,484

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 15,547,243

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [ ] Cash [x] Accrual [ ] Other
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
2b Were the organization's financial statements audited by an independent accountant?
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
3b 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.

Table with 3 columns: Question ID, Yes, No. Rows include 2a, 2b, 2c, 3a, 3b.

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Additional Data

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Form 990, Special Condition Description:

Special Condition Description



SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2021 Open to Public Inspection

Table with 2 columns: Name of the organization (MINNESOTA HUMANITIES CENTER) and Employer identification number (41-1322769)

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 1 column: Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	14,009,933	9,348,471	2,000,385	1,831,339	3,984,202	31,174,330
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .					5,693	5,693
<b>4 Total.</b> Add lines 1 through 3 . . . . .	14,009,933	9,348,471	2,000,385	1,831,339	3,989,895	31,180,023
<b>5</b> 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) . . . . .						11,966,944
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						19,213,079

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4. . . . .	14,009,933	9,348,471	2,000,385	1,831,339	3,989,895	31,180,023
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	64,565	100,274	80,936	26,576	17,245	289,596
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						31,469,619
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,687,970
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	61.050 %
<b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	60.590 %

- 16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

Schedule A (Form 990) 2021

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the . . . . .						

<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Schedule A (Form 990) 2021

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*

<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

Schedule A (Form 990) 2021

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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 carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**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).*

<b>1</b>		
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**Section D. All Type III Supporting Organizations**

**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?

**2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

**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.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

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

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

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.*
  - b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 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.*
  - 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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

Schedule A (Form 990) 2021

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		

<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2021

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

<b>Section D - Distributions</b>		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016. . . . .			
<b>b</b> From 2017. . . . .			
<b>c</b> From 2018. . . . .			
<b>d</b> From 2019. . . . .			
<b>e</b> From 2020. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			



<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, 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.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017. . . .			
<b>b</b> Excess from 2018. . . .			
<b>c</b> Excess from 2019. . . .			
<b>d</b> Excess from 2020. . . .			
<b>e</b> Excess from 2021. . . .			

Schedule A (Form 990) (2021)

Schedule A (Form 990) 2021

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**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).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation

Schedule A (Form 990) 2021

**Additional Data**

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**Software ID:**  
**Software Version:**

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

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

2021

Name of the organization MINNESOTA HUMANITIES CENTER

Employer identification number 41-1322769

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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) (2021)

**Part I**

**Contributors**

(see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

Name of organization MINNESOTA HUMANITIES CENTER	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
------------------------	----------------------------------------------	------------------------------------------------	----------------------

-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-			\$	

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 4

Name of organization MINNESOTA HUMANITIES CENTER	Employer identification number 41-1322769
-----------------------------------------------------	----------------------------------------------

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Schedule B (Form 990) (2021)

**Additional Data**

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SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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 NOT 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.

Table with 2 columns: Name of the organization (MINNESOTA HUMANITIES CENTER) and Employer identification number (41-1322769)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions
3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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



**Section 501(h).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

**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 activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes		
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<b>e</b> Publications, or published or broadcast statements? .....		No	

<b>f</b>	Grants to other organizations for lobbying purposes? .....	No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes	77,000
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	No	
<b>i</b>	Other activities? .....	No	
<b>j</b>	Total. Add lines 1c through 1i .....		77,000
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....	No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....		
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....		
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....		

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	THE HUMANITIES CENTER CONTRACTS WITH A LEGISLATIVE COUNSEL TO HELP KEEP THE IMPORTANCE OF THE HUMANITIES AT THE FOREFRONT OF THE LEGISLATURE.

Schedule C (Form 990) 2021

**Additional Data**

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Table with 2 columns: Name of the organization (MINNESOTA HUMANITIES CENTER) and Employer identification number (41-1322769)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and charitable purposes.

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

Table with 3 columns: Question number, description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements, including a sub-table for 'Held at the End of the Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question number and description. Includes questions 1a-1b and 2a-2b regarding reporting of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

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

- a Board designated or quasi-endowment
b Permanent endowment 77.000 %
c Term endowment 23.000 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No. Rows include Unrelated organizations, Related organizations, and If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, and Total.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	



OPERATING LOSS CARRYFORWARDS FROM RENTAL ACTIVITIES THAT BEGAN EXPIRING IN 2018. IT IS EXPECTED THAT MOST OR ALL OF THE CARRYFORWARDS WILL EXPIRE WITHOUT BEING FULLY UTILIZED.

**Schedule D (Form 990) 2021**

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**Additional Data**

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**Software ID:**  
**Software Version:**



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I (Form 990)**

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States**  
 Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
 Attach to Form 990.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MINNESOTA HUMANITIES CENTER

Employer identification number

41-1322769

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S DISCOVERY MUSEUM PO BOX 724 GRAND RAPIDS, MN 55744	41-1790485	501(C)(3)	15,800	0			REGRANT OF MN LEGACY AMENDMENT FUNDING FOR CHILDREN'S MUSEUMS
(2) CHILDREN'S MUSEUM OF SOUTHERN MINNESOTA PO BOX 3103 MANKATO, MN 56002	20-4351801	501(C)(3)	75,396	0			REGRANT OF MN LEGACY AMENDMENT FUNDING FOR CHILDREN'S MUSEUMS
(3) DULUTH CHILDREN'S MUSEUM 115 S 29TH AVENUE W DULUTH, MN 55806	41-0718361	501(C)(3)	36,043	0			REGRANT OF MN LEGACY AMENDMENT FUNDING FOR CHILDREN'S MUSEUMS
(4) MINNESOTA CHILDREN'S MUSEUM 10 WEST SEVENTH ST ST PAUL, MN 55155	41-1354181	501(C)(3)	469,109	0			REGRANT OF MN LEGACY AMENDMENT FUNDING FOR CHILDREN'S MUSEUMS
(5) KA JOOG ORGANIZATION 419 CEDAR AVENUE MINNEAPOLIS, MN 55454	39-2073475	501(C)(3)	36,188	0			REGRANT OF MN LEGACY AMENDMENT FUNDING FOR SOMALI COMMUNITY AND MUSEUM GRANTS
(6) HUNGER SOLUTIONS MINNESOTA 555 PARK STREET SUITE 400 ST PAUL, MN 55103	36-3567366	501(C)(3)	313,934	0			REGRANT OF MN GENERAL OPERATING GRANT FOR HEALTHY EATING, HERE AT HOME PROGRAM
(7) LEARNING LAW AND DEMOCRACY FOUNDATION 2395 UNIVERSITY AVE SUITE 220 ST PAUL, MN 55114	26-0077593	501(C)(3)	40,194	0			REGRANT OF MN LEGACY AMENDMENT FUNDING FOR MINNESOTA CIVIC EDUCATION COALITION
(8) SOMALI COMMUNITY RESETTLEMENT SERVICES 201 S LYNDALE AVE FARIBAULT, MN 55021	31-1668255	501(C)(3)	20,871	0			REGRANT OF MN LEGACY AMENDMENT FUNDING FOR SOMALI COMMUNITY AND MUSEUM GRANTS
(9) MN PRISON WRITING WORKSHOP PO BOX 7262 MINNEAPOLIS, MN 55407	47-1890824	501(C)(3)	17,650	0			MHC LEGACY GRANT
(10) WHEELS & COG CHILDREN'S MUSEUM PO BOX 157 HUTCHINSON, MN 55350	81-3324797	501(C)(3)	91,747	0			REGRANT OF MN LEGACY AMENDMENT FUNDING FOR NAMED GRANTEE
(11) SPRINGBOARD FOR THE ARTS 308 PRINCE ST 270 ST PAUL, MN 55101	41-1690483	501(C)(3)	90,000	0			MHC LEGACY RE-GRANT
(12) DAKOTA COUNTY HISTORICAL SOCIETY 130 3RD AVENUE NO ST PAUL, MN 55057	41-1318150	501(C)(3)	10,000	0			MHC VETERANS VOICES LEGACY RE-GRANT
(13) SGU VETERANS AND FAMILIES OF USA INC 800 MINNEHAHA AVE E SUITE 375 ST PAUL, MN 55106	72-1612652	501(C)(3)	20,000	0			MHC VETERANS VOICES LEGACY RE-GRANT
(14) 30000 FEET			18,000	0			LEGACY CULTURAL HERITAGE GRANT
(15) ACCESS PHILANTHROPY CHARITIES			47,250	0			LEGACY CULTURAL HERITAGE GRANT
(16) AFRICAN AMERICAN REGISTRY			15,000	0			APR RELIEF
(17) AFRICAN ECONOMIC DEVELOPMENT SOLUTIONS			10,000	0			APR RELIEF
(18) AFRO AMERICAN DEVELOPMENT ASSOCIATION			17,910	0			LEGACY CULTURAL HERITAGE GRANT

(19) ALLIANCE FRANCAISE OF THE TWIN CITIES			20,000	0		ARP NEH
(20) BLACK STORYTELLERS ALLIANCE			10,000	0		ARP NEH
(21) CENTER FOR HMONG ARTS AND TALENT			15,000	0		ARP NEH
(22) CHINESE AMERICAN CHAMBER OF COMMERCE			18,500	0		LEGACY CULTURAL HERITAGE GRANT
(23) COMUNIDADES LATINAS UNIDAS EN SERVICIO			80,000	0		LEGACY CULTURAL HERITAGE GRANT
(24) DAKOTA WICOHAN			15,339	0		ARP NEH
(25) DIVISION OF INDIAN WORK			20,000	0		ARP NEH
(26) EAST POLK HERITAGE CENTER			5,300	0		ARP NEH
(27) EVERY THIRD SATURDAY			15,000	0		ARP NEH
(28) FREEBORN COUNTY HISTORICAL SOCIETY			20,000	0		ARP NEH
(29) GRASSROOTS INDIGENOUS MULTIMEDIA			20,000	0		ARP NEH
(30) GREAT RIVER CHILDREN'S MUSEUM			115,500	0		LEGACY CULTURAL HERITAGE GRANT
(31) GREEN CARD VOICES			21,900	0		LEGACY CULTURAL HERITAGE GRANT
(32) HAYAAN INC			5,300	0		ARP NEH
(33) HERITAGE ORGANIZATION OF ROMANIAN AMERICANS IN MINNESOTA			10,000	0		ARP NEH
(34) HISPANIC ADVOCACY AND COMMUNITY EMPOWERMENTS			50,000	0		LEGACY CULTURAL HERITAGE GRANT
(35) HISTORICAL AND CULTURAL SOCIETY OF CLAY COUNTY			20,000	0		ARP NEH
(36) HMONG ARCHIVES			5,500	0		ARP NEH
(37) HMONG MUSEUM			40,782	0		ARP NEH
(38) IN BLACK INK			14,250	0		ARP NEH
(39) INDIA ASSOCIATION OF MINNESOTA			30,000	0		LEGACY CULTURAL HERITAGE GRANT
(40) IRAQI AND AMERICAN RECONCILIATION PROJECT			27,924	0		LEGACY CULTURAL HERITAGE GRANT
(41) LAJUNE THOMAS LANGE INTERNATIONAL LEADERSHIP			10,000	0		ARP NEH

INSTITUTE							
(42) LOWER SIOUX INDIAN COMMUNITY IN THE STATE OF MINNESOTA			35,220	0			LEGACY CULTURAL HERITAGE GRANT
(43) MENDOTA MDEWAKANTON DAKOTA TRIBAL COMMUNITY			23,300	0			ARP NEH
(44) MIGIZI COMMUNICATIONS INC			19,742	0			LEGACY CULTURAL HERITAGE GRANT
(45) MINNESOTA AFRICAN AMERICAN HERITAGE MUSEUM AND GALLERY			15,000	0			ARP NEH
(46) MINNESOTA TRANSPORTATION MUSEUM INC			20,000	0			ARP NEH
(47) MINORS IN NEED OF RESETTLEMENT			40,000	0			LEGACY CULTURAL HERITAGE GRANT
(48) MN ZEJ ZOG			31,500	0			LEGACY CULTURAL HERITAGE GRANT
(49) NATIVE AMERICAN COMMUNITY DEVELOPMENT INSTITUTE			57,850	0			ARP NEH
(50) NEW ARAB AMERICAN THEATER WORKS			17,100	0			LEGACY CULTURAL HERITAGE GRANT
(51) OLDENBURG ARTS AND CULTURAL COMMUNITY			14,550	0			ARP NEH
(52) OLMSTED COUNTY HISTORICAL SOCIETY			20,000	0			ARP NEH
(53) OTTER COVE CHILDREN'S MUSEUM LLC			45,370	0			LEGACY CULTURAL HERITAGE GRANT
(54) PHUMULANI MINNESOTA AFRICAN WOMEN AGAINST VIOLENCE			15,000	0			ARP NEH
(55) PLANTING PEOPLE GROWING JUSTICE LEADERSHIP INSTITUTE			42,750	0			LEGACY CULTURAL HERITAGE GRANT
(56) RAGAMALA DANCE COMPANY			23,750	0			LEGACY CULTURAL HERITAGE GRANT
(57) REGION 5 CHILDREN'S MUSEUM			113,061	0			LEGACY CULTURAL HERITAGE GRANT
(58) REVIVING THE ISLAMIC SISTERHOOD FOR EMPOWERMENT			32,087	0			LEGACY CULTURAL HERITAGE GRANT
(59) RONDO CENTER OF DIVERSE EXPRESSION			10,000	0			ARP NEH
(60) SAUK CENTRE AREA HISTORICAL SOCIETY			10,000	0			ARP NEH
(61) SOMALI MUSEUM OF MINNESOTA			20,000	0			ARP NEH

(62) SPEAKING OUT COLLECTIVE			39,335	0		LEGACY CULTURAL HERITAGE GRANT
(63) THE DIAL GROUP			15,400	0		LEGACY CULTURAL HERITAGE GRANT
(64) THE MINNESOTA CHINA FRIENDSHIP GARDEN SOCIETY			13,800	0		LEGACY CULTURAL HERITAGE GRANT
(65) THE SEAD PROJECT			39,250	0		ARP NEH
(66) THE WORKS			86,777	0		LEGACY CULTURAL HERITAGE GRANT
(67) THINKSELF INC			10,000	0		ARP NEH
(68) TUSAALO			15,000	0		ARP NEH
(69) TWIN CITIES AGRICULTURAL LAND TRUST			26,710	0		LEGACY CULTURAL HERITAGE GRANT
(70) TWIN CITIES MEDIA ALLIANCE			11,550	0		LEGACY CULTURAL HERITAGE GRANT
(71) UNITE CLOUD			16,550	0		ARP NEH
(72) UNITED SENIOR LAO AMERICAN			18,000	0		LEGACY CULTURAL HERITAGE GRANT
(73) WALKER WEST MUSIC ACADEMY			80,000	0		LEGACY CULTURAL HERITAGE GRANT
(74) WDSE-WRPT			20,000	0		ARP NEH
(75) WINONA COUNTY HISTORICAL SOCIETY			20,000	0		ARP NEH
(76) WONDERTREK CHILDREN'S MUSEUM			86,832	0		REGRANT OF MN LEGACY AMENDMENT FUNDING FOR CHILDREN'S MUSEUMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 76  
 3 Enter total number of other organizations listed in the line 1 table . . . . . 0

Schedule I (Form 990) 2021 Page 2

**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.

(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	4	45,995			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(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 INCLUDES A FINANCIAL REVIEW.

**Additional Data**

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[Return to Form](#)

**Software ID:**  
**Software Version:**

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (MINNESOTA HUMANITIES CENTER), Employer identification number (41-1322769)

Part I Questions Regarding Compensation

Form with multiple sections (1a-9) regarding compensation questions, including travel, housing, and severance. Includes checkboxes for 'Yes' and 'No' and a '2021' label.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

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.

Table with 7 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Row 1: KEVIN LINDSEY, CHIEF EXECUTIVE OFFICER.





**efile Public Visual Render****ObjectID: 202343199349327064 - Submission: 2023-11-15****TIN: 41-1322769****SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**Open to Public  
InspectionName of the organization  
MINNESOTA HUMANITIES CENTER

Employer identification number

41-1322769

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE COMMITTEE RECEIVES COPIES AND REVIEWS THE ENTIRE 990; IT IS ALSO REVIEWED BY THE CHIEF OPERATING OFFICER AND THE CEO. A COPY OF THE PUBLIC VERSION IS SENT ELECTRONICALLY TO EACH BOARD MEMBER.
FORM 990, PART VI, SECTION B, LINE 12C	REQUIREMENTS ARE REVIEWED WITH ALL INCOMING BOARD MEMBERS, AND THEN ANNUALLY WITH FULL BOARD. IF THERE ARE CONFLICTS, THE BOARD MEMBER RECUSES THEMSELVES FROM THE DISCUSSION AND VOTE.
FORM 990, PART VI, SECTION B, LINE 15	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 SURVEYS OR THROUGH REVIEW OF 990'S FOR OTHER NONPROFITS. THERE IS A SALARY GRADE AND RANGE 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 RESPONSIBILITIES, 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, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE PROVIDED UPON REQUEST. IN ADDITION, SINCE 2008, THE ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS AND FORM 990'S ARE ON OUR WEBSITE.
FORM 990, PART IX, LINE 11G	CONTRACT SERVICE FEES: PROGRAM SERVICE EXPENSES 2,881,628. MANAGEMENT AND GENERAL EXPENSES 88,166. FUNDRAISING EXPENSES 59,599. TOTAL EXPENSES 3,029,393. STIPENDS: PROGRAM SERVICE EXPENSES 258,612. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 258,612.
FORM 990, PART XI, LINE 9:	RETURN OF ADVANCED GRANT FUNDS -134,931. WRITE OFF OF LAND LEASE -153,553.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data****Return to Form****Software ID:****Software Version:**