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## Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

Open to Public  
Inspection

A For the 2013 calendar year, or tax year beginning 04/01/13, and ending 03/31/14

B Check if applicable	C Name of organization <b>TEXTILE CENTER OF MINNESOTA</b>		D Employer identification number <b>41-1790700</b>
<input type="checkbox"/> Address change	Doing Business As		E Telephone number <b>612-436-0464</b>
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) <b>3000 UNIVERSITY AVE SE</b>		Room/suite
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>MINNEAPOLIS MN 55414</b>		G Gross receipts \$ <b>654,606</b>
<input type="checkbox"/> Terminated	F Name and address of principal officer <b>DONNA PETERSON 3000 UNIVERSITY AVE SE MINNEAPOLIS MN 55414</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<input type="checkbox"/> Application pending			H(c) Group exemption number ►
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website ► <b>WWW.TEXTILECENTERMN.ORG</b>			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			L Year of formation <b>1994</b> M State of legal domicile <b>MN</b>

## Part I Summary

1 Briefly describe the organization's mission or most significant activities:  
SEE SCHEDULE O2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

**3 16**

4 Number of independent voting members of the governing body (Part VI, line 1b)

**4 16**

5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)

**5 17**

6 Total number of volunteers (estimate if necessary)

**6 162**

7a Total unrelated business revenue from Part VIII, column (C), line 12

**7a 0**

b Net unrelated business taxable income from Form 990-T, line 34

**7b 0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<b>236,974</b>	<b>247,843</b>
9 Program service revenue (Part VIII, line 2g)	<b>360,971</b>	<b>183,312</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>13,111</b>	<b>13,302</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>66,190</b>
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>611,056</b>	<b>510,647</b>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>18,000</b>	<b>16,800</b>
14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>374,159</b>	<b>494,039</b>
16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>18,429</b>
b Total fundraising expenses (Part IX, column (D), line 25) ►	<b>62,124</b>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>404,825</b>	<b>269,040</b>
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>796,984</b>	<b>798,308</b>
19 Revenue less expenses Subtract line 18 from line 12	<b>-185,928</b>	<b>-287,661</b>
20 Total assets (Part X, line 16)	<b>2,096,579</b>	<b>1,883,050</b>
21 Total liabilities (Part X, line 26)	<b>47,576</b>	<b>105,405</b>
22 Net assets or fund balances Subtract line 21 from line 20	<b>2,049,003</b>	<b>1,777,645</b>

## Part II Signature Block

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

Sign Here For Preparer Use Only	Signature of officer <b>Karl Reichert</b>		Date <b>12/22/14</b>
	KARL REICHERT		EXECUTIVE DIRECTOR
Type or print name and title			
Print/Type preparer's name <b>TRICIA FAIRCHILD MADDOX</b>	Preparer's signature <b>TRICIA FAIRCHILD MADDOX</b>	Date <b>12/19/14</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00463803</b>
Firm's name ► <b>FAIRCHILD MADDOX + LEONIDAS, LTD</b>	Firm's EIN ► <b>20-2903773</b>		
Firm's address ► <b>6640 LYNDALE AVE S STE 140 MINNEAPOLIS, MN 55423</b>	Phone no <b>612-767-6760</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2013)

G17 10

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission  
SEE SCHEDULE O

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

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

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

4a (Code ) (Expenses \$ 202,548 including grants of \$ 16,800 ) (Revenue \$ )  
EDUCATION-TEXTILE CENTER IS A PRIMARY EDUCATIONAL AND NETWORKING RESOURCE FOR FIBER ARTISTS. ARTISTS ADVANCE THEIR TECHNICAL AND CREATIVE SKILL, TAKE ARTISTIC RISKS, AND EXPLORE NEW AVENUES OF CREATIVE WORK THROUGH TEXTILE CENTER CLASSES, SEMINARS, AND MENTORING AND PROJECT GRANT PROGRAMS. CLASSES ARE OFFERED TO ADULTS AT ALL SKILL LEVELS FROM BEGINNER TO MASTER. MANY FOCUS ON A WIDE VARIETY OF TECHNIQUES AND TAKE ADVANTAGE OF TEXTILE CENTER'S DYE LAB. TECHNOLOGY-BASED WORKSHOPS HELP ARTISTS UTILIZE EQUIPMENT, APPLICATIONS, AND ONLINE RESOURCES TO CREATE AND SELL FIBER ARTWORK. OTHER CLASSES FOCUS ON TECHNIQUE AND DESIGN IN AREAS INCLUDING SURFACE DESIGN, FELTING, SEWING, NEEDLEWORK AND EMBROIDERY, QUILTING, AND 3-D AND MIXED MEDIA. MORE THAN 600 ADULTS PARTICIPATED IN FIBER ART

4b (Code ) (Expenses \$ 319,445 including grants of \$ ) (Revenue \$ )  
EXHIBITIONS-  
EXHIBITIONS IN TEXTILE CENTER'S GALLERIES AND OFFSITE PRESENT EXCEPTIONAL WORK BY FIBER ARTISTS FROM THE REGION AND AROUND THE WORLD, AND SHOWCASE BOTH MASTERY IN TECHNIQUE AND CUTTING-EDGE INNOVATIONS IN FIBER ART. THE JOAN MONDALE GALLERY DISPLAYS JURIED, INVITATIONAL, AND MEMBER EXHIBITIONS. THE COMMUNITY AND LIBRARY GALLERIES FEATURE THE WORK OF INDIVIDUAL, ORGANIZATIONAL, AND TEXTILE GUILD MEMBERS OF TEXTILE CENTER. OFFSITE EXHIBITIONS, SUCH AS THROUGH THE MADE HERE PROGRAM IN BLOCK E ON HENNEPIN AVENUE IN MINNEAPOLIS PROVIDE NEW OPPORTUNITIES FOR A BROAD AUDIENCE TO VIEW REMARKABLE FIBER ART.

TEXTILE CENTER PRESENTED 23 EXHIBITIONS OF FIBER ART WORK BY NEARLY 400

4c (Code ) (Expenses \$ 87,771 including grants of \$ ) (Revenue \$ )  
COMMUNITY OUTREACH-TEXTILE CENTER IS DEVELOPING THE NEXT GENERATION OF FIBER ARTISTS THROUGH ITS RESIDENCIES, SUMMER CAMPS, AND OUTREACH SERVICES TO YOUTH. FIBER ART RESIDENCIES AND WORKSHOPS WERE CONDUCTED IN PARTNERSHIP WITH NEARLY 50 SCHOOLS, LIBRARIES, SOCIAL SERVICE, AND CULTURAL ORGANIZATIONS ACROSS THE REGION. TEXTILE CENTER SERVED MORE THAN 1600 YOUTH THROUGH: A FIELD TRIP PROGRAM, FEED THE FIBERS; FIBER ART SUMMER CAMPS; LIVE FIBERS, A HANDS-ON EVENT GEARED TOWARD COLLEGE STUDENTS; AND RESIDENCIES AND WORKSHOPS. 750 ADULTS PARTICIPATED IN FIBER ART CLASSES IN LIBRARIES AND COMMUNITY CENTERS THROUGHOUT MINNESOTA. WITH OVER 2,000 PARTICIPANTS, THE ANNUAL TEXTILE CENTER GARAGE SALE, A ZERO WASTE EVENT HELD AT THE UNIVERSITY OF MINNESOTA REUSE CENTER, OFFERS ARTISTS FROM

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► 609,764

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

- 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

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II

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

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)

- a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- 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

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

- 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

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

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

	Yes	No
21		X
22	X	
23	X	
24a		X
24b		
24c		
24d		
25a		X
25b	X	
26		X
27		X
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35a		X
35b		
36		X
37		X
38	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17
2b	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	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for 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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

### Section A. Governing Body and Management

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 1a 16

1b Enter the number of voting members included in line 1a, above, who are independent 1b 16

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

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

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5

6 Did the organization have members or stockholders? 6

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

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

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X

a The governing body? 8b X

b Each committee with authority to act on behalf of the governing body? 9 X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at  
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a		
1b		
2		X
3		X
4		X
5		X
6	X	
7a		X
7b		X
8a	X	
8b	X	
9		X

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

10a Did the organization have local chapters, branches, or affiliates? 10a X

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,  
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a X

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c X

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  
describe in Schedule O how this was done 13 X

13 Did the organization have a written whistleblower policy? 14 X

14 Did the organization have a written document retention and destruction policy? 15 X

15 Did the process for determining compensation of the following persons include a review and approval by  
independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X

a The organization's CEO, Executive Director, or top management official 15b X

b Other officers or key employees of the organization 16a X

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16b X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  
with a taxable entity during the year? 16a X

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  
organization's exempt status with respect to such arrangements? 16b X

### Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)  
available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

19 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 ► BILL CRANFORD  
MINNEAPOLIS 3000 UNIVERSITY AVENUE SE  
MN 55414 612-436-0464

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) TIM FLEMING EXECUTIVE DIRECTOR	40.00 0.00	X					74,834	0	0
(2) DONNA PETERSON PRESIDENT ELECT	1.00 0.00	X					0	0	0
(3) TINA HUGHES SECRETARY	1.00 0.00	X		X			0	0	0
(4) CYNDI KAYE MEIER DIRECTOR	1.00 0.00	X					0	0	0
(5) DICK GILYARD DIRECTOR	1.00 0.00	X					0	0	0
(6) ROSE HERRERA HAMERLINCK DIRECTOR	1.00 0.00	X					0	0	0
(7) MARGARET ANDERSON KELLIHER DIRECTOR	1.00 0.00	X					0	0	0
(8) WILLIAM MONDALE DIRECTOR	1.00 0.00	X					0	0	0
(9) NANCY ONKKA DIRECTOR	1.00 0.00	X					0	0	0
(10) ERICA SPITZER RASMUSSEN DIRECTOR	1.00 0.00	X					0	0	0
(11) SHERRI WEST DIRECTOR	1.00 0.00	X					0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former officer or director	Individual trustee	Institutional trustee	Officer	Key employee			
(12) RUTH STEPHENS PAST PRESIDENT	1.00 0.00	X					0	0	0
(13) KATHI SIMONSON TREASURER	1.00 0.00	X		X			0	0	0
(14) CHRISTINE ALBRECHT DIRECTOR	1.00 0.00	X					0	0	0
(15) MARTY ALLEN DIRECTOR	1.00 0.00	X					0	0	0
(16) MAGGIE DAYTON DIRECTOR	1.00 0.00	X					0	0	0
(17) PEGGY HUNTER PRESIDENT	1.00 0.00			X			0	0	0
(18)									
(19)									
<b>1b Sub-total</b>							<b>74,834</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							<b>74,834</b>		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Yes	No
-----	----

3	X
---	---

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4	X
---	---

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5	X
---	---

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		0

## Part VIII Statement of Revenue

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

Grants, Gifts, Contributions, and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a					
b Membership dues	1b	46,760				
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	55,769				
f All other contributions, gifts, grants, and similar amounts not included above	1f	145,314				
g Noncash contributions included in lines 1a-1f		\$ 10,044				
h Total. Add lines 1a-1f		► 247,843				
Program Service Revenue		Busn Code				
2a PROGRAM SERVICE FEES			136,890	136,890		
b WORKSHOP RENTAL			43,972	43,972		
c CONSULTING			2,450	2,450		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			► 183,312			
3 Investment income (including dividends, interest, and other similar amounts)			► 13,261			13,261
4 Income from investment of tax-exempt bond proceeds			►			
5 Royalties			►			
6a Gross rents	(i) Real	(ii) Personal				
b Less rental exps						
c Rental inc or (loss)						
d Net rental income or (loss)		►				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis & sales exps	59,191					
c Gain or (loss)	59,150					
d Net gain or (loss)	41					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)						
See Part IV, line 18	a	28,245				
b Less direct expenses	b	3,934				
c Net income or (loss) from fundraising events		► 24,311				
9a Gross income from gaming activities						
See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities		►				
10a Gross sales of inventory, less returns and allowances	a	122,754				
b Less cost of goods sold	b	80,875				
c Net income or (loss) from sales of inventory		► 41,879		41,879		
Miscellaneous Revenue		Busn Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		►	510,647	225,232	0	13,261
12 Total revenue. See instructions.		►				

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	16,800	16,800		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,287	58,716	3,914	15,657
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	369,551	280,314	75,498	13,739
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,479	10,022	1,588	869
10 Payroll taxes	33,722	27,082	4,292	2,348
11 Fees for services (non-employees)				
a Management				
b Legal	3,270		3,270	
c Accounting	10,718		10,718	
d Lobbying				
e Professional fundraising services See Part IV, line 17	18,429			18,429
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,672	8,262	265	145
12 Advertising and promotion				
13 Office expenses	47,387	27,621	14,329	5,437
14 Information technology	2,366	1,900	301	165
15 Royalties				
16 Occupancy	54,926	43,786	7,232	3,908
17 Travel	4,396	4,376	20	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,207	61,943	1,264	
23 Insurance	9,597	7,707	1,222	668
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 PROG ACTIVITIES & SUPPLY	52,602	52,484	118	
b STAFF & BOARD DEVELOPMENT	9,848	7,507	1,690	651
c MISCELLANEOUS EXPENSE	2,051	1,244	699	108
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	798,308	609,764	126,420	62,124
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	46,545	1	70
	2 Savings and temporary cash investments	153,067	2	78,302
	3 Pledges and grants receivable, net	59,773	3	44,705
	4 Accounts receivable, net	22,562	4	7,615
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,274	8	7,292
	9 Prepaid expenses and deferred charges	7,947	9	6,756
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,957,958		
	b Less accumulated depreciation	745,063	10c	1,212,895
	11 Investments—publicly traded securities	507,779	11	504,248
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	21,168	15	21,167
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,096,579	16	1,883,050
Liabilities	17 Accounts payable and accrued expenses	47,576	17	65,738
	18 Grants payable		18	
	19 Deferred revenue		19	23,667
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	16,000
	26 Total liabilities. Add lines 17 through 25	47,576	26	105,405
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,651,365	27	1,497,728
	28 Temporarily restricted net assets	218,313	28	97,557
	29 Permanently restricted net assets	179,325	29	182,360
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,049,003	33	1,777,645
	34 Total liabilities and net assets/fund balances	2,096,579	34	1,883,050

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	510,647
2 Total expenses (must equal Part IX, column (A), line 25)	2	798,308
3 Revenue less expenses Subtract line 2 from line 1	3	-287,661
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,049,003
5 Net unrealized gains (losses) on investments	5	36,467
6 Donated services and use of facilities	6	622
7 Investment expenses	7	
8 Prior period adjustments	8	-20,786
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,777,645

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**
Department of the Treasury  
Internal Revenue Service
**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

TEXTILE CENTER OF MINNESOTA

Employer identification number  
41-1790700**Part I Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  
 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )  
 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box 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 integrated  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
				Yes	No	Yes	No	
(A)								
(B)								
(C)								
(D)								
(E)								
<b>Total</b>								

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

Schedule A (Form 990 or 990-EZ) 2013

## Schedule A (Form 990 or 990-EZ) 2013 TEXTILE CENTER OF MINNESOTA

41-1790700

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 in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	257,591	387,959	530,724	236,974	247,843	1,661,091
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	257,591	387,959	530,724	236,974	247,843	1,661,091
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						277,040
6 Public support. Subtract line 5 from line 4						1,384,051

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	257,591	387,959	530,724	236,974	247,843	1,661,091
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,415	19,846		13,111	13,261	48,633
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)	1,021	705	4,882	-165	2,450	8,893
11 Total support. Add lines 7 through 10						1,718,617
12 Gross receipts from related activities, etc (see instructions)					12	334,311
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	80.53%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	74.23%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test—2012. 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	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2013. 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	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

**Part III 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 in) ►

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose

3 Gross receipts from activities that are 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 furnished by a governmental unit to the organization without charge

6 **Total.** Add lines 1 through 5

7a Amounts included on lines 1, 2, 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

c Add lines 7a and 7b

8 **Public support** (Subtract line 7c from line 6 )

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated 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 )

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))

15 %

16 Public support percentage from 2012 Schedule A, Part III, line 15

16 %

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))

17 %

18 Investment income percentage from 2012 Schedule A, Part III, line 17

18 %

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

## PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME	\$	8,893
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**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**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.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

Employer identification number

TEXTILE CENTER OF MINNESOTA

41-1790700

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

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

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

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

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year		
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	21,167
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Yes  No

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	244,783	239,462	215,506	169,068	110,562
b Contributions	3,035	14,759	17,065	25,180	20,000
c Net investment earnings, gains, and losses	39,099	26,801	13,332	26,258	38,506
d Grants or scholarships					
e Other expenditures for facilities and programs	-20,000	-36,239	-6,441	-5,000	
f Administrative expenses					
g End of year balance	266,917	244,783	239,462	215,506	169,068

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► 68.32 %

c Temporarily restricted endowment ► 31.68 %

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

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

(i) unrelated organizations  
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		106,700		106,700
b Buildings		1,684,986	595,446	1,089,540
c Leasehold improvements				
d Equipment		166,272	149,617	16,655
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,212,895

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BUILDING LOAN	16,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 16,000

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

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

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

1 Total revenue, gains, and other support per audited financial statements	1	628,611
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	36,467
b Donated services and use of facilities	2b	622
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII )	2d	80,875
e Add lines 2a through 2d	2e	117,964
3 Subtract line 2e from line 1	3	510,647
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII )	4b	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	510,647

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

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

1 Total expenses and losses per audited financial statements	1	879,183
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII )	2d	80,875
e Add lines 2a through 2d	2e	80,875
3 Subtract line 2e from line 1	3	798,308
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII )	4b	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	798,308

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

**PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE**

LIBRARY COLLECTIBLES: THE LIBRARY COLLECTIBLES REPRESENT RARE, VALUABLE BOOKS THAT ARE HELD IN THE LIBRARY RESERVE. DONATIONS OF LIBRARY COLLECTIBLES ARE RECORDED AT THEIR ESTIMATED FAIR VALUE AT THE DATE OF DONATION. NO PROVISION HAS BEEN MADE FOR DEPRECIATION, AS LIBRARY COLLECTIBLES RETAIN THEIR VALUES. THE ORGANIZATION HAS RECORDED \$ 21, 167 IN LIBRARY COLLECTIBLES FOR THE YEAR ENDED MARCH 31, 2014.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

THE PURPOSE OF THE JOAN MONDALE GALLERY ENDOWMENT IS TO PROVIDE A LONG TERM, STEADY AND REASONABLY SECURE SOURCE OF FUNDS FOR THE JOAN MONDALE GALLERY TO SUSTAIN ITS EXEMPLARY LEVEL OF EXCELLENCE AND INNOVATION; TO SUPPORT, BUT NOT BE LIMITED TO, SUCH PROJECTS AS ARTISTS AWARDS, INVITATIONAL EXHIBITIONS, PUBLICATION OF EXHIBITION CATALOGS, AND TRAVELING SHOWS; AND OTHER RELATED GALLERY ACTIVITIES SUCH AS PROGRAMS RELATING TO A

## GALLERY EXHIBIT AND GALLERY OPERATING EXPENSES.

## PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE. IN COMPLIANCE WITH ITS EXEMPT STATUS, TEXTILE CENTER OF MINNESOTA ANNUALLY FILES A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990). THE RETURNS FOR THE YEARS ENDING MARCH 31, 2010 AND LATER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
COGS NET FROM REVENUE \$ 80,875

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
COGS NET FROM REVENUE \$ 80,875

**SCHEDULE G**  
**(Form 990 or 990-EZ)****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.

OMB No 1545-0047

**2013**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

**TEXTILE CENTER OF MINNESOTA**Employer identification number  
**41-1790700****Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17  
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and email solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MARA WINKE 16 WREN LANE NORTH OAKS	GRANT SOLI	X		106,569	18,337	88,232
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				106,569	18,337	88,232

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

MINNESOTA

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 <u>EVENT</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	28,245			28,245
2 Less Contributions				
3 Gross income (line 1 minus line 2)	28,245			28,245
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	3,934			3,934
	10 Direct expense summary Add lines 4 through 9 in column (d)			3,934
	11 Net income summary Subtract line 10 from line 3, column (d)			24,311

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			
	8 Net gaming income summary Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," explain

Yes  No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes  No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

13a	%
13b	%

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer  Employee  Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCH G, PART I, LINE 2B, COL (V) - FUNDRAISING VS. REIMBURSEMENT EXPLANATION  
 MARA WINKE  
 WRITE GRANTS

**SCHEDULE I**  
**(Form 990)**

**2013**  
**Open to Public**  
**Inspection**

OMB No 1545-0047

 Department of the Treasury  
 Internal Revenue Service

Name of the organization

TEXTILE CENTER OF MINNESOTA

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

► Attach to Form 990.  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Schedule I (Form 990) (2013)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PROJECT GRANT	6	16,800			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

**2013**Open to Public  
Inspection► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

TEXTILE CENTER OF MINNESOTA

Employer identification number

41-1790700

**FORM 990 - ORGANIZATION'S MISSION**

TEXTILE CENTER OF MINNESOTA (THE ORGANIZATION) IS DEDICATED TO HONORING TEXTILE TRADITIONS AND PROMOTING EXCELLENCE AND INNOVATION IN FIBER ART. THE ORGANIZATION IS A REGIONALLY BASED NATIONAL CENTER FOR FIBER ART AND ITS FACILITY SERVES AS A CENTRAL PLACE FOR ARTISTS, GUILDS, COLLECTORS, YOUTH AND ADULTS TO GATHER, MEET, STUDY AND PARTICIPATE IN FIBER ART EXHIBITION AND EDUCATION PROGRAMS. IT IS THE ONLY FACILITY IN THE MIDWEST THAT REPRESENTS ALL FIBER ART FORMS. FIBER ART IS BROADLY DEFINED TO INCLUDE WEAVING, QUILTING, KNITTING, SEWING, DYEING, NEEDLEWORK, LACE MAKING, BASKETRY AND BEADING. THE ORGANIZATION RECEIVES A MAJORITY OF ITS REVENUE THROUGH PROGRAM SERVICES AND CONTRIBUTIONS FROM INDIVIDUALS AND FOUNDATIONS. THE ORGANIZATION'S PROGRAMS ADVANCE THE DEVELOPMENT OF FIBER ARTISTS, SUPPORT A VIBRANT FIBER ART COMMUNITY, AND PROVIDE PUBLIC ACCESS TO EXCELLENT FIBER ART PROGRAMS.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

WORKSHOPS AND CLASSES ONSITE DURING THE YEAR. EMERGING ARTISTS ADVANCED PROFESSIONALLY THROUGH THE JEROME FIBER ARTIST PROJECT GRANT PROGRAM, FUNDED BY THE JEROME FOUNDATION. THE TEXTILE CENTER LIBRARY, THE LARGEST OF ITS KIND IN THE COUNTRY, HOLDS MORE THAN 26,000 BOOKS, PERIODICALS, AND MEDIA MATERIALS, AND WAS UTILIZED BY OVER 3,000 PATRONS. THE TEXTILE CENTER DYE LAB PROVIDES ARTISTS AND STUDENTS A SAFE AND PROFESSIONALLY-EQUIPPED RESOURCE FOR UNDERTAKING AMBITIOUS DYE PROJECTS.

**FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT**

Name of the organization

TEXTILE CENTER OF MINNESOTA

Employer identification number

41-1790700

ARTISTS. FROM THE ANNUAL A COMMON THREAD, EXHIBITING ALL VARIETIES OF WORK BY TEXTILE CENTER MEMBERS, TO DREAMS AND MEMORIES: CONTEMPORARY TAPESTRIES BY AINO KAJANIEMI, AN EXHIBITION HELD IN CONJUNCTION WITH THE NATIONAL FINNFEST 2014 AND FEATURING A TALK BY THE ARTIST FROM FINLAND, THESE EXHIBITIONS EXPOSED THE GENERAL PUBLIC TO EXCELLENCE IN FIBER ART. SPECIALIZING IN EXTRAORDINARY FIBER ART, THE TEXTILE CENTER SHOP IS THE ONLY RETAIL STORE OF ITS KIND IN THE REGION. ARTISTS ARE SELECTED THROUGH A JURY PROCESS AND RECEIVE 60% OF CONSIGNMENT SALES. THE SHOP PRESENTED AND SOLD FIBER ARTWORK BY 130 ARTISTS AND GENERATED OVER \$70,000 IN PAYMENTS TO ARTISTS.

## FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

ACROSS THE REGION THE OPPORTUNITY TO PURCHASE AFFORDABLE RAW MATERIALS AND TOOLS, IN THE PROCESS REDUCING THE FINANCIAL BARRIER OTHERWISE POSED BY THE FREQUENT HIGH COSTS OF TEXTILES AND FIBER MATERIALS. FIBER ART DEMONSTRATIONS, EXHIBITS AND OTHER HANDS-ON ACTIVITIES SERVED THOUSANDS OF MINNESOTANS ATTENDING REGIONAL ART FAIRS, THE MINNESOTA STATE FAIR, AND OTHER LARGE PUBLIC EVENTS. A SHORT FORM VIDEO PRODUCED BY TWIN CITIES PUBLIC TELEVISION AND SCREENED ON THEIR STATEWIDE CHANNEL EDUCATED THOUSANDS MORE ABOUT TEXTILE CENTER AND FIBER ART.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS  
 MEMBERSHIP IN TEXTILE CENTER OF MINNESOTA IS OPEN TO ANY INDIVIDUAL OR TEXTILE-RELATED ORGANIZATION UPON PAYMENT OF ANNUAL MEMBERSHIP FEE AS ESTABLISHED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

Name of the organization

TEXTILE CENTER OF MINNESOTA

Employer identification number

41-1790700

THE FINANCE AND EXECUTIVE COMMITTEE REVIEWS AND PRESENTS THE FORM 990 TO THE BOARD OF DIRECTORS FOR ITS APPROVAL AND ACCEPTANCE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
 BOARD MEMBERS ARE REQUIRED TO READ AND SIGN A CONFLICT OF INTEREST STATEMENT WHICH IS KEPT ON FILE. DISCLOSURE OF CONFLICTS IS REQUESTED BY THE PRESIDENT AT EVERY BOARD MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
 THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS REVIEW COMPARABLE DATA AND APPROVE THE EXECUTIVE DIRECTOR'S COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 ANNUAL REPORT, ANNUAL AUDIT, POLICIES INCLUDING CONFLICT OF INTEREST, DISCONTINUE CONTACT, PERSONNEL, INVESTMENT, AND RETENTION OF RECORDS ARE AVAILABLE ON TEXTILE CENTER'S WEBSITE OR BY HARD COPY UPON REQUEST.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER  
 COGS NET FROM REVENUE \$ 80,875  
 COGS NET FROM REVENUE \$ -80,875

Form 4562

Department of the Treasury  
Internal Revenue Service

(99)

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No. 1545-0172

2013

Attachment  
Sequence No

179

Name(s) shown on return

TEXTILE CENTER OF MINNESOTA

Identifying number  
41-1790700

Business or activity to which this form relates

## INDIRECT DEPRECIATION

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	24,910

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	38,297
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

## Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

## Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

## Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	63,207
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2



- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)**

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. <b>TEXTILE CENTER OF MINNESOTA</b>	Employer identification number (EIN) or <b>41-1790700</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>3000 UNIVERSITY AVE SE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MINNEAPOLIS MN 55414</b>	

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

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

NANCY LEE  
3000 UNIVERSITY AVENUE SE

- The books are in the care of ► **MINNEAPOLIS** MN 55414

Telephone No ► **612-436-0464** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for



4 I request an additional 3-month extension of time until **02/17/15**

5 For calendar year  or other tax year beginning **04/01/13**, and ending **03/31/14**

6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return

Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <b>0</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ <b>0</b>
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$ <b>0</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title ►

*Nancy Lee*

Date ►

**11/11/14**

Form 8868 (Rev. 1-2014)