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DLN: 93493119009056

# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	014 cal	endar year, or tax year beginning 11-01-2014 , and ending 10-31-2015				
_	eck if ap		C Name of organization MINNESOTA HUMANITIES CENTER		D Emplo	yer ide	ntification number
_	Iress cha	-			41-13	32276	9
_	me chan		Doing business as				
Init	ıal returi	า	Number and street (or P O box if mail is not delivered to street address) Room/suit		E Telepho	ne nun	nber
Fin	al urn/term	ınated	987 IVY AVENUE EAST	e	(651)	774-0	0105
┌ Am	ended re	eturn	City or town, state or province, country, and ZIP or foreign postal code				
┌ App	olication	pending	SAÍNT PAUL, MN 55106		<b>G</b> Gross r	eceipts	\$ 17,851,411
			F Name and address of principal officer	H(a) I	s this a group	rotur	for
			DAVID O'FALLON		ubordinates?	recuir	┌ Yes ┌ No
			987 IVY AVENUE EAST SAINT PAUL, MN 55106	H(b) A	II la		┌ Yes ┌ No
					re all subordi icluded?	nates	j řesj No
<b>I</b> Ta	x-exem <sub>l</sub>	ot status	▼ 501(c)(3)	I	f "No," attach	a lıst	(see instructions)
J W	ebsite:	:► WW	W MNHUM ORG	H(c) (	Group exempt	ıon nu	mber ►
<b>K</b> Forr	n of orga	anızatıon	✓ Corporation Trust Association Other ►		of formation 19	79 <b>M</b>	State of legal domicile
						М	
Ра	rt I		mary				
	1	,	escribe the organization's mission or most significant activities CTS AND SUPPORTS CULTURAL AND EDUCATIONAL PROGRAMS T	HROUGI	HOUT MINNE	SOTA	
ą.	_	01100			10011111111		
ê .	_						
Ě		h I. Al	b <b>b.</b>		250/ -5:4-		
<u> </u>	2 0	пески	nis box দ if the organization discontinued its operations or disposed of	more th	an 25% or its	necas	ssets
Activities & Governance	3 N	umber	of voting members of the governing body (Part VI, line 1a)			3	27
<u>&amp;</u>	4 N	umber	of independent voting members of the governing body (Part VI, line 1b)			4	27
星	5 T	otal nu	mber of individuals employed in calendar year 2014 (Part V, line 2a) $$ .			5	44
្ន	l		mber of volunteers (estimate if necessary)			6	40
	l		related business revenue from Part VIII, column (C), line 12			7a	-8,305
	<b>b</b> N	et unre	elated business taxable income from Form 990-T, line 34	1		7b	-8,305
		C t	hubana and mucha (Daub VIIII luna 1 h)		Prior Year	270	Current Year
ā	8		butions and grants (Part VIII, line 1h)		1,078,		17,438,945
Rayenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		7,81		9,756
ä	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-19,		-8,305
	12	Totalı	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line				
	40				1,408,9		17,803,243
	13 14		ts paid to or for members (Part IX, column (A), lines 1-3)		905,4	0	903,911
	15		es, other compensation, employee benefits (Part IX, column (A), lines			_	
\$	13	5-10)			1,842,	346	1,973,709
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0	0
ੜੇ	ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶127,731				
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,125,	158	3,364,849
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		5,872,9	982	6,242,469
	19	Reven	ue less expenses Subtract line 18 from line 12		-4,464,6		11,560,774
€ &				Begin	ning of Curre Year	nt	End of Year
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)		7,485,4	101	19,097,211
4.2 4.3	21		liabilities (Part X, line 26)		284,		348,295
žĪ	22	Netas	ssets or fund balances Subtract line 21 from line 20		7,201,0	020	18,748,916
Pai	rt II	Sign	ature Block				
my kı	nowled	ge and	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other tha nowledge				
		****	:**		2016-04-11		
Sign	1	Signa	ature of officer		Date		
Here			D O'FALLON CEO				
			or print name and title	to 1	_	DTT	
D-:	J		Print/Type preparer's name Preparer's signature Da MARC A KOTSONAS PARC A KOTSONAS 20	te 16-04-08	Check if self-employed	PTIN P0054	4551
Paid			rim's name ► MAHONEYULBRICHCHRISTIANSEN & RUSS PA		Fırm's EIN ► 4	1-16470	)57
	pare		Firm's address ► 10 RIVER PARK PLAZA SUITE 800		Phone no (651	) 227-6	695
USE	Only	у	SAINT PAUL, MN 55107				
May	he IRS	discus	ss this return with the preparer shown above? (see instructions)				✓ Yes  No

Form	990 (2014)				Page 2
Part			nplishments e to any line in this Part III		্ব
1	Briefly describe the organizati	on's mission	·		
MISS SERV MINN CENT SERV MEAN RELA	MINNESOTA HUMANITIES CE ION IS TO BUILD A THOUGH ICES OF THE HUMANITIES C ESOTA, PRIVATE AND CORP ER RENTALS THE MINNESO ICES TO SCHOOLS AND EDU IINGFUL AND ENGAGING PU TIONSHIP-BASED APPROAC EXPERIENCES OF PEOPLE AN	TFUL, LITERATE, AND ENTER COMES FROM ORATE FOUNDATION TA HUMANITIES CENT CATORS AND IT WOR BLIC HUMANITIES PROHOTIES	ENGAGED SOCIETY FINATHE NATIONAL ENDOWM S, INDIVIDUALS, AND REER PROVIDES HUMANITIKS IN PARTNERSHIP WIT DGRAMMING IN COMMUNOGRAMMING IS FOCUSE	ANCIAL SUPPORT FOR THE F ENT FOR THE HUMANITIES, VENUE EARNED FROM FEES IES-BASED PROFESSIONAL H NUMEROUS ORGANIZATION IITIES THROUGHOUT MINNE D ON BRINGING INTO PUBLI	PROGRAMS AND THE STATE OF AND CONFERENCE DEVELOPMENT DNS TO CONDUCT ESOTA ITS
	Did the organization undertake the prior Form 990 or 990-EZ If "Yes," describe these new so			hich were not listed on	┌ Yes ┌ No
3	Did the organization cease con services?	ducting, or make signifi		ucts, any program	┌ Yes ┌ No
	If "Yes," describe these chang	es on Schedule O			
	Describe the organization's pro expenses Section 501(c)(3) a the total expenses, and revenu	nd 501(c)(4) organizati	ons are required to report th		
4a	(Code ) (Exp	penses \$ 5,125,8	91 including grants of \$	903,911 ) (Revenue \$	81,454 )
	MINNESOTA EDUCATION STRATEGY, STUDENT AND COMMUNITY ENGAGE STUDENT AND COMMUNITY ENGAGE STUDENT AND COMMUNITY-CENTER MINNESOTA EDUCATORS, POSITIVEL RELATIONSHIPS TO INCREASE STUD SHARED LANGUAGE AND SUPPORT SERVED MORE THAN 975 MINNESOTE EDUCATORS FROM MINNESOTA CONTO USE IN THEIR DAILY PRACTICE NEW CONTO USE IN THEIR DAILY PRACTICE MAK RESOURCE COLLECTION - AN ONLIN INCREASE CLASSROOM ENGAGEMEN HUMANITIES CENTER DREW ON THE WHO HAVE GONE ABOVE AND BEYOM HONORED AT THE 2015 VETERANS' INCLUDING PLAYS AND FACILITATED VETERANS IN THEIR OWN VOICES MEXHIBIT WHICH PROVIDED A SPACE LAST TWELVE MONTHS, THE HUMAN STATE TO SUPPORT THREE TRAVELI TREATIES WITH THE US GOVERNM THESE BINDING AGREEMENTS BETW	VETERANS' VOICES AND TRAMENT PARTICIPANTS STRENGED PRACTICES AND PROCED YIMPACTING THE LIVES OF I ENT AND COMMUNITY ENGAGE TO THE LIVES OF I ENT AND COMMUNITY FOR A EDUCATORS, POSITIVELY I IPLETED A SIX-MONTH-LONG IEARLY 600 EDUCATORS EXP. ING THE AMERICAN MYTH AN IE SEARCHABLE DATABASE OF IT - THROUGH PRESENTATION E POWER OF THE HUMANITIE ID TO MAKE EXCEPTIONAL, POUICES AWARD CEREMONY FOR CONVERSATIONS, THAT AME ORE THAN 4,600 MINNESOTATION FOR VISITORS TO CONTEMPITIES CENTER PARTNERED WING EXHIBITS (INCLUDING ALM ETA AMETOR TO THE LANDS A FEEN NATIONS STILL MATTER IN MAY 2015, SIX COMMUNIT	WELING EXHIBITSMINNESOTA EDU GTHEN RELATIONSHIPS, BROADEI URES IN THE LAST TWELVE MON MORE THAN 43,500 STUDENTS IN SEMENT PARTICIPANTS STRENGT ENTERED PRACTICES AND PROCE MPACTING THE LIVES OF MORE TI COHORT EXPERIENCE THAT DEEF ANDED THEIR UNDERSTANDING OVER 900 READY-TO-USE VIDEO OVER 900 READY-TO-USE VIDEO ONS AND CONFERENCE WORKSHOP S TO CALL ATTENTION TO THE STO OSITIVE CONTRIBUTIONS THAT IN IELD ON SEPTEMBER 11, 2015 NE PLIFIED, HONORED, AND RECOGN PLISTING COMMUNITIES ACROSS TH LATE THE PERSONAL COSTS AND OVER 100 CONTROLOGY OF THE CONTROLOGY OF THE OWN TO CONTROLOGY OF THE OWN TO CONCURS	CENTER HAS USED ITS' FUNDS IN THOCATION STRATEGY TRANSFORMS RIN WORLDVIEWS, DEVELOP A SHARED THS THE HUMANITIES CENTER SERVI MINNESOTA MINNESOTA EDUCATION HEN RELATIONSHIPS, BROADEN WOREDURES IN THE LAST TWELVE MONTHAN 43,500 STUDENTS IN MINNESOTA PENED RELATIONSHIPS AND AMPLIFIEM THE WORLD AROUND THEM AT HUMEDUCATORS WERE INTRODUCED TO SE, TEACHER GUIDES, AND READINGS OF VETE ORIES AND CONTRIBUTIONS OF THE PLACE OF WAR TRANSLEED, AND MINNESOTANS LEARNED HOW IS PEOPLES OF THE PLACE NOW CALLS RENT TOURS OF WHY TREATIES MATTER SELECTED THROUGH A COMPETITIVELING EXHIBIT	ELATIONSHIPS TO INCREASE LANGUAGE AND SUPPORT ED MORE THAN 975 IN STRATEGY TRANSFORMS ELDVIEWS, DEVELOP A HIS THE HUMANITIES CENTER A THIRTY-FOUR ID SKILLS AND TECHNIQUES MANITIES-BASED EVENTS IN THE ABSENT NARRATIVES IN THE HELP EDUCATORS IWELVE MONTHS, THE RANS THIRTY VETERANS ACROSS THE STATE WERE ESIX PUBLIC EVENTS, ONS OF MINNESOTAN IN A MEDITATION ON WAR, VELING EXHIBITS IN THE MUNITIES ACROSS THE
4b	THE HUMANITIES CENTER OPERATE THE HUMANITIES CENTER, THIS RES COLLEGES AND UNIVERSITIES, AND FOR ALL MINNESOTANS, BY PROVIDE	STORED ARCHITECTURAL LAN STATE AGENCIES AND COMM ING HIGH-QUALITY, COST EFI THE LAST TWELVE MONTHS,	NTER, AS CREATED BY THE STATE IDMARK SERVES EDUCATORS, SO UNITY GROUPS SEEKING TO IMPR ECTIVE MEETING AND EVENT SPA THE HUMANITIES CENTER HOSTE	) (Revenue \$ ELEGISLATURE IN 1996 IN ADDITION CIAL SERVICE PROVIDERS, OTHER NO ROVE BOTH THEIR INDIVIDUAL WORK ACE FOR EDUCATIONAL AND PUBLIC IN D 333 MEETINGS AND EVENTS IN ITS	ON-PROFITS, STATE AND THE QUALITY OF LIFE PROGRAMS AND STAFF
<b>4</b> c	(Code ) (Exp	penses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Des (Expenses \$	cribe in Schedule O) including grant	s of \$	) (Revenue \$	)
4e	Total program service expens	<b>es ►</b> 5,500,3	80		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
<b>L7</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2014)

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			
4-	Estantla number respected in Day 2 of Farms 1000 Faton 0 of materialists.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 164  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?	5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O	contains a res	nonse or no	te to anv	line in this Pa	rt V I	_	_	_	_	_	_	_	_	_	_	_	Ţ
Chick ii Schicadic C	contains a res	PO113C 01 110	cc co ann,	mile in cino i a			•	•		•					•	•	

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ue Cod Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No

#### Section C. Disclosure

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

987 IVY AVENUE EAST

SAINT PAUL, MN 55106 (651) 772-4243

Form 990 (2014)	
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## 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t perso	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	►	271,941	0	32,852

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

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
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			
	ındıvıdual	4	Yes	
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 I for such person	5		No

#### **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	<b>(C)</b> Compensation
INNOCENT TECHNOLOGIES 1425 WEST 35TH STREET MINNEAPOLIS, MN 55408	SCHOLAR CONSULTANT & PAYMENT FOR INNOCEN	522,223
AKINTUNDE PRODUCTIONS 17010 CEDAR PLAZA APT 6E OMAHA, NE 68130	SCHOLAR CONSULTANT AND FILM PRODUCTION C	366,625
ELEANOR TOOMBS COLEMAN, 2313 RIVER POINTE CIRCLE MINNEAPOLIS, MN 55411	PROJECT MANAGEMENT SERVICES- OPS PROJECT	150,231
ALLIES LLC 4720 32ND AVENUE MINNEAPOLIS, MN 55406	CONSULTING SERVICES AND MEDIA PRODUCTION	150,113
TOMMY WATSON, 5409 PROPERITY RIDGE ROAD CHARLOTTE, NC 28269	SCHOLAR CONSULTANT	134,987
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part V	7111	Statement o	of Revenue ule O contains a res	non	co or note to any lu	no in this Bart VIII			
		Check ii Schedi	uie O Contains a res	pon	se or note to any n	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated cam	paigns	1a					
Grants	b	Membership du	ies	1b					
e G	c	Fundraising eve	ents	<b>1</b> c					
Giffs, iilar A	d	Related organiz	zations	<b>1</b> d					
imil	e	Government grant	s (contributions)	1e	6,591,810				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and of included above	<b>1</b> f	10,847,135		-		
ag #	g	Noncash contributi	ons included in lines						
Conti and (	h	1a-1f \$ <b>Total.</b> Add lines	s 1 a - 1 f			17,438,945			
	<u> </u>				Business Code	. ,			
Program Serwoe Revenue	2a	CONFERENCE CTR	RRENTAL		611600	281,393	281,393		
Re K	b	PROGRAM INCOME	E		611600	78,314	78,314		
1691	c	PUBLICATION SALE	ES .		511130	3,140	3,140		
Serv	d								
E	e	A. I							
Į,	f	_	am service revenue						
<u></u>	g 3		s 2a-2f			362,847			
		and other simil	ome (including divid ar amounts)		•	9,756			9,75
	4		stment of tax-exempt bo	ond p	roceeds				
	5	Royalties	(ı) Real	·	(II) Personal				
	6a	Gross rents	39,863						
	b	Less rental expenses	48,168						
	C	Rental income or (loss)	-8,305						
	d	Net rental inco	me or (loss)	•		-8,305		-8,305	
	7a	Gross amount	(ı) Securities		(II) Other				
		from sales of assets other							
	ь	than inventory Less cost or							
		other basis and sales expenses Gain or (loss)							
	C d		<u> </u>						
	8a	Gross income f	from fundraising		<u> </u>				
Other Revenue		events (not inc \$	luding						
⊕ > •		of contributions See Part IV, lir	s reported on line 1c	:)					
μ CC				а					
¥t.			penses	ь					
•	c 9a		(loss) from fundraisii from gaming activitie		events				
			ne 19						
	Ь	less directex	penses	a b					
	С .		(loss) from gaming a	L	rities				
	10a	Gross sales of returns and allo	owances .	a [					
	ь	Less costofa		" Ь					
	С	Net income or	(loss) from sales of ı	L					
	44-	Miscellaneou	s Revenue	-	Business Code				
	11a b			}					
				}					
	d	All other reven	ue	}					
	e	Total. Add lines	s 11a-11d		🕨				
	12	Total revenue.	See Instructions .			17,803,243	362,847	-8,305	9,75
	•	_					·	•	•

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) 굣 Check if Schedule O contains a response or note to any line in this Part IX (B) (D) Do not include amounts reported on lines 6b. (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . 903,911 903,911 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . . . . . . . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . 315,777 86,177 220,062 9,538 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages . . . . 1,228,981 999,382 156,599 73,000 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . Other employee benefits . . . . . . 307,377 249,210 32,689 25,478 5,982 121,574 89,732 25,860 10 Fees for services (non-employees) 11 Management . . . . . Legal . . . . . . . . . 563 563 19,229 Accounting . . . . 19,229 Lobbying . . . . . . . . . . . . 54,840 54,840 Professional fundraising services See Part IV, line 17 Investment management fees . . Other (If line 11g amount exceeds 10% of line 25, column (A) 1,713,924 1,713,178 746 amount, list line 11g expenses on Schedule O) . . . . 12 Advertising and promotion . . . . 9,331 7,923 1,408 13 Office expenses . . . . . . 193,816 163,544 29,114 1,158 55,680 33,602 19,921 2,157 14 Information technology . . . 15 Royalties . . Occupancy . . . . . . . . . . . . 16 44,603 39,941 3,178 1,484 6,954 330,510 154 17 323,402 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . . 12,894 19 Conferences, conventions, and meetings . . . . 12,987 93 20 6,530 1,780 4,366 384 21 Payments to affiliates . . . . . . 22 Depreciation, depletion, and amortization . . . . . 117,339 99,516 12,562 5,261 16,151 13,687 1,615 849 Other expenses Itemize expenses not covered above (List 24 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 SITE FEES AND STIPENDS 678,954 678,954 FOOD SERVICE/HOUSEKEEPI 53,683 53,683 31,607 7,810 c EQUIP RENTAL/MAINTENANC 23,536 261 d STAFF DEVELOPMENT 13,968 10,209 3,260 499 e All other expenses 11,134 9,013 688 1,433 Total functional expenses. Add lines 1 through 24e 25 6,242,469 5,500,380 614,358 127,731 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A)		
			Beginning of year		End of year
	1	Cash-non-interest-bearing		1	170,023
	2	Savings and temporary cash investments	79,107	2	263,251
	3	Pledges and grants receivable, net	1,613,318	3	12,673,181
	4	Accounts receivable, net	58,775	4	88,113
	5	Loans and other receivables from current and former officers, directors, trustees, employees, and highest compensated employees. Complete Part II of Schedule L	key	5	
ıts	6	Loans and other receivables from other disqualified persons (as defined under sec 4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and contributing employ and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficial organizations (see instructions) Complete Part II of Schedule L	/ers	6	
4ssets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9		3,521	9	13,676
	10a	Prepaid expenses and deferred charges	3,317	9	13,070
	ь	rait v1 of Schedule D	3,717 1,622,430	100	1,549,600
	11	Investments—publicly traded securities	4,108,250		4,339,367
	12	Investments—other securities See Part IV, line 11	4,100,200	12	4,000,007
	13	· · · · · · · · · · · · · · · · · · ·		13	
		Investments—program-related See Part IV, line 11			
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	10.007.011
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,485,401		19,097,211
	17	Accounts payable and accrued expenses	252,783		319,418
	18	Grants payable		18	
	19	Deferred revenue	4,055	19	2,878
	20	Tax-exempt bond liabilities		20	
<u>@</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
<u>≅</u>	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit		persons Complete Part II of Schedule L		22	
⊒	23	Secured mortgages and notes payable to unrelated third parties	27,543	23	25,999
	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		9.5	
		D	204.004	25	0.40.005
	26	Total liabilities. Add lines 17 through 25	284,381	26	348,295
رم dh		Organizations that follow SFAS 117 (ASC 958), check here ▶   and complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	2,702,454	27	2,746,462
<u>ත</u> ත	28	Temporarily restricted net assets	4,498,566		16,002,454
_ _	29	Permanently restricted net assets	4,400,000	29	10,002,404
Assets of Fund Balance	29	Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.		29	
ō	30	Capital stock or trust principal, or current funds		30	
4 <u>3</u>	31	Paid-in or capital surplus, or land, building or equipment fund		31	
<u>ر</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,201,020		18,748,916
Š				$\vdash$	
	34	Total liabilities and net assets/fund balances	7.485.401	34	19.097.211

Par	Reconcilliation 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		17,8	303,243
2	Total expenses (must equal Part IX, column (A), line 25)	2			242,469
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			560,774
_		4		7,2	201,020
5	Net unrealized gains (losses) on investments	5			-12,878
6	Donated services and use of facilities	6			
7	Investment expenses				
	Description of advictments	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		18 7	748,916
Par	t XII Financial Statements and Reporting	10		10,7	10,510
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	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?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

### Software ID: Software Version:

**EIN:** 41-1322769

Name: MINNESOTA HUMANITIES CENTER

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (e nan o n is b	ne b oth ctor/	ox, u an of trus	inless fficer tee)		(D)  Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1130/	org	
(1) LISA BELAK	2 00	x		x				0	0	0
CHAIR (1) GARY HENRICKSON	1 00									
SECRETARY		Х		Х				0	0	0
(2) ANNE NOVAK	1 00									
TREASURER		X		Х				0	0	0
(3) SUSAN HEEGAARD	1 00			х				0	0	0
VICE CHAIR		Х		^				0	U	0
(4) BRIANNA ERICKSON	1 00	X						0	0	0
DIRECTOR										
(5) DAVID DAYHOFF	1 00	×						0	0	0
DIRECTOR (6) CYNTHIA GEHRIG	1 00									
DIRECTOR		×						0	0	0
(7) JOHN HARRINGTON	1 00									
DIRECTOR		×						0	0	0
(8) COLLEEN AHO	1 00	,,								
DIRECTOR		X						0	0	0
(9) CARINDA HORTON	1 00	х						0	0	0
DIRECTOR								Ů	Ů	0
(10) STEVE KELLEY	1 00	×						0	0	0
DIRECTOR (11) JEAN KING	1 00									
		×						0	0	0
DIRECTOR (12) MARGARET LEIBFRIED	1 00									
DIRECTOR		×						0	0	0
(13) MELISSA MALEN	1 00							_	_	_
DIRECTOR		X						0	0	0
(14) DANIEL MEHLS	1 00	x						0	0	0
DIRECTOR		_ ^						Ů	Ŭ	0
(15) ANITA PATEL	1 00	×						0	0	0
DIRECTOR (16) JAMES PETERSON	1 00									
		×						0	0	0
DIRECTOR (17) PATRICK HENRY	1 00									
DIRECTOR		×						0	0	0
(18) SUSAN KELLY	1 00									
DIRECTOR		X						0	0	0
(19) MEREDITH BEESON	1 00	×						0	0	0
DIRECTOR								0	0	0
(20) LESS HEEN	1 00	l x						0	0	0
DIRECTOR							_			
(21) BRYAN LJUNG	1 00	x						0	0	О
DIRECTOR (22) DIANE TRAN	1 00									
DIRECTOR		х						0	0	0
(23) STEVE TROUTNER	1 00									
DIRECTOR		X						0	0	0
(24) FATIMA VILLASENOR MILLER	1 00	,						0	0	0
DIRECTOR		X								

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th perso and a	tion (d han oi n is b	ne bo ooth a	ox, u an of	ınless fficer		(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(26) FELIX VALANZASCA DIRECTOR	1 00	х						0	0	0	
(1) ALEX TITTLE DIRECTOR	1 00	х						0	0	0	
(2) SUSANNAH OTTAWAY DIRECTOR	1 00	х						0	0	0	
(3) KRISTIN WHITE DIRECTOR	1 00	х						0	0	0	
(4) SAKINAH MUJAHID DIRECTOR	1 00	х						0	0	0	
(5) DAVID O'FALLON CHIEF EXECUTIVE OFFICER	45 00			х				166,792	0	19,943	
(6) CAROL AEGERTER CHIEF OPERATING OFFICER	45 00			х				105,149	0	12,909	
_											

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DLN: 93493119009056

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

## **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.

Open to Public Inspection

Name of the organization MINNESOTA HUMANITIES CENTER						Employer identifica	ation number	
LITIVIAL	.JOTA 1	HOHANTIES CENTER					41-1322769	
Pa	rt I	Reason for Publi	c Charity S	<b>tatus</b> (All organiza	tions must co	mplete this p	oart.) See instruction	ns.
The d	rganı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b> l	b)(1)(A)(i).	
2	Γ	A school described in	section 170(b	<b>)(1)(A)(ii).</b> (Attach S	chedule E )			
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).	
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	lescribed in <b>se</b>	ction 170(b)(1)(A)(iii	). Enter the
5	Γ	An organization opera		nefit of a college or uni	versity owned o	r operated by	a governmental unıt d	escribed in
		section 170(b)(1)(A)	(iv). (Complete	e Part II)				
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in <b>se</b>	ection 170(b)(	L)(A)(v).	
7	<u>~</u>	An organization that n described in <b>section 1</b>	•	· · · · · · · · · · · · · · · · · · ·		om a governme	ental unit or from the o	general public
8	Γ	A community trust de	scribed in <b>sect</b>	ion 170(b)(1)(A)(vi)	(Complete Par	tII)		
9	Γ	An organization that n	ormally receiv	es (1) more than 33	1/3% of its supp	ort from contri	butions, membership	fees, and gross
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) from	businesses
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Pa	rt III)	
10	Г	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See <b>sectio</b> i	n 509(a)(4).	
11	$\Gamma$	An organization organ						
		one or more publicly s						
а	$\overline{}$	the box in lines 11a th <b>Type I.</b> A supporting of	-			_		· -
a	'	supported organization organization You mus	n(s) the power	to regularly appoint o	r elect a majori			
b	Г	Type II. A supporting				with its suppo	rted organization(s), l	by having control or
		management of the su						
	_	must complete Part I	•					
С	ı	Type III functionally is supported organization	_		•			grated with, its
d	Г	Type III non-function						ianization(s) that is
	•	not functionally integr						
	_	(see instructions) <b>Yo</b>						
e	ı	Check this box if the d					s a Type I, Type II, T	ype III functionally
f	Integrated, or Type III non-functionally integrated supporting organization  Enter the number of supported organizations							
g		Provide the following i						
9		Trovide the following r	mormation ab	out the supported orge	24(1011(3)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of
		organization		organization	listed in your	-	monetary support	other support (see
				(described on lines	1 ' 1			
				1-9 above or IRC section (see				
				instructions))				
					Yes	No		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 4,805,338 4,590,467 10,826,484 1,078,378 17,438,945 38,739,612 include any "unusual grants ") 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 4,805,338 4,590,467 10,826,484 1,078,378 17,438,945 38,739,612 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 19,685,813 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 19,053,799 from line 4 Section B. Total Support Calendar year (or fiscal year (d) 2013 (a) 2010 **(b)** 2011 (c) 2012 (e) 2014 (f) Total beginning in) 🟲 4,805,338 1,078,378 Amounts from line 4 4,590,467 10,826,484 17,438,945 38,739,612 Gross income from interest, dividends, payments received on securities loans, rents, royalties 50,603 60,975 50,623 106,848 52,759 321,808 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 39,061,420 through 10 12 Gross receipts from related activities, etc (see instructions) 1,578,203 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 48 780 % Public support percentage for 2013 Schedule A, Part II, line 14 15 58 070 % 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) 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 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493119009056

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	me of the organization NNESOTA HUMANITIES CENTER	·			tification number
Par	t I-A Complete if the or	ganization is exempt unde	er section 501(	41-1322769 c) or is a section 527	organization.
1 2 3	<u> </u>	ganization's direct and indirect po	<u>-</u>	<del>_</del>	\$
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(	c)(3).	
1	Enter the amount of any excis	e tax incurred by the organization	under section 4955	. ▶	\$
2	Enter the amount of any excis	e tax incurred by organization mar	nagers under sectioi	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 4	720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
	•	ganization is exempt unde		•	1(c)(3).
1		ended by the filing organization for			\$
2	exempt function activities	organization's funds contributed to	other organizations	s for section 52/	\$
3	•	itures Add lines 1 and 2 Enter he	re and on Form 112	0-POL. line 17b ►	
4					\$ Yes
<ul> <li>Did the filing organization file Form 1120-POL for this year?</li> <li>Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to vorganization made payments. For each organization listed, enter the amount paid from the filing organization's funds amount of political contributions received that were promptly and directly delivered to a separate political organization separate segregated fund or a political action committee (PAC). If additional space is needed, provide information.</li> </ul>					to which the filing unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
P	cart II-A Complete if the organization under section 501(h)).	is exempt under	section 501(	c)(3) and fi	led Form 5768	
	Check ► If the filing organization belongs to a		list in Part IV ea	ich affiliated gr	oup member's nam	e, address, EIN,
В	expenses, and share of excess lobb		ol" provisions apr	olv		
	Limits on Lobbying E (The term "expenditures" means an	Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	obying)			
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er -0-				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 rep	oorting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not uctions for li	have to co nes 2a thro	ugh 2f.)	he five
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

ocinculare e (i c	chedule e (Form 330 of 330 EZ) Zot i					
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has !	TOP				
	filed Form 5768 (election under section 501(h)).					
		(2)				

	filed Form 5768 (election under Section 501(n)).	(a	1)		(b)	
For e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	-	Amour	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			5	54,840
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Νo			
j	Total Add lines 1c through 1i				5	54,840
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	5 <b>01(</b> c)	)(5),	or s	ectio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1		<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		<u> </u>
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
Ь	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	rt IV Supplemental Information					

Return Reference	Explanation
•	THE HUMANITIES CENTER CONTRACTS WITH A LEGISLATIVE COUNSEL TO HELP KEEP THE IMPORTANCE OF THE HUMANITIES AT THE FOREFRONT OF THE LEGISLATURE

Part IV Supplemental Information (continued)					
Return Reference	Explanation				
·	_				

Schedule C (Form 990 or 990EZ) 2014

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#### DLN: 93493119009056

OMB No 1545-0047

Open to Public **Inspection** 

## **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.

Name of the organization **Employer identification number** MINNESOTA HUMAÑITIES CENTER 41-1322769 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 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)  $\Gamma$  Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

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

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- 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
- 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) Revenue included in Form 990, Part VIII, line 1

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

the organization's accounting for conservation easements

- (ii) Assets included in Form 990, Part X
- 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
  - Revenue included in Form 990, Part VIII, line 1
  - Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Col	lections of Art, I	listor	ical Trea	asures, or	<u>Othe</u>	r Similar Ass	ets (coi	ntınued)
3	Using the organization's acquisition, accession collection items (check all that apply)	on, and other records	, check	any of the	following that	are a	significant use o	fits	
а	Public exhibition	•	d $ egin{array}{cccccccccccccccccccccccccccccccccccc$	Loan or	exchange pro	grams			
b	Scholarly research	•	е Г	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	llections and explain	how the	y further t	he organizatio	on's ex	empt purpose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							Yes	┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am	ements. Complete	ıf the	organiza	tion answer		es" to Form 99	0,	
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	•				sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing	table					
							Amo	unt	
c	Beginning balance					<b>1</b> c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	1, for e	scrow or c	ustodial acco	unt lia	ibility?	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanat	on has be	en provided in	Part i	XIII		Γ
Pai	t V Endowment Funds. Complete if								
		(a)Current year	<b>(b)</b> Prior	year <b>b</b>	(c)Two years ba	ck <b>(d)</b>	Three years back (	<b>e)</b> Four ye	ars back
1a	Beginning of year balance								
Ь	Contributions					+			
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses					_			
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g	, column (	a)) held as				
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment ▶								
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ld equal 100%							
3a	Are there endowment funds not in the posses organization by	sion of the organizati	on that	are held a	nd admınıster	ed for		Yes	No
	(i) unrelated organizations						3a(i)		
b	(ii) related organizations			dula DO		•	3a(ii)	<u> </u>	
4	Describe in Part XIII the intended uses of the						30		
	Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1	<b>nt.</b> Complete if the			inswered 'Ye	es' to	Form 990, Part	IV, lın	ie
	Description of property	0.		) Cost or oth			(c) Accumulated depreciation	( <b>d</b> ) Boo	ok value
	and		+		2:	35,000			235,000
	Buildings					82,741	1,369,350	1	.,213,391
	easehold improvements				2,30	_,	2,303,330		,,
	Equipment				7	55,576	654,367		101,209
					/.				
	Other				7.	33,313	22.7,22.		101,203

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. C	Complete if the organizati	on 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
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. Complete if the org		-
Form 990, Part X, line 25.		, , ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		7
		-
		-
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>F</b>	
2 Linkship for an arrange to a position of the Doub VIII manage	do the tayt of the feet - t-	************************************

Part		of Revenue per Audited Financial Statements With Revenue pon answered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>eturn</b> Complete ıf
1		nd other support per audited financial statements	1	17,800,365
2	Amounts included on lir	ne 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (lo	sses) on investments   <b>2a</b>   -12,878		
b	Donated services and u	se of facilities		
c	Recoveries of prior year	grants		
d	Other (Describe in Part	XIII )		
e	Add lines 2a through 2d		2e	-2,878
3	Subtract line <b>2e</b> from lir	ne <b>1</b>	3	17,803,243
4	Amounts included on Fo	orm 990, Part VIII, line 12, but not on line <b>1</b>		
a	Investment expenses n	ot included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part	XIII )		
c	Add lines 4a and 4b.		<b>4</b> c	0
5	Total revenue Add line	s <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	17,803,243
Part		of Expenses per Audited Financial Statements With Expenses on answered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1		ses per audited financial statements	1	6,252,469
2	Amounts included on lir	ne 1 but not on Form 990, Part IX, line 25		
а	Donated services and u	se of facilities		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part	XIII ) 2d		
e	Add lines 2a through 2d		2e	10,000
3	Subtract line <b>2e</b> from lin	e 1	3	6,242,469
4	Amounts included on Fo	orm 990, Part IX, line 25, but not on line 1:		
а	Investment expenses n	ot included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part	XIII )		
c	Add lines <b>4a</b> and <b>4b</b> .		<b>4</b> c	0
5		es <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	6,242,469
	XIII Supplement			
Part '		red for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		de any additional
	Return Reference	Explanation		
PART	X, LINE 2	MHC HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A UNDER THE INTERNAL REVENUE CODE CHARITABLE CONTRIBUTION ARE TAX DEDUCTIBLE MHC IS SUBJECT TO UNRELATED BUSINESS PORTION OF ITS CONFERENCE CENTER RENTAL ACTIVITIES MHC OPERATING LOSS CARRYFORWARDS THAT BEGIN TO EXPIRE IN 20 MOST OR ALL OF THE CARRYFORWARDS WILL EXPIRE WITHOUT BEIFEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RICCURRENT AND PRIOR THREE YEARS RETURNS MHC IS NOT CURRENT EXAMINATION BY ANY TAXING JURISDICTION	ONS E INC HAS 18 II NG F GHT T	BY DONORS TO MHC OME TAX ON A SIGNIFICANT NET I IS EXPECTED THAT ULLY UTILIZED O EXAMINE THE

Concedit b (Norm 550) 2015					
Part XIII Supplemental Information	on (continued)				
Return Reference	Explanation				
l					
-					

Schedule D (Form 990) 2014

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**Schedule I** (Form 990)

## **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

DLN: 93493119009056 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization						Employer identi	fication number
MINNESOTA HUMANITIES CE	NTER					41-1322769	
Part I General Inform	ation on Grants	and Assistance				<b>I</b>	
	to award the grants oganization's procedure er Assistance to	r assistance? es for monitoring the use		Jnited States tic Governments.	Complete if the o	rganization answered	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount 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) CHILDREN'S DISCOVERY MUSEUM PO BOX 724 GRAND RAPIDS,MN 55744	41-1790485	501(C)(3)	122,000				REGRANT OF MN LEGACY AMENDMENT FUNDING FOR CHILDREN'S MUSEUMS
(2) CHILDREN'S MUSEUM OF SOUTHERN MINNESOTA PO BOX 3103 MANKATO,MN 56002	20-4351801	501(C)(3)	99,500				REGRANT OF MN LEGACY AMENDMENT FUNDING FOR CHILDREN'S MUSEUMS
(3) DULUTH CHILDREN'S MUSEUM 115 S 29TH AVENUE W DULUTH, MN 55806	41-0718361	501(C)(3)	132,000				REGRANT OF MN LEGACY AMENDMENT FUNDING FOR CHILDREN'S MUSEUMS
(4) MINNESOTA CHILDRENS MUSEUM 10 WEST SEVENTH ST ST PAUL, MN 55155	41-1354181	501(C)(3)	295,000				REGRANT OF MN LEGACY AMENDMENT FUNDING FOR CHILDREN'S MUSEUMS
(5) MINNESOTA STATE COUNCIL ON DISABILITY 121 E 7TH PLACE SUITE 107 ST PAUL, MN 55101	41-6007162	501(C)(3)	225,544				REGRANT OF MN LEGACY AMENDMENT FUNDING FOR DISABILITIES GRANT
(6) AMPERS 2175 COOL STREAM CIRCLE EAGAN, MN 55122	41-1388406	501(C)(3)	16,500				REGRANT OF MN LEGACY AMENDMENT FUNDING FOR VETERAN'S VOICES
(7) KA JOOG ORGANIZATION 419 CEDAR AVENUE MINNEAPOLIS,MN 55454	39-2073475	501(C)(3)	12,386				REGRANT OF MN LEGACY AMENDMENT FUNDING FOR KA JOOG ORGANIZATION

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

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

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. 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>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference	Explanation							
	WE REQUIRE APPLICATIONS FOR THE GRANTS, SOME HAVE INDEPENDENT REVIEW PANELS TO DETERMINE RECIPIENTS, WE HAVE FORMAL GRANT AGREEMENTS, AND REQUIRE REPORTS INTERIM AND FINAL FOR LARGER GRANTS, FINAL ONLY FOR SMALLER GRANTS FOR LEGACY REGRANTS OF \$50K OR MORE, WE REQUIRE A SITE VISIT BE CONDUCTED BY MHC FINANCE AND PROGRAM STAFF, WHICH INCLUDES A FINANCIAL REVIEW AND A SMALL AUDIT SELECTION							

Schedule I (Form 990) 2014

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DLN: 93493119009056

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

MINNESOTA HUMANITIES CENTER

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** 

41-1322769

Pa	rt I Questions Regarding Compensation		1.5 55 55 55			
					Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	$\Gamma$	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr			1b		
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executi			2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	appl	y Do not check any boxes for methods f the CEO/Executive Director, but explain in Part III			
	Compensation committee					
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<b> </b> ~	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	t VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pay	mer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplemental	non	nqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provided in the persons are provided in the persons and provided in the persons are provided in the persons and provided in the persons are provided in the person and provided in the person are provided in the person and provided in the person are provided in the person and provided in the person are provided in the person and provided in the person are person are provided in the person are	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ıs m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a		Νo
	Any related organization?			5b		No
_	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid					
	subject to the initial contract exception described in Re in Part III	gula	ations section 53 4958-4(a)(3)? If "Yes," describe			
				8		No
9	If "Yes" to line 8, did the organization also follow the re section 53 4958-6(c)?	butt	able presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
1 DAVID O'FALLON, CHIEF EXECUTIVE OFFICER (i		166,792	0	0	13,343	6,600	186,735	0	
ļ''	'/	0	0	0	0	0	0	0	

Schedule J (Form 990) 2014

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 7	THE PRESIDENT RECEIVED A BONUS OF \$8,400 COO, PROGRAM DIRECTOR, 6 PROGRAM OFFICERS, COMMUNICATIONS DIRECTOR AND
	EXECUTIVE ASSISTANT RECEIVED COMBINED BONUSES OF \$17,500

Schedule J (Form 990) 2014

OMB No 1545-0047

2014

Open to Public Inspection

## 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.

▶ 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.

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

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	REQUIREMENTS ARE REVIEWED WITH ALL INCOMING BOARD MEMBERS, AND THEN ANNUALLY WITH FULL BOA RD IF THERE ARE CONFLICTS, THE BOARD MEMBER RECUSES THEMSELVES FROM THE DISCUSSION AND VO TE
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE CEO IS SET BY THE PERSONNEL COMMITTEE OF THE BOARD THEY COMPARE COMP ENSATION WITH PUBLICALLY AVAILABLE INFORMATION FOR SIMILAR POSITIONS, EITHER THRU SALARY S URVEY'S OR THROUGH REVIEW OF 990'S FOR OTHER NON-PROFITS THERE IS A SALARY GRADE AND RANGE ESTABLISHED FOR THIS POSITION, AS FOR ALL POSITIONS COMPENSATION IS REVIEWED ANNUALLY FO R ALL STAFF A FORMAL SALARY ADMINISTRATION PROGRAM IS IN PLACE (SALARY RANGES, JOB GRADES ) MARKET COMPARISONS ARE DONE FORMALLY ON A PERIODIC BASIS, PUBLISHED MARKET SURVEY'S ARE REVIEWED ANNUALLY AND RANGES ADJUSTED AS THE MHC LEADERSHIP DETERMINES APPROPRIATE INDIVI DUAL COMPENSATION IS RECOMMENDED BY DIRECT SUPERVISOR AND APPROVED BY THE CEO FOR MEMBERS OF THE LEADERSHIP TEAM, AND BY THE LEADERSHIP TEAM FOR OTHER STAFF, ALL ARE BASED ON JOB R ESPONSIBILITIES AND PERFORMANCE. THESE RECOMMENDATIONS THEN GO TO THE BOARD PERSONNEL COMM ITTEE FOR REVIEW AND APPROVAL, PRIOR TO THE APPROVAL OF THE FULL BUDGET BY THE BOARD
FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE PROVIDED UPON REQUEST IN ADDITION, SINCE 2008, THE ANNUAL REPORT, AUD ITED FINANCIAL STATEMENTS AND FORM 990'S ARE ON OUR WEBSITE.
FORM 990, PART IX, LINE 11G	CONTRACT SERVICE FEES PROGRAM SERVICE EXPENSES 1,713,178 MANAGEMENT AND GENERAL EXPENSES 746 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,713,924