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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

			' -						
			endar year, or tax year beginning C Name of organization	g 07-01-2012 , 2012, and end	ing 06-30	0-2013	D Sweeter		
_		pplicable	MINNEAPOLIS SOCIETY OF FINE ART				D Employ	уег та	entification number
_	lress ch	_	DBA MINNEAPOLIS INSTITUTE OF AR Doing Business As	als .			41-06	9391	. 5
_ Nar	ne cha	nge	MINNEAPOLIS INSTITUTE OF ARTS						
Init	ıal retu	m		all is not delivered to street address)	Room/sur	te	E Telepho	ne nur	mber
Ter	mınate	d	2400 THIRD AVENUE SOUTH						
– _{Am}	ended i	return	City or town, state or country, and 2	ZIP + 4			(612)	870-	3000
– Apr	lication	pending	MINNEAPOLIS, MN 55404				G Gross re	ceinte	\$ 107,811,051
			F Name and address of prir	ocinal officer		U(a) T			· · · · · · · · · · · · · · · · · · ·
			KAYWIN FELDMAN	icipal officer			:his a group liates?	retur	n for
			2400 THIRD AVENUE SOU						,
			MINNEAPOLIS,MN 55404						uded? 「Yes 「No
Ta	x-exem	npt status	▼ 501(c)(3)	Insert no)	27	If"	No," attach	a lıst	(see instructions)
		<u> </u>				H(c) Gr	oup exempti	on nu	ımber ►
W	ebsite	e: P - WW	/W ARTSMIA ORG						
(Forr	n of org	ganızatıon	Corporation Trust Associatio	n Cther 🕨		L Year of	formation 188		State of legal domicile
Do	T	· · · · · ·						١	1N
Pa	rt I		mary						
			escribe the organization's mission THE COMMUNITY BY COLLEC			ACCESSIE	N F OUTST	ΔИПΙ	NG WORKS OF ART
υ		LIVILLE	THE COMMONITY BY COLLEC	T- ING, PRESERVING, AND P	IAKING	ACCESSIE	<u> </u>	TIVE	NG WORKS OF ART
<u>3</u>									
<u> </u>	-								
sovemance	2 (Check th	nis box দ if the organization di	scontinued its operations or dis	sposed o	f more than	25% of its	net a	ssets
	١,,	NI	of water a marshage of the govern	una hadu (Dant VII. luna 1 a)			ı	3	I
Activities &	l		of voting members of the govern				ŀ	4	55
≝ ≣	l		of independent voting members				- I		49
Ę	l		mber of individuals employed in a					5	369
ŧ			mber of volunteers (estimate if n	• •			• •	6	545
			related business revenue from P lated business taxable income fi					7a	1,114,389
	В	net unre	lated business taxable income i	om Form 990-1, line 34	· · ·			7b	957,477
		C t	h			Pr	ior Year 23,265,5		Current Year
<u>a</u>	8			grants (Part VIII, line 1h)					26,362,644
Revenue	9	_	·				1,606,0	-	4,119,262
죮	10		ment income (Part VIII, column				8,279,1	_	7,626,495
_	11		revenue (Part VIII, column (A), revenue—add lines 8 through 11				271,6	014	505,227
	12		evenue—add illes 8 tillough 11			'	33,422,3	323	38,613,628
	13		s and similar amounts paid (Part					0	0
	14		ts paid to or for members (Part I					0	0
	15	Saları	es, other compensation, employe	ee benefits (Part IX, column (A), lines				
Expenses		5-10					16,332,8	378	16,799,833
₹	16a	Profes	sional fundraising fees (Part IX,	column (A), line 11e)			8,7	'50	1,575
ਡੌ	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) 🕨 1,539,034					
_	17	Other	expenses (Part IX, column (A),	nes 11a-11d, 11f-24e) .			16,547,1	. 58	22,867,779
	18	Total	expenses Add lines 13–17 (mu	st equal Part IX, column (A), lır	ne 25)		32,888,7	86	39,669,187
	19	Reven	ue less expenses Subtract line	18 from line 12			533,5	37	-1,055,559
දී ජ						Beginni	ng of Currer	nt	End of Year
9.45 9.45 9.45		T	and (Back V. Iona & C.)				Year		
Net Assets of Fund Balances	20		assets (Part X, line 16)				285,084,5	$\overline{}$	299,361,210
5 S	21		liabilities (Part X, line 26)			·	14,033,3	-	15,645,705
	22		sets or fund balances Subtract	line 21 from line 20			271,051,2	109	283,715,505
	t II		ature Block				.1		
			perjury, I declare that I have exa belief, it is true, correct, and con						
			nowledge	.р. с. с. р. с.р. с.	(***********				
		Τ.							
		****					2014-05-13		
Sign		F Signa	ature of officer				Date		
Here	2		ICIA GRAZZINI DEPUTY DIRECTOR/COO	D/ASST TREAS					
		17	or print name and title	Ta ·	,				
_	_	F	rınt/Type preparer's name ARRY ADAMS	Preparer's signature	Da		heck if elf-employed	PTIN P0131	14654
Paid		F	irm's name FCLIFTONLARSONALLEN	LLP			ım's EIN 🕨 41		
?re	pare	r L							
	Onl		ırm's address 🟲 220 SOUTH SIXTH STR	EET SUITE 300		P	hone no (612)	376-4	4500

MINNEAPOLIS, MN 55402 May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes No

	30 (2012)	Page Z
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	·
1	Briefly describe the organization's mission	
THE MINNEAPOLIS INSTITUTE OF ARTS (MIA) ENRICHES THE COMMUNITY BY COLLECTING, PRESERVING, AND MAACCESSIBLE OUTSTANDING WORKS OF ART FROM THE WORLD'S DIVERSE CULTURES 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	AKING	
2		Yes ▼ No
	·	165 / 110
3	Old the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes ✓ No
4	expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations t	
4a	EXHIBITIONS EXHIBITIONS BRING NEW INSIGHTS TO ART OUR GALLERIES ARE FILLED WITH A DIVERSE AND RICH SPECTRUM OF EXHIBITIONS EITHER ORIGINAL SCHOLARSHIP OR THROUGH PARTNERSHIPS WITH OTHER LEADING ART MUSEUMS MIA PRODUCED 31 EXHIBITIONS AND 2 F	360,275) s, PRODUCED FROM PUBLICATIONS
	DURING THE PAST YEAR	
4b	ACQUISITIONS ACQUISITIONS BRING NEW STRENGTH TO THE COLLECTION THE PERMANENT COLLECTION IS ALWAYS AT THE CORE OF OUR W	230,647) /ORK IN THE YEAR
	ENDED JUNE 30, 2013, 2,120 SUPERB OBJECTS WERE ACQUIRED ENRICHING EACH OF THE SEVEN CURATORIAL COLLECTING AREAS	
4c	(Code) (Expenses \$ 2,927,316 including grants of \$ 0) (Revenue \$	183,400)
	WIDE ARRAY OF PUBLIC PROGRAMS WHICH INCLUDE POPULAR YOUTH AND FAMILY PROGRAMS, STUDENT AND ADULT CLASSES, SEMINARS, LE DEMONSTRATIONS, CONCERTS, AND FILMS THROUGH THE MUSEUMS COMPREHENSIVE SCHOOL SERVICES PROGRAM, EDUCATORS AND COMP	CTURES,
	(Code) (Expenses \$ 4.681.085 including grapts of \$ 0.) (Pevenue \$ 1.5	344,940)
	A CULTURAL HIGHLIGHT OF THE TWIN CITIES, THE MINNEAPOLIS INSTITUTE OF ARTS (MIA) IS INTERNATIONALLY RENOWNED AS ONE OF THE ENCYCLOPEDIC FINE ART MUSEUMS IN A BEAUTIFUL LANDMARK STRUCTURE NEAR DOWNTOWN MINNEAPOLIS, THE MUSEUM HOUSES A WOR COLLECTION OF MORE THAN 80,000 WORKS OF ART, REPRESENTING ARTISTIC TRADITIONS AND TREASURES SPANNING 5,000 YEARS THE MI ADMISSIONS POLICY, IS AN INVALUABLE RESOURCE TO THE COMMUNITY, WELCOMING VISITORS OF ALL AGES TO ENJOY THE WONDER AND BE ART DURING THE 2013 FISCAL YEAR, 679,753 PEOPLE VISITED THE MIA, WITH AN ADDITIONAL 1 5 MILLION VIRTUAL VISITORS EXPLORING THE COLLECTIONS AND EXHIBITIONS VIA ITS AWARD-WINNING WEB SITES, WWW ARTSMIA ORG AND WWW ARTSCONNECTED ORG, AND AN ADDITIONAL PROPERTIES ON THE MIA'S SOCIAL MEDIA SITES, INCLUDING FACEBOOK, TWITTER, YOUTUBE, FOURSQUARE, INSTAGRAM, AND FLICKR THE 24,000 MEMBER HOUSEHOLDS DURING THE FISCAL YEAR WITH A STRONG COMMITMENT TO OUTREACH AND EDUCATION, THE MIA COMPLEME COLLECTION AND EXHIBITIONS WITH A WIDE ARRAY OF PUBLIC PROGRAMS, CLASSES, LECTURES, AND SPECIAL EVENTS THROUGH THE MIA'S SCHOOL SERVICES PROGRAM, EDUCATORS AND COMMUNITY VOLUNTEERS DURING FISCAL YEAR 2013 BROUGHT ART INTO THE LIVES OF NEAR	GREAT LD-CLASS A, WITH ITS FREE AUTY OF MUSEUM'S IONAL 10 2 MILLION MIA HAD OVER INTS ITS COMPREHENSIVE
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 4,681,085 including grants of \$) (Revenue \$ 1,344,94	0)
4e	Total program service expenses ► 32,905,769	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V.	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\footnote{5}$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Par	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 179		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		OD		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
b	services provided to the payor?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		103	
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
С	Enter the amount of reserves on hand	[
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		I

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee 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	9		No
-	cation B. Balliston (This Continu B. manusche information 1997) 1997 1997 1997 1997 1997 1997		_ ,	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed►MN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- **9** 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►KRIS DAVIDSON 2400 THIRD AVENUE SOUTH MINNEAPOLIS, MN (612) 870-3064

Form	990	(2012)
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

	1	1										
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	organizations below	organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table												
	•	•	•							Form 990 (2012)		

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	than o	one l both	box, ≀an	check unless officer istee)	6	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed
											_		
											_		
1 b	Sub-Total						•	F					
c d	Total from continuation sheet Total (add lines 1b and 1c).			Α.	•	•	•	•	2,163,219	,	0		261,612
	Total number of individuals (in			to th	ose	lıste	d abov						
	\$100,000 of reportable compe							·					
										_		Yes	No
3	Did the organization list any f e on line 1a? <i>If</i> "Yes," complete S					key •	emplo •	yee,	, or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1									or individual for			
	services rendered to the organ	nization? <i>If "Ye</i> s	," compi	iete S	chea	iule .) tor su	ch p	erson	[5		Νo
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five		ensate	d ind	eper	den	t contr	acto	rs that received mo	re than \$100,000	of		

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(B)	(C)
Description of services	Compensation
PARKING CONTROL INSTALLATION	367,604
SHIPPING/FREIGHT SERVICES	348,865
INVESTMENT MANAGEMENT	213,197
INVESTMENT ADVISOR	150,000
ELEVATOR UPGRADES	139,283
	Description of services PARKING CONTROL INSTALLATION SHIPPING/FREIGHT SERVICES INVESTMENT MANAGEMENT INVESTMENT ADVISOR

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 >35

		Check If Schedi	ule O contains a respon	se to any question i	n this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or
	4-							514
st st	1a	Federated cam		1 067 060				
	Ь	Membership du		1,867,869				
evenue Contributions, Giffs, Grants 5 and Other Similar Amounts 5	С	Fundraising eve	ents 1c	502,142				
	d	Related organiz	zations 1d					
	е	Government grants	s (contributions) 1e	11,462,683				
r S	f	All other contribution	ons, gifts, grants, and 1f	12,529,950	İ			
the lar	q		ons included in lines	707.247				
d d	9	1a-1f \$		707,347				
<u> </u>	h	Total. Add lines	s 1 a - 1 f		26,362,644			
<u>e</u>				Business Code				
ven	2a	PROGRAM ADMISS		900099	2,360,275	2,360,275		
<u>æ</u>	Ь	RENTALS/REIMBUF	RSEMENTS	532000	930,592	914,912	15,680	
егисе В	C	PARKING		812930	367,709	367,709		
Set	d	DEACCESSIONS CLASSES AND PRO	ICDAMS	900099	230,647	230,647		
ran	e f	All other progra	am service revenue	900099	183,400	183,400		
ا پر	'				46,639	46,639		
п	g		s 2a-2f		4,119,262			
	3		ome (including dividend ar amounts)		5,005,439		1,098,709	3,906,730
	4	Income from inves	stment of tax-exempt bond p	proceeds 🕨				
	5	Royalties		🟲				
	6a	Gross rents	(ı) Real	(II) Personal				
	b	Less rental						
	c	expenses Rental income						
	d	or (loss)	me or (loss)					
	u	Net rental inco	(i) Securities	(II) Other				
	7a	Gross amount from sales of assets other	71,043,385	(4,75 343				
	ь	than inventory Less cost or	60,422,220					
		other basis and sales expenses	68,422,329					
	C	Gain or (loss)	2,621,056		2 624 056			2 624 056
	d 8a	Net gain or (los Gross income f	ss)	· · · · •	2,621,056			2,621,056
Other Revenue		events (not inc \$502	luding ,142 s reported on line 1c)	154,351				
hei hei	ь	Less direct ex	penses b	221,975				
ნ	С	Net income or (loss) from fundraising e	events 🛌	-67,624			-67,624
	9a		rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С		- loss) from gamıng actı). ت	vities≱-				
	10a	Gross sales of returns and allo		1,125,970				
	b	Less cost of g	oods sold b	553,119				
	С		(loss) from sales of inve		572,851			572,851
	11-	Miscellaneous	s Revenue	Business Code				
	11a h							
	Ь							
	c d	All other reven	ue					
	e	Total. Add lines	L	🕨	+			
	12		See Instructions					
		iocai revenue.	oce THPH ACTIONS	• • •	38,613,628	4,103,582	1,114,389	7,033,013

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,322,768 611,030 591,987 119,751 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 60,000 60,000 described in section 4958(c)(3)(B) . . . Other salaries and wages 12,206,065 10,607,858 707,859 890,348 Pension plan accruals and contributions (include section 401(k) 636,773 369,635 233,548 33,590 and 403(b) employer contributions) 1,619,818 203,313 Other employee benefits 1,297,883 118,622 10 954,409 787,003 95,683 71,723 11 Fees for services (non-employees) Management 249,351 34,096 215,255 Legal 130,938 130,938 42,500 42,500 Professional fundraising services See Part IV, line 17 1,575 1,575 Investment management fees 1,428,073 1,428,073 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 2,460,633 2,091,206 301,346 Schedule O) 68.081 Advertising and promotion . . 632,087 597,383 26,296 12 8,408 13 Office expenses . . . 1,469,669 1,347,383 73,925 48,361 103,195 208,804 14 Information technology . . 316,825 4,826 15 Royalties . 2,460,325 163,598 21,523 16 Occupancy 2,275,204 **17** 526,859 390,287 132,260 4,312 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 39,272 6,952 31,980 340 20 Interest 79,860 79,860 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 2,864,176 2,702,892 146,860 14,424 23 632,504 401,848 230,656 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a ACCESSIONS 8,424,612 8,424,612 SHIPPING, CRATINGS, PAC 729,408 718,416 10,992 DUES AND SUBSSCRIPTIONS 157,157 75,643 76,263 5,251 d UBITAXES 127,899 127,899 e All other expenses 95,631 63,243 32,388 Total functional expenses. Add lines 1 through 24e 25 39,669,187 32,905,769 5,224,384 1,539,034 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	rt X	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	9,550	1	12,950
	2	Savings and temporary cash investments	18,028,301	2	23,343,643
	3	Pledges and grants receivable, net	4,979,605	3	4,237,315
	4	Accounts receivable, net	9,171,472	4	9,234,519
	5	Loans and other receivables from current and former officers, directors, trustees, ke employees, and highest compensated employees Complete Part II of Schedule L	У	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employer and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	·s	6	
×	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	319,529		298,515
	9	Prepaid expenses and deferred charges	328,178		258,483
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 111,910,9	51		,
	ь	Less accumulated depreciation	71,223,093	10c	70,070,002
	11	Investments—publicly traded securities	43,979,946	11	58,772,924
	12	Investments—other securities See Part IV, line 11	81,717,326	12	75,164,765
	13	Investments—program-related See Part IV, line 11		13	_
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	55,327,516	15	57,968,094
	16	Total assets. Add lines 1 through 15 (must equal line 34)	285,084,516	16	299,361,210
	17	Accounts payable and accrued expenses	4,131,518	17	6,651,110
	18	Grants payable		18	
	19	Deferred revenue	5,835,729	19	5,598,500
	20	Tax-exempt bond liabilities		20	
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	_
	24	Unsecured notes and loans payable to unrelated third parties	2,901,249	24	2,284,375
	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	4 404 044	25	4 444 700
	25	D	1,164,811		1,111,720 15,645,705
ر ان ان	26	Total liabilities. Add lines 17 through 25	14,035,307	26	15,645,705
ဋ်	27	Unrestricted net assets	97,708,598	27	101,312,634
<u>छ</u>	28	Temporarily restricted net assets	42,916,965	28	44,930,195
<u> </u>	29	Permanently restricted net assets	130,425,646	29	137,472,676
nu		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and	133,420,340	2.5	101,-112,010
or Fund Balance		complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	_
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Šet	33	Total net assets or fund balances	271,051,209	33	283,715,505
Z	34	Total liabilities and net assets/fund balances	285,084,516	34	299,361,210
	1		,,,,,,,,,,		Form 000 (2012)

Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· ·	<u> </u>	• •	*
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38.6	513,628
2	Total expenses (must equal Part IX, column (A), line 25)	2			69,187
3	Revenue less expenses Subtract line 2 from line 1	3			55,559
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			51,209
5	Net unrealized gains (losses) on investments	5		13,8	393,436
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 1	.73,581
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		283,7	15,505
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O			li	
	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?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: Software Version:

EIN: 41-0693915

Name: MINNEAPOLIS SOCIETY OF FINE ARTS

DBA MINNEAPOLIS INSTITUTE OF ARTS

Form 990, Part VII - Compensation of Compensated Employees, and Indeper (A) Name and Title	Officers, Dir ndent Contra (B) Average hours per week (list any	(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations	
KAYWIN FELDMAN DIRCTOR AND PRESIDENT	40 00	х		х				404,745	0	58,587	
SHARI BALLARD ELECTIVE TRUSTEE	1 00	х						0	0	0	
GARY BHOJWANI ELECTIVE TRUSTEE	1 00	х						0	0	0	
MAURICE BLANKS ELECTIVE TRUSTEE	1 00	х						0	0	0	
BLYTHE BRENDEN ELECTIVE TRUSTEE	1 00	х						0	0	0	
KITTY CROSBY ELECTIVE TRUSTEE	1 00	х						0	0	0	
LUCY CROSBY MITCHELL ELECTIVE TRUSTEE	1 00	х						0	0	0	
RICHARD DAVIS ELECTIVE TRUSTEE	1 00	х						0	0	0	
ERIC DAYTON ELECTIVE TRUSTEE	1 00	х						0	0	0	
JANE EMISON ELECTIVE TRUSTEE	1 00	х						0	0	0	
NANCY ENGH ELECTIVE TRUSTEE	1 00	х						0	0	0	
MICHAEL FERNANDEZ ELECTIVE TRUSTEE	1 00	х						0	0	0	
GAYLE FUGUITT ELECTIVE TRUSTEE	1 00	х						0	0	0	
PAUL GRANGAARD ELECTIVE TRUSTEE	1 00	х						0	0	0	
JOHN HIMLE ELECTIVE TRUSTEE	1 00	х						0	0	0	
JOHN HUSS ELECTIVE TRUSTEE	1 00	х						0	0	0	
MARY INGEBRAND POHLAD ELECTIVE TRUSTEE	1 00	х						0	0	0	
HUBERT JOLY ELECTIVE TRUSTEE	1 00	х						0	0	0	
ERIC LEVINSON ELECTIVE TRUSTEE	1 00	х						0	0	0	
DIANE LILLY ELECTIVE TRUSTEE	1 00	х						0	0	0	
JOHN LINDAHL ELECTIVE TRUSTEE	1 00	х						0	0	0	
REID MACDONALD ELECTIVE TRUSTEE	1 00	х						0	0	0	
BETTY MACMILLAN ELECTIVE TRUSTEE	1 00	х						0	0	0	
NIVIN MACMILLAN ELECTIVE TRUSTEE	1 00	х						0	0	0	
BRENT MAGID ELECTIVE TRUSTEE	1 00	х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours more than one box, compensation compensation of other unless person is both per from the from related compensation organization (Worganizations (Wan officer and a from the week (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Highest compensated employee Individual 1 or director hours organizations stitutional for employ related organizations trustaa below 8 Trustee dotted line) 1 00 AL MCOUINN Χ 0 0 0 ELECTIVE TRUSTEE 1 00 LENI MOORE 0 0 **ELECTIVE TRUSTEE** 1 00 SHEILA MORGAN 0 0 0 Х **ELECTIVE TRUSTEE** 1 00 ROBERT W NELSON Х 0 0 0 **ELECTIVE TRUSTEE** 1 00 MARY OLSON 0 0 **ELECTIVE TRUSTEE** 1 00 MIKE OTT 0 0 Х 0 **ELECTIVE TRUSTEE** 1 00 LINDA PERLMAN 0 0 0 Х **ELECTIVE TRUSTEE** 1 00 JOHN PRINCE 0 0 **ELECTIVE TRUSTEE** 1 00 ABIGAIL ROSE Χ 0 0 **ELECTIVE TRUSTEE** 1 00 MARIANNE SHORT 0 X 0 0 **ELECTIVE TRUSTEE** 1 00 ROGER SIT Х 0 0 0 **ELECTIVE TRUSTEE** 1 00 MIKE SNOW 0 Χ 0 **ELECTIVE TRUSTEE** 1 00 ROBERT STEPHENS 0 0 0 Х **ELECTIVE TRUSTEE** 1 00 RALPH STRANGIS Х 0 0 0 ELECTIVE TRUSTEE 1 00 JOHN E ANDUS III 0 0 0 LIFE TRUSTEE 1 00 MARVIN BORMAN 0 0 0 Х LIFE TRUSTEE 1 00 SANDRA K BUTLER 0 0 0 Х LIFE TRUSTEE 1 00 **BURTON COHEN** Χ 0 0 0 LIFE TRUSTEE 1 00 BRUCE B DAYTON 0 0 0 LIFE TRUSTEE 1 00 JOHN DRISCOLL 0 0 0 Х LIFE TRUSTEE 1 00 BEVERLY GROSSMAN Х 0 0 0 LIFE TRUSTEE 1 00 ALFRED HARRISON 0 0 0 LIFE TRUSTEE 1 00 MYRON KUNIN 0 0 0 Х LIFE TRUSTEE 1 00 DAVID M LEBEDOFF Х 0 0 0 LIFE TRUSTEE 1 00 CLINTON MORRISON 0 LIFE TRUSTEE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both per from the from related compensation an officer and a organization (Worganizations (Wweek from the director/trustee) 2/1099-MISC) 2/1099-MISC) (list organization and any related Individual 1 or dilector <u>∯</u> [20 Highest compensated employee Institutional Trustee hours organizations iner e employ for related organizations trustiee below dotted line) 1 00 **BOB ULRICH** Х 0 0 LIFE TRUSTEE 1 00 GOVERNOR MARK DAYTON 0 0 0 Х TRUSTEE BY VIRTUE OF OFFICE 1 00 MAYOR RT RYBAK Х 0 0 0 TRUSTEE BY VIRTUE OF OFFICE 1 00 SENATOR SCOTT DIBBLE Х 0 0 0 TRUSTEE BY VIRTUE OF OFFICE 1 00 REP PAUL THISSEN 0 0 Х 0 TRUSTEE BY VIRTUE OF OFFICE 1 00 **REP KURT ZELLERS** 0 0 0 Х TRUSTEE BY VIRTUE OF OFFICE 1 00 COMMISSIONER MIKE OPAT Х 0 0 0 TRUSTEE BY VIRTUE OF OFFICE 1 00 COMMISSIONER ANITA TABB Х 0 0 0 TRUSTEE BY VIRTUE OF OFFICE 1 00 CAROLYN DAHL 0 0 X Ω TRUSTEE BY VIRTUE OF OFFICE 40 00 MICHELE CALLAHAN Χ 79,144 0 11,963 **SECRETARY** 40 00 PATRICIA GRAZZINI Χ 290,228 0 41,381 DEPUTY DIRECTOR & COO/ASST TREASURER 40 00 ELIZABETH ARMSTRONG Χ 184,261 0 21,630 DIR OF CAMP, CURATOR OF CONTEMP ART 40 00 MATTHEW WELCH 0 Χ 199,939 15,899 **DEPUTY DIRECTOR & CHIEF CURATOR** 40 00 DOUGLAS HEGLEY Χ 194,250 0 22,343 DIRECTOR OF TECHNOLOGY 40 00 JULIANNE AMENDOLA 0 Х 146,612 13,014 DIRECTOR OF DEVELOPMENT 40 00 PATRICK NOON Χ 168,230 0 16,881 CURATOR OF PAINTINGS 40 00 THOMAS RASSIEUR 0 Χ 143,314 12,873 **CURATOR OF PRINTS & DRAWINGS** 40 00 EIKE SCHMIDT Х 144,967 0 15,737 CURATOR OF DECORATIVE ARTS 40 00 Χ 147,529 0 31,304 CURATOR OF CHINESE, INDIAN & SE ASIAN ART

40 00

60,000

0

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Χ

EVAN MAURER

FORMER DIRECTOR AND PRESIDENT

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As Filed Data -

DLN: 93493135035044

OMB No 1545-0047

<u>|</u>

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

MINNEAPOLIS SOCIETY OF FINE ARTS

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. ▶ See separate instructions.

2012

Open to Public Inspection

DBA M	INNEAF	POLIS INS	TITUTE OF ART	S					41-0693	3915			
	τI			blic Charity Sta				•	<u> </u>	ınstruction	S.		
The o	rgani	zatıon is	not a priva	te foundation becaus	eitis (For	lines 1 thro	ough 11, chec	k only one	box)				
1	\sqcap	A chur	ch, convent	on of churches, or a	ssociation of	fchurches	described in	section 170	(b)(1)(A)(i)	3			
2	\sqcap	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Sche	dule E)						
3	\sqcap	A hosp	oital or a cod	perative hospital se	rvice organiz	zatıon desc	rıbed ın sect i	ion 170(b)(1)(A)(iii).				
4	\sqcap	A medi	ical researc	h organization operat	ted ın conjun	ction with	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	Enter the		
_	_			ty, and state									
5	ı	_	•	erated for the benefi	_	e or univers	sity owned or	operated by	/ a governme	ntal unit des	cribed in		
	_		section 170(b)(1)(A)(iv). (Complete Part II)										
6				local government or									
7	굣	_		at normally receives		•	s support fro	m a governn	nental unit or	from the ge	neral public		
	$\overline{}$			on 170(b)(1)(A)(vi). : described in sectior	•	•	mploto Bart	TT \					
8 9	,		· ·				-	-	ibutions moi	mbarahın fac	ac and grace		
9	,			at normally receives									
				ities related to its ex									
				oss investment inco						ı tax) irom t	ousinesses		
10	_		equired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) n organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
10	_	_											
11	ı			ganized and operated									
			one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
		a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally inte											
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons											
				on managers and ot	her than one	or more pu	ablicly suppo	rted organız	ations descri	bed in section	on 509(a)(1) or		
_			1 509(a)(2)	received a ventage d		from the T	DC that it is	Tuna I Tu	no II or Tun	a III ayanar	ting organization		
f			rganization this box	received a written de	etermination	from the I	KS that it is a	a Type I, Ty	pe II, or i yp	e III suppor	ting organization,		
g				2006, has the organi	zation acce	oted any gi	ft or contribu	tion from an	y of the		,		
_			ng persons?	,	·	, -							
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	ner alone or	r together wit	h persons d	escribed in (i		Yes No		
		and (111) below, the	governing body of th	ie supported	organizati	on?			11	.g(i)		
		(ii) A f	amıly memb	er of a person descr	bed ın (ı) ab	ove?				11	g(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)) above?			119	g(iii)		
h		Provide	e the followi	ng information about	the support	ed organıza	ation(s)						
_) Nam		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo	•	(vi) I:		(vii) A mount of		
	uppoi			organization	organizat		the organ		organiza		monetary		
organization		ation		(described on lines 1- 9 above	col (i) lıs your gove		ın col (i) suppo		col (i) or in the		support		
			or IRC section	docume	_	J Supp.	516	"" ""					
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
			-			1		+	1	+			
								+					
Total								+					
				1	i		1	1	1	1			

Page 2

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning (a) 2008 (b) 2009 (c) 2010 (d) 2011 (d) 2011 (d) 2011

S	ection A. Public Support	acion ians to que	anny ander the	tests listed bele	ow, picase com	piete i dit iii.)	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	11,615,500	15,175,971	12,526,148	11,769,426	16,030,423	67,117,468
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	12,022,040	12,400,267	12,184,216	11,496,112	10,694,913	58,797,548
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	23,637,540	27,576,238	24,710,364	23,265,538	26,725,336	125,915,016
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) Public support. Subtract line 5 from line 4						125,915,016
	ection B. Total Support						
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	23,637,540	27,576,238	24,710,364	23,265,538	26,725,336	125,915,016
8	Gross income from interest,					, ,	· · ·
	dividends, payments received on securities loans, rents, royalties and income from similar sources	7,600,499	6,206,712	5,236,913	5,962,433	5,005,439	30,011,996
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	-356,764	97,911	1,653			-257,200
11	Total support (Add lines 7						155,669,812
12	through 10) L Gross receipts from related activit	les.etc (see insti	ructions)			12	11,853,623
13	First five years. If the Form 990 is		•	L third, fourth, or f	ifth tax vear as a		
	this box and stop here	_				· · · · · · · · · · · · · · · · · · ·	
	ection C. Computation of Pul						
14	Public support percentage for 2012		•	11, column (f))		14	80 890 %
15	Public support percentage for 201	•	•			15	78 970 %
16a	33 1/3% support test—2012. If the				ne 14 is 33 1/3%	or more, check th	
ь	and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. 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	7a 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization			_			► □
b	10%-facts-and-circumstances test 15 is 10% or more, and if the orga						
	Explain in Part IV how the organiza						у
	supported organization				-	•	´ ▶ □
18	Private foundation. If the organiza instructions	tion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check this	box and see	▶ □

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose									
3	Gross receipts from activities that									
	are not an unrelated trade or									
	business under section 513			-						
4	Tax revenues levied for the									
	organization's benefit and either									
	paid to or expended on its behalf									
5	The value of services or facilities									
3	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
	Amounts included on lines 1, 2,									
/a	and 3 received from disqualified									
	persons									
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									
С	Add lines 7a and 7b									
8	Public support (Subtract line 7c									
	from line 6)									
_Se	Section B. Total Support									
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai			
9	A mounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar									
	sources									
Ь	Unrelated business taxable income (less section 511 taxes)									
	from businesses acquired after									
	June 30, 1975									
c	Add lines 10a and 10b									
11	Net income from unrelated									
11	business activities not included									
	in line 10b, whether or not the									
	business is regularly carried on									
12	Other income Do not include									
	gain or loss from the sale of									
	capital assets (Explain in Part									
	IV)									
13	Total support. (Add lines 9, 10c,									
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)				
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►			
	check this box and stop here	a Cunnaut Da								
	ction C. Computation of Public			1.2		T I				
15	Public support percentage for 2012			13, column (T))		15				
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16				
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge						
17	Investment income percentage for 20				nn (f))	17				
					. , ,					
18	Investment income percentage from					18				
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□			

33 1/3% support tests—2011. 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 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 or 990-EZ) 2012

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DLN: 93493135035044

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

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. ► See separate instructions.

Inspection

If the organization answered "Yes" to 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

● S ● S If the	Section 501(c)(3) organizations tl Section 501(c)(3) organizations tl	s" to Form 990, Part IV, Line 4, or hat have filed Form 5768 (election und hat have NOT filed Form 5768 (election s" to Form 990, Part IV, Line 5 (Promizations Complete Part III	er section 501(h)) n under section 50	Complete Part II-A Do not 1(h)) Complete Part II-B Do	complete Part II-B o not complete Part II-A
MIN	me of the organization INEAPOLIS SOCIETY OF FINE ARTS IMINNEAPOLIS INSTITUTE OF ARTS	·		Employer iden 41-0693915	tification number
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	cal campaign acti	vities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	▶	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	4 955 ▶	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		┌ Yes ┌ No
4 a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organızatıons	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b ►	\$
4	Did the filing organization file I	Form 1120-POL for this year?			⊤ Yes
5	organization made payments l amount of political contribution	nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid froi irectly delivered t	m the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
			-		

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2	
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election	
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN	
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN	
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly			
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)				
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)				
c	Total lobbying expenditures (add lines 1a and 1b	o)					
d	O ther exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1c	c and 1d)					
f	Lobbying nontaxable amount Enter the amount fo						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:				
	Not over \$500,000	20% of the amount on li	ne 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000			
	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					
	Grassroots nontaxable amount (enter 25% of lin	e 1f)					
_	Subtract line 1g from line 1a If zero or less, ente	•		-			
i	Subtract line 1f from line 1c If zero or less, ente			-			
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	porting		
-	section 4911 tax for this year?					┌ Yes ┌ No	
_	4-Voor Av	veraging Period U	Inder Section	F01/b)			
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five	
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1	
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots nontavable amount						

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

_	Tor each "Ves" response to lines 15 through 1, helpy, provide in Part IV a detailed description of the lebbung		1)	(b)	
	For each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying activity.			Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		42,50	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	O ther activities?		Νo		
j	Total Add lines 1c through 1i			42,50	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Dar	$+111-\Delta$ Complete if the organization is exempt under section $501(c)(4)$ section	501/6	1/51 6	r section	

501(c)(6).

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

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."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to 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, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		THE LOBBYIST AND CONSULTANTS RETAINED BY THE MIA PROVIDE GENERAL COUNSEL REGARDING COMMUNITY, GOVERNMENT, AND NONPROFIT ISSUES THE CONSULTANTS DID NOT LOBBY ON BEHALF OF THE MIA

DLN: 93493135035044

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

ternal Revenue Service	F Attach to For	m 990. F See separate instructions.	•	Ilispe	Ction
Name of the organization MINNEAPOLIS SOCIETY OF FINE ARTS DBA MINNEAPOLIS INSTITUTE OF ARTS				oloyer identification num	ber
Part I Organizations Mai		vised Funds or Other Simila		0693915 or Accounts. Comp	lete if the
organization answere	ed Yes to Form 990	(a) Donor advised funds		(b) Funds and other acc	ounts
L Total number at end of year		(a) Bollot davised fallas		(b) I alias alia other acc	ouncs
2 Aggregate contributions to (du	rıng vear)				
Aggregate grants from (during					
Aggregate value at end of year	•				
5 Did the organization inform all	donors and donor adviso	ors in writing that the assets held in ganization's exclusive legal control		ısed Ye s	. Г No
Did the organization inform all	grantees, donors, and do	onor advisors in writing that grant full that grant full the donor or donor advisor, or f	unds can be	e	_
		the organization answered "Ye	s" to Forn	n 990, Part IV, line 7	
Purpose(s) of conservation ease Preservation of land for put Protection of natural habita Preservation of open space Complete lines 2a through 2d easement on the last day of th	olic use (e g , recreation it e if the organization held a	or education)	of a certifie	rically important land are d historic structure m of a conservation	a
·	•			Held at the End of t	he Year
a Total number of conservation e	easements		2a		
b Total acreage restricted by co	nservation easements		2b		
c Number of conservation easen	nents on a certified histo	rıc structure ıncluded ın (a)	2c		
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				
Number of conservation easen	nents modified, transferr	ed, released, extinguished, or termi	inated by th	ne organization during	
the tax year ▶	-				
Number of states where proper	tv subiect to conservati	on easement is located ►			
• •	vritten policy regarding t	he periodic monitoring, inspection,		f violations, and	s
Staff and volunteer hours devo	ted to monitoring, inspe	cting, and enforcing conservation e	asements o	during the year	
	n monitoring, inspecting	, and enforcing conservation easen	nents durın	g the year	
\$Does each conservation easer	nent reported on line 2(d	d) above satisfy the requirements o	f section 1	70(h)(4)(B)(ı)	
and section 170(h)(4)(B)(II)?		nservation easements in its revenue		☐ Yes	i
•	ipplicable, the text of the	e footnote to the organization's fina	•	-	
Part III Organizations Main Complete of the organizations		s of Art, Historical Treasur es" to Form 990, Part IV, line 8		her Similar Assets	
works of art, historical treasure	es, or other sımılar asse	16 (ASC 958), not to report in its i ts held for public exhibition, educat o its financial statements that desc	ion, or rese	earch in furtherance of p	
	es, or other similar asse	16 (ASC 958), to report in its reve ts held for public exhibition, educat e items			ıblıc
(i) Revenues included in Form	990, Part VIII, line 1			► \$	
(ii) Assets included in Form 99	90. Part X			► \$	
If the organization received or	held works of art, histor	ical treasures, or other similar asse 116 (ASC 958) relating to these it		• •	
a Revenues included in Form 99	•	-		▶ \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	ollections of Art	t, His	torical	Trea	sures, or O	the	r Similar <i>i</i>	Asse	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other reco	rds, ch	neck any	of the 1	following that a	are a	sıgnıfıcant u	se of	ıts	
а	✓ Public exhibition d ✓ Loan or exchange programs										
b	▼ Scholarly research e										
С	Preservation for future generations										
4	Provide a description of the organization's of Part XIII	ollections and expla	aın hov	v they fu	ther th	ne organizatior	ı's ex	empt purpos	e ın		
5	During the year, did the organization solicit							ıılar	_		_
	assets to be sold to raise funds rather than								<u> </u>		✓ No
Par	Part IV, line 9, or reported an a						a "Y	es" to Form	1 990	,	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?						etsı	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follov	ving table	9	-					
						_			A mou	nt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year					-	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on F	orm 990, Part X, lin	ne 21?						Γ,	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	e expla	nation h	as beei	n provided in F	art >	KIII			Г
Pa	rt V Endowment Funds. Complete									_	
1_	Parinning of warmhalance	(a)Current year 115,823,294	(b)	Prior year 119,266,8	-	Two years back 102,589,837	+	hree years bac 94,076,8	_		ars back 2,280,196
1a L	Beginning of year balance	4,234,105		1,191,7		3,879,722	_	3,736,68	_		1,074,751
b	Contributions	4,234,103		1,191,7	-	3,073,722	-	3,730,00	,,,		1,074,731
С	Net investment earnings, gams, and losses	15,070,104		1,127,0)66	18,027,577	<u>'</u>	10,077,26	53	-1	3,888,032
d	Grants or scholarships										
e	Other expenditures for facilities and programs	6,171,697		5,762,4	135	5,230,239	,	5,300,9	56		5,390,067
f	Administrative expenses										
g	End of year balance	128,955,806		115,823,2	294	119,266,897	·	102,589,83	37	9	4,076,848
2	Provide the estimated percentage of the cu	rrent year end balan	ce (lın	e 1g, col	umn (a	a)) held as					
а	Board designated or quasi-endowment 🕨	19 080 %									
ь	Permanent endowment - 60 410 %										
С	Temporarily restricted endowment ► 20	510 %									
	The percentages in lines 2a, 2b, and 2c sho	ould equal 100%									
За	Are there endowment funds not in the posse	ession of the organiz	zation	that are I	neld an	ıd admınıstere	d for	the			
	organization by								- 413	Yes	No
	(i) unrelated organizations						•		Ba(i)		No
b	(ii) related organizations		 .d on S	 Chedule	 R?		•	· · · 🕒	a(ii) 3b		No
	ii res to su(ii), are the related organization						•		<u> </u>		
4	Describe in Part XIII the intended uses of t	ne organización s er		Circ runius	,						
	Describe in Part XIII the intended uses of t t VI Land, Buildings, and Equipm		90, Pa								
			90, Pa	ırt X, lın	e 10. t or othe			(c) Accumula depreciation		(d) Boo	ok value
Par	t VI Land, Buildings, and Equipm		90, Pa	rt X, lın	e 10. t or othe		r)				ok value 9,120,069
Par	To the stand of the stand of the stand of the stand of the standard of the sta		90, Pa	rt X, lın	e 10. t or othe	t) basis (othe	er) 0,069		1		
Par	Description of property		90, Pa	rt X, lın	e 10. t or othe	9,120	er) 0,069	depreciation	1		9,120,069
Par	Land, Buildings, and Equipm Description of property Land		90, Pa	rt X, lın	e 10. t or othe	9,120	er) 9,069 9,651	depreciation	,425	58	9,120,069
Par	Land, Buildings, and Equipm Description of property Land		90, Pa	rt X, lın	e 10. t or othe	9,120 91,899 10,298	er) 9,069 9,651	depreciation 32,974	,425	58	9,120,069 3,925,226

Part VIII Investments—Other Securities. S		
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A) HEDGED EQUITY FUNDS	21,638,514	F
. ,	, ,	
(B) SEMPER VIC PARTNERS	26,776,914	F
(C) INTERNATIONAL FOLLITY	26,749,337	F
(C) INTERNATIONAL EQUITY	20,749,337	Г
Table (Calumn (b) must a surf Farm 000 Part V and (B) Inc. 13.)	▶ 75,164,765	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	(line 1E	
Part IX Other Assets. See Form 990, Part >	scription	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	Semperon	57,968,094
(1) BENEFICIAL INTEREST IN FERFETURE TROSTS		37,500,054
T. 1 (0)	45.	
Total. (Column (b) must equal Form 990, Part X, col.(B) lin		57,968,094
Part X Other Liabilities. See Form 990, Pa	(b) Book value	
	(b) book value	
Federal income taxes		
AMOUNTS DUE TO BENEFICIARIES		
	1,111,720	
	1,111,720	
	1,111,720	
	1,111,720	
	1,111,720	
	1,111,720	
	1,111,720	
	1,111,720	
	1,111,720	
	1,111,720	
	1,111,720	
	1,111,720	
	1,111,720	
	1,111,720	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,111,720 1,111,720	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	52,019,150
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	14,833,595
3	Subtract line 2e from line 1	3	37,185,555
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,428,073		
ь	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	1,428,073
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	38,613,628
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	39,354,854
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments]	
C	Other losses		
d	Other (Describe in Part XIII)]	
e	Add lines 2a through 2d	2e	1,113,740
3	Subtract line 2e from line 1	3	38,241,114
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,428,073		
b	Other (Describe in Part XIII)]	
С	Add lines 4a and 4b	4c	1,428,073
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	39,669,187
Part	Supplemental Information	, -	

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

Identifier	Return Reference	Explanation
		PER THE STATEMENT OF FINANCIAL ACCOUNTING STANDARDS NO 116, THE MIA HAS ELECTED THE OPTION TO NOT CAPITALIZE WORKS OF ART WHEN ACQUIRED THROUGH PURCHASE OR GIFT IN MAKING THIS ELECTION, THE MIA CERTIFIES THAT ITS COLLECTIONS - ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN, -ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED, AND -ARE SUBJECT TO AN ORGANIZATIONAL POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTIONS WORKS OF ART THAT ARE ACQUIRED ARE NOT INCLUDED AS ASSETS IN THE STATEMENTS OF FINANCIAL POSITION THE COST OF WORKS OF ART PURCHASED OR THE MARKET VALUE OF WORKS OF ART RECEIVED AS GIFTS IS NOT CAPITALIZED WHEN ACQUIRED
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	NAMED ENDOWMENT FUNDS ESTABLISHED BY DONORS TO THE MIA PROVIDE AN ONGOING SOURCE OF INCOME FOR MUSEUM PROGRAMS AND ACQUISITION OF ART FOR THE MIA'S PERMANENT COLLECTION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE MIA QUALIFIES AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) AND IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE HOWEVER, ANY UNRELATED BUSINESS INCOME MAY BE SUBJECT TO TAXATION INCOME TAXES FOR UNRELATED BUSINESS INCOME ACTIVITIES ARE ACCRUED AND INCLUDED IN THE STATEMENT OF ACTIVITIES IN THE YEAR INCURRED THE MIA'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE THAN LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS THE MIA HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACCRUAL OR TAX EXPENSE OR BENEFIT THE MIA'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSES 221,975 COST OF GOODS SOLD AND FREIGHT IN - MUSEUM SHOP 553,119 DIFFERENCE IN DRAW - TRUSTS -24,046 LOSS ON BENEFICIARY AGREEMENTS -173,581
PART XII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD AND FREIGHT IN - MUSEUM SHOP 553,119 SPECIAL EVENTS EXPENSES 221,975 DIFFERENCE IN DRAW - TRUSTS -24,046

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DLN: 93493135035044

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

	MINNEAPOLIS SOCIETY OF FI					41-0693915	
Pa	rt I Fundraising Acti	i vities. Complete	ıf the or	ganızatı	on answered "Yes" t	to Form 990, Part IV	', line 17.
	Indicate whether the organic Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in fire to be compensated at least	citations written or oral agre Form 990, Part VII) paid individuals or	ement with or entity entities (f	e f g n any indi	Solicitation of non Solicitation of gov Special fundraisin vidual (including officer	regovernment grants rernment grants g events rs, directors, trustees fundraising services?	Yes N ondraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
				<u> </u>			
Γot			• • •				
3	List all states in which the o	organization is regis	tered or li	censed to	o solicit funds or has be	en notified it is exemp	t from registration or

Sche	dule	G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
			(a) Event #1 REMBRANT GALA &	(b) Event #2 PRINTS &	(c) O ther events	(d) Total events (add col (a) through col (c))
			SILENT AUCTION (event type)	DRAWINGS FAIR (event type)	(total number)	
Revenue	1	Gross receipts	610,982		L	656,493
⊕ G€	2	Less Contributions	497,537	4,605	5	502,142
<u>~</u>	3	Gross income (line 1 minus line 2)	113,445	40,906	5	154,351
	4	Cash prizes				
60	5	Noncash prizes				
Expenses	6	Rent/facility costs	7,459	4,271		11,730
ă	7	Food and beverages .	66,739	13,945	5	80,684
Direct	8	Entertainment	40,000	600		40,600
ā	9	Other direct expenses .	82,102	6,859		88,961
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(221,975)
	11	Net income summary Combine I	ine 3, column (d), and line	10	•	-67,624
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	art IV, line 19, or rep	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>₩</u>	1	Gross revenue				
enses	2	Cash prizes				
Expen	3	Non-cash prizes				
ட ர	4	Rent/facility costs				
⊒rea	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	│ Yes │ No	Г Yes Г No	
	7	Direct expense summary Add line	es 2 through 5 in column (d)	•	
	8	Net gaming income summary Con	ndine lines 1 and 7 in colu	ımn (a)	<u> </u>	
9 a		er the state(s) in which the organiz the organization licensed to operate				Fyes Fno
b		No," explain				
10a	We	re any of the organization's gaming				
b		Yes," explain				

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No				
.2		neficiary or trustee of a trust or a men						
	formed to administer charitable of	gaming?		· · · · Fyes F No				
.3	Indicate the percentage of gaming activity operated in							
а	The organization's facility			13a				
b	An outside facility			13b				
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records				
	Name ►							
	Address 🟲							
	revenue?	ntract with a third party from whom the						
	amount of gaming revenue retain	ed by the third party 🟲 \$						
C	If "Yes," enter name and address	s of the third party						
	Name 🟲							
	Address 🟲							
.6	Gaming manager information							
	Name 🟲							
	Gaming manager compensation I	\$ \$						
	Description of services provided	>						
	☐ Director/officer	Employee	Independent contractor					
.7	Mandatory distributions							
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to					
	retain the state gaming license?			Г _{Yes} Г _{No}				
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent				
	<u> </u>	activities during the tax year 🟲 💲						
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical					
	Identifier	Return Reference	Explana	tion				

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DLN: 93493135035044

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization MINNEAPOLIS SOCIETY OF FINE ARTS DBA MINNEAPOLIS INSTITUTE OF ARTS **Employer identification number**

41-0693915

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments ▼ Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee ▼ Written employment contract			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	 5a		No
ь	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Iso complete this part for any additional information						
Identifier	Return Reference	Explanation				
	PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS COMPUTER ALLOWANCE THE MIA PROVIDES A MONTHLY ALLOWANCE TO CERTAIN EMPLOYEES FOR THE PURCHASE AND BUSINESS USE OF PERSONALLY OWNED IPADS THE PURCHASE AMOUNT IS GROSSED UP FOR TAX PURPOSES AND TREATED AS TAXABLE COMPENSATION ON THE EMPLOYEES FORM W-2 LISTED EMPLOYEES RECEIVING THIS ALLOWANCE PAYMENT INCLUDE -DIRECTOR OF ADVANCEMENT -DIRECTOR OF LEARNING AND INNOVATION HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES MIA MAINTAINS A MEMBERSHIP AT THE MINNEAPOLIS CLUB, A SOCIAL CLUB, IN THE NAME OF THE DIRECTOR AND PRESIDENT THIS MEMBERSHIP IS USED BY THE MIA FOR HOSTING BUSINESS MEETINGS, BUT IS AVAILABLE TO THE DIRECTOR AND PRESIDENT FOR PERSONAL USE MONTHLY DUES, TOTALING \$4,593, WERE TREATED AS TAXABLE COMPENSATION TO THE DIRECTOR AND PRESIDENT AND ARE GROSSED UP FOR TAX PURPOSES THE MEMBERSHIP WAS CANCELLED IN JULY 2013 AS COMPENSATION, THE MEMBERSHIP IS REVIEWED UNDER THE COMPENSATION POLICY SEE SCHEDULE O FOR ADDITIONAL DETAIL ON THE PROCESS FOR DETERMINING COMPENSATION				
	PART I, LINE 4B	KAYWIN FELDMAN PARTICIPATES IN 457(B) AND 457(F) NON-QUALIFIED RETIREMENT PLANS APPROVED BY THE BOARD OF TRUSTEES ON JULY 1, 2010 AND DECEMBER 1, 2011, RESPECTIVELY CONTRIBUTIONS FOR THESE PLANS ARE REFLECTED IN OTHER REPORTABLE COMPENSATION AND DEFERRED COMPENSATION CONTRIBUTIONS AND CHANGE IN VALUE TO THE 457(F) PLAN FOR FISCAL YEAR 2013 TOTALED \$29,716 PATRICIA GRAZZINI PARTICIPATES IN 457(B) AND 457(F) NON-QUALIFIED RETIREMENT PLANS APPROVED BY THE BOARD OF TRUSTEES ON DECEMBER 17, 2001 CONTRIBUTIONS FOR THESE PLANS ARE REFLECTED IN OTHER REPORTABLE COMPENSATION AND DEFERRED COMPENSATION CONTRIBUTIONS AND CHANGE IN VALUE TO THE 457(F) PLAN FOR FISCAL YEAR 2013 TOTALED \$6,051				

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 41-0693915

Name: MINNEAPOLIS SOCIETY OF FINE ARTS

DBA MINNEAPOLIS INSTITUTE OF ARTS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part 11 - Officers, Directors, Trustees, key Employees, and Highest Compensated Employees									
(A) Name		(B) Breakdown of	fW-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base Compensation	(ii) Bonus & ıncentıve compensatıon	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)		
	(ı) (ıı)		0	22,245 0	52,216 0	6,371 0	463,332 0	0	
	(ı) (ıı)	l	0	1,041	28,551 0	12,830 0	331,609 0	0	
	(ı) (ıı)		0	661 0	9,180 0	12,450 0	205,891 0	0	
	(ı) (ıı)		0	716 0	9,961 0	5,938 0	215,838 0	0	
	(ı) (ıı)		0	0	0	22,343 0	216,593 0	0	
	(ı) (ıı)		0	1,189 0	7,271 0	5,743 0	159,626 0	0	
	(ı) (ıı)		0	0	8,412 0	8,469 0	185,111 0	0	
	(ı) (ıı)		0	514 0	7,140 0	5,733 0	156,187 0	0	
	(ı) (ıı)		0	2,167 0	7,140 0	8,597 0	160,704 0	0	
	(ı) (ıı)		0	529 0	0	31,304 0	178,833 0	0	
	(I) (II)		0	60,000	0	0	60,000	0	

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As Filed Data -

DLN: 93493135035044

Employer identification number

Schedule L

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

MINNEAPOLIS SOCIET DBA MINNEAPOLIS IN								41	-0693	3915			
							501(c)(4) org					4 0 b	
1 (a) Name o		answered "Yes" on Form 990, Part IV, line 25a or 25b, or F (b) Relationship between disqualified (c) Descrip								(d) Corre	ected?		
				person ar	nd organizatio	on .						Yes	No
2 Enter the am 4958 3 Enter the am								yearı	ınder s	section \$ \$	I		
				-	•								
Comp	olete if the o	rganıza orted ar	n amount on l	ed "Yes" (Form 990			ine 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o		
(a) Name of interested with org			(c) Purpose of loan	(d) Loa or from organiza	the	(e)Original principal amount	due (f)Balance	(g) In default?		(h) Approved by board or committee?		(i)Written agreement?	
				То	From			Yes	No	Yes	No	Yes	No
												- - - -	
Total				▶ \$									
					terested P		t IV, line 27.						
(a) Name of interested person (b) Relation interested			hip between (c) A mount of a					ssistance (e) Purp			ose of assistance		

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (d) Description of transaction (a) Name of interested person (b) Relationship (c) A mount of (e) Sharing between interested transaction of organızatıon's person and the revenues? organization Yes No 148,105 LEGAL SERVICES (1) MARVIN BORMAN - MASLON LIFE TRUSTEE Νo EDELMAN BORMAN AND BRAND LLP 135,426 BANK/TRUST/INVESTMENT (2) RICHARD DAVIS - US BANK ELECTED TRUSTEE Νo MANAGEMENT FEES (3) MICHAEL OTT - US BANK ELECTED TRUSTEE 135,426 BANK/TRUST/INVESTMENT Νo MANAGEMENT FEES (4) ROGER SIT - SIT INVESTMENT ELECTED TRUSTEE 210,126 INVESTMENT MANAGEMENT Νo **ASSOCIATES** FEES 210,126 INVESTMENT MANAGEMENT (5) RALPH STRANGIS - SIT ELECTED TRUSTEE Νo INVESTMENT ASSOCIATES **FEES**

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SCH L, PART IV, BUSINESS		THE MIA HAS HAD A LONGSTANDING BANKING
TRANSACTIONS INVOLVING		RELATIONSHIP AND IS THE BENEFICIARY OF SEVERAL
INTERESTED PERSONS		TRUSTS ADMINISTERED BY US BANK MICHAEL OTT IS AN
		EMPLOYEE OF US BANK RICHARD DAVIS IS AN EMPLOYEE
		AND EXECUTIVE OFFICER OF US BANK MIA HAS
		CONTRACTED WITH MASLON, EDELMAN, BORMAN, AND
		BRAND LLP FOR LEGAL SERVICES MARVIN BORMAN, MIA
		TRUSTEE, WAS A PARTNER OF THE FIRM MIA HAS
		CONTRACTED WITH SIT INVESTMENT ASSOCIATES FOR
		INVESTMENT MANAGEMENT ROGER SIT, MIA TRUSTEE, IS
		AN EMPLOYEE AND EXECUTIVE OFFICER OF SIT
		INVESTMENT ASSOCIATES RALPH STRANGIS, MIA
		TRUSTEE, IS A DIRECTOR, SHAREHOLDER, AND TRUSTEE
		OF TRUSTS HOLDING SHARES OF STOCK OF SIT
		INVESTMENT ASSOCIATES

DLN: 93493135035044

OMB No 1545-0047

Open to Public

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Internal Revenue Service Name of the organization MINNEAPOLIS SOCIETY OF FINE ARTS

SCHEDULE M

Department of the Treasury

(Form 990)

Inspection Employer identification number

DBA N	INNEAPOLIS INSTITUTE OF ARTS				41-0693915			
Pa	rt I Types of Property			-				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermınıı		ts
1	Art—Works of art	Х	45		N/A - SEE PART II			
2	Art—Historical treasures .							
3	Art—Fractional interests	Х	1		N/A - SEE PART II			
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
7	'							
	Intellectual property	.,						
9	Securities—Publicly traded .	Х	57	615,852	QUOTED MARKET	PRICES		
	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	'							
24	Archeological artifacts							
	FUNDRAISING							
25	AUCTION Other►(<u>ITEMS</u>)	x	6	25.500	FMV ON GIFT DAT	E		
	Other► (AIRFARE)	X	1	·	FMV ON GIFT DAT			
	EXHIBITION					_		
27	Other►(<u>SUPPLIES</u>)	X	2	11,495	FMV ON GIFT DAT	E		
28	Other►(SCOOTER)	Χ	1	2,500	FMV ON GIFT DAT	E		
	IMAGE							
	Other ► (RIGHTS)	X	1		FMV ON GIFT DAT	E		
29	Number of Forms 8283 received for which the organization comple				29			22
				•	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es	No
30a	During the year, did the organiza	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	ft acceptand	ce policy that requires the	review of any non-standard	contributions?	31 Y	es	
32a	Does the organization hire or us contributions?	e third parti	ies or related organizations	to solicit, process, or sell	noncash			
						32a	\dashv	Νo
	If "Yes," describe in Part II If the organization did not report	t an amount	: in column (c) for a type of	property for which column (a) is checked.			

describe in Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

number of items re	ceived, or a combination of both.	Also complete this part for any additional information.
I dentifier	Return Reference	Explanation
NON REPORTING OF REVENUE	, and the second	PER THE STATEMENT OF FINANCIAL ACCOUNTING STANDARDS NO 116, THE MIA HAS ELECTED THE OPTION TO NOT CAPITALIZE WORKS OF ART WHEN ACQUIRED THROUGH PURCHASE OR GIFT IN MAKING THIS ELECTION, THE MIA CERTIFIES THAT ITS COLLECTIONS - ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN, -ARE PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED, AND -ARE SUBJECT TO AN ORGANIZATIONAL POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTIONS

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493135035044

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization
MINNEAPOLIS SOCIETY OF FINE ARTS
DBA MINNEAPOLIS INSTITUTE OF ARTS

Employer identification number

41-0693915

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, VICE CHAIRS, SECRETARY, TREASURER, DIRECTOR, AND CHAIR OF EACH COMMITTEE OF THE BOARD THE PRIMARY PURPOSE OF THE EXECUTIVE COMMITTEE IS TO ASSIST THE BOARD IN FULFILLING ITS RESPONSIBILITIES WHEN IT IS NOT PRACTICAL OR FEASIBLE FOR THE FULL BOARD TO MEET AND DURING INTERVALS BETWEEN THE MEETINGS OF THE BOARD IN THE EXCERCISE OF SUCH POWERS, THE COMMITTEE IS RESPONSIBLE TO THE BOARD FOR ALL OF SUCH ACTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	ERIC DAYTON AND BRUCE DAYTON - FAMILY RELATIONSHIP, KATHERINE CROSBY AND LUCY MITCHELL - FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	PER THE BY-LAWS, ANY PERSON OR CORPORATION WHO PAYS THE SOCIETY AN ANNUAL MEMBERSHIP FEE IS CONSIDERED A MEMBER

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE MIA APPROVE A SLATE OF CANDIDATES AND THE SIZE OF THE BOARD AS PRESENTED BY THE GOVERNING BODY EACH YEAR AT THE MEMBERS' ANNUAL MEETING THE BOARD MAY ELECT, AT ITS DISCRETION, BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE BOARD UPON RECOMMENDATION OF THE GOVERNANCE AND NOMINATING COMMITTEE, ONE OR MORE LIFE TRUSTEES THIS HONOR IS THE HIGHEST LEVEL OF RECOGNITION CONFERRED BY THE BOARD UPON SELECTED INDIVIDUALS FROM AMONG MEMBERS OF THE SOCIETY AND ACKNOWLEDGES EXCEPTIONAL DEDICATION AND COMMITMENT TO THE SOCIETY OVER AN EXTENDED NUMBER OF YEARS AN ELECTIVE TRUSTEE SHALL BECOME ELIGIBLE FOR ELECTION AS A LIFE TRUSTEE UPON EXPIRATION OF ONE YEAR FROM THE DATE WHEN HIS OR HER TERM OF ELECTIVE TRUSTEESHIP SHALL HAVE EXPIRED LIFE TRUSTEES SHALL HAVE ALL THE PRIVILEGES OF ELECTIVE TRUSTEES FOR THEIR LIFETIME. THE BOARD OF TRUSTEES INCLUDES THE FOLLOWING PERSONS, UPON HIS OR HER ACCEPTANCE THAT ARE TRUSTEES BY VIRTUE OF THEIR OFFICE. THE GOVERNOR OF THE STATE OF MINNESOTA, THE MAY OR OF THE CITY OF MINNESPOLIS, TWO MEMBERS OF EACH OF THE MINNESOTA SENATE AND HOUSE OF REPRESENTATIVES WHO RESIDE IN HENNEPIN COUNTY, AS FROM TIME TO TIME MAY BE APPOINTED BY THE EXECUTIVE COMMITTEE OF THE SOCIETY, ONE MEMBER OF EACH OF THE BOARD OF HENNEPIN COUNTY COMMISSIONERS AND THE MINNEAPOLIS PARK AND RECREATION BOARD, AS FROM TIME TO TIME MAY BE APPOINTED BY THE EXECUTIVE COMMITTEE OF THE SOCIETY, AND THE PRESIDENT OF THE FRIENDS OF THE INSTITUTE.

Identifier	Return Reference	Explanation
	. ,,	THE FORM 990 IS PREPARED BY A PROFESSIONAL ACCOUNTING FIRM FROM INFORMATION PROVIDED BY THE MIA. THE CONTROLLER AND DEPUTY DIRECTOR OF THE MIA. THEN REVIEW THE FORM FOR ACCURACY A COPY OF THE DRAFT FORM IS FIRST PROVIDED TO MEMBERS OF THE AUDIT AND EXECUTIVE COMMITTEES FOR REVIEW AND DISCUSSION PRIOR TO FILING. UPON THEIR REVIEW, A FINAL COPY IS PROVIDED TO THE FULL BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, ALL MEMBERS OF THE BOARD OF TRUSTEES ARE ASKED TO COMPLETE A DISCLOSURE STATEMENT EACH TRUSTEE IS RESPONSIBLE TO REPORT DEVELOPMENTS RELATIVE TO ACTIVITIES AS DEFINED IN THE MIA'S BY LAWS IF SUCH A DEVELOPMENT ARISES AFTER COMPLETING THE ANNUAL DISCLOSURE FORM, THE TRUSTEE IS ASKED TO DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF INTEREST AT THE EARLIEST PRACTICABLE TIME. DISCLOSURE STATEMENTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE AND THE POLICY MANAGEMENT TEAM NO TRUSTEE SHALL VOTE ON ANY MATTER, UNDER CONSIDERATION OR AT A BOARD OR COMMITTEE MEETING, IN WHICH SUCH TRUSTEE HAS A CONFLICT OF INTEREST. THE MINUTES OF ANY SUCH MEETING WILL REFLECT THAT A DISCLOSURE WAS MADE AND THAT THE TRUSTEE HAVING A CONFLICT OF INTEREST ABSTAINED FROM VOTING.

ldentifier R	Return Reference	Explanation
PA SE	ORM 990, PART VI, ECTION B, INE 15	IT IS THE POLICY OF THE (MIA) THAT THE COMPENSATION PAID TO ITS EMPLOYEES IS REASONABLE AND COMPETITIVE IN RELATION TO COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, SUBJECT TO BUDGETARY CONSIDERATIONS THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SERVES AS THE COMPENSATION COMMITTEE (THE COMMITTEE) AND IS RESPONSIBLE FOR COMPLIANCE WITH THE COMPENSATION POLICIES AND PROCEDURES MEMBERS OF THE COMMITTEE WITH A CONFLICT OF INTEREST MUST RECUSE HIMSELF OR HERSELF FROM SUCH ACTION AND MAY NOT PARTICIPATE IN NOR BE PRESENT DURING ANY DISCUSSIONS, DELIBERATIONS OR DECISIONS THE COMMITTEE SETS THE COMPENSATION OF THE DIRECTOR & PRESIDENT AND APPROVES THE COMPENSATION OF ALL POSITIONS REPORTED ON FORM 990. THE DIRECTOR & PRESIDENT SETS THE COMPENSATION OF ALL OTHER EMPLOYEES ACCOMPANY ING THE POLICY IS A SET OF BOARD-APPROVED PROCEDURES THE COMMITTEE AND THE DIRECTOR & PRESIDENT OBTAIN AND USE COMPARABILITY DATA PRIOR TO AND IN CONNECTION WITH THE DETERMINATION AND APPROVAL OF ALL COMPENSATION THE COMPARABILITY DATA INCLUDES BUT IS NOT LIMITED TO CURRENT COMPENSATION AND BENEFITS DATA FROM COMPARABLE TAX-EXEMPT AND, IN SOME CASES, TAXABLE ORGANIZATIONS, FOR FUNCTIONALLY COMPARABLE POSITIONS REQUIRING SIMILAR SKILLS, EDUCATION, AND EXPERIENCE, THE LOCATION OF THE ORGANIZATION (INCLUDING THE AVAILABILITY OF QUALIFIED PEOPLE IN THE GEOGRAPHIC AREA), INDEPENDENT PAY SURVEYS BY NATIONALLY RECOGNIZED FIRMS, ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE PERSON, THE NUMBER OF EMPLOYEES AND THE ASSETS, BUDGET OR REVENUES SUPERVISED, AND ANY UNUSUAL CHALLENGES THE COMMITTEE AND THE DIRECTOR & PRESIDENT ARE REQUIRED TO DOCUMENT ALL ASPECTS OF ALL PROCEEDINGS REGARDING THE COMPARABILITY DATA AS WELL AS THE APPROVAL OF ALL COMPENSATION

Identifier	Identifier Return Reference Explanation	
	FORM 990, PART VI, SECTION C, LINE 19	THE SOCIETY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	LOSS ON BENEFICIARY AGREEMENTS -173,581

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Name, address, and EIN (if applicable) of disregarded entity

(Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

(f)

Direct controlling

entity

(e)

End-of-year assets

Total income

DLN: 93493135035044

Open to Public Inspection

Internal Revenue Service Name of the organization MINNEAPOLIS SOCIETY OF FINE ARTS

Employer identification number DBA MINNEAPOLIS INSTITUTE OF ARTS 41-0693915

(c)

Legal domicile (state

or foreign country)

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Primary activity

Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	itions (Complete if tax year.)	the organization a	nswered "Yes" to	o Form 990, P	art IV,	line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity (if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	(g) n 512(t ontrolle
								No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (Form	n 990) 2	2012

	(a) Name, address, and EIN of related organization		(b) Primary activity Legal domicile (state or foreign country)		(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)		ted, total income , om r	(g) Share of end-of-yea assets	(h) Disproprtionate ar allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
					317				Yes	No		Yes	No	
Part IV Identification of Related line 34 because it had one of									swere	d "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Leg: domi (state or count	al cile foreign		(d) Direct controlling entity	(C co	(e) e of entity orp, S corp, or trust)	(f) Share of tota Income		(g) re of en of-year assets	d- Percent owners	tage		(i) ection 512 (b)(13) controlled entity?
													Ţ	res No
1) CHARITABLE REMAINDER UNITRUST (1) 2400 THIRD AVENUE SOUTH	INVESTMENT	МІ	N	1	I/A	Т								No
MINNEAPOLIS, MN 55404														
(2) CHARITABLE TRUST (2) 2400 THIRD AVENUE SOUTH MINNEAPOLIS, MN 55404	INVESTMENT	МІ	N	ľ	I/A	Т								No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more rela	ated organizations li	sted in Parts II-IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
b	b Gift, grant, or capital contribution to related organization(s)										
C	c Gift, grant, or capital contribution from related organization(s)										
d	Loans or loan guarantees to or for related organization(s)				1d		No				
e	Loans or loan guarantees by related organization(s)				1e		No				
	Dividends from related organization(s)				1f		No				
g	Sale of assets to related organization(s)				1g		No				
h	Purchase of assets from related organization(s)				1h		No_				
i	xchange of assets with related organization(s)				1i		No_				
j	ease of facilities, equipment, or other assets to related organization(s)				1j		No				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No				
I	l Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)											
n S	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	o Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1 p		No				
q	Reimbursement paid by related organization(s) for expenses				1q		No				
r	Other transfer of cash or property to related organization(s)				1r		No				
s	Other transfer of cash or property from related organization(s)				1s		No				
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	overed relationships	and transaction thresholds							
	(a)	(b)	(c)	(d)							
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount in	ivolved					

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 41-0693915

Name: MINNEAPOLIS SOCIETY OF FINE ARTS

DBA MINNEAPOLIS INSTITUTE OF ARTS

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
		return kererence	Explanation							