Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

| Α | For the 2 | 2017 cale | endar year, or tax year beginning | 07/01 | , 2017, a | nd ending | <u>06</u> / | 30 | , 20 18 | | | | | | |
|-----------------------------|--------------|---|---|--|-------------------|----------------|--------------------|--|---------------------------------------|--|--|--|--|--|--|
| В | Check if a | applicable: | C Name of organization MINNESO | TA HISTORICAL SO | CIETY | | 1 | D Employe | er identification number | | | | | | |
| П | Address of | change | Doing business as | | | | | | 41-0713907 | | | | | | |
| $\overline{\Box}$ | Name cha | Ü | Number and street (or P.O. box if m | nail is not delivered to str | reet address) | Room/suite | i i | E Telephor | ne number | | | | | | |
| \exists | | • | 345 KELLOGG BOULEVARD W | | , | | | | 651-259-3170 | | | | | | |
| H | Initial retu | | 014 | | nostal code | | | | 051-259-3170 | | | | | | |
| Н | | n/terminated | | | postal code | | | | | | | | | | |
| Ц | Amended | d return | SAINT PAUL, MN, 55102-1906 | | | | | G Gross receipts \$ 123,588,746 | | | | | | | |
| Ш | Applicatio | on pending | F Name and address of principal office | er: Fred Neher | | | H(a) Is this a gro | up return for s | subordinates? Yes No | | | | | | |
| | | | 345 Kellogg Blvd W, St Paul, M | IN 55102-1903 | | | → ` <i>'</i> | | s included? Yes No | | | | | | |
| <u> </u> | Tax-exem | npt status: | 501(c)(3) 501(c) | () ◄ (insert no.) | 4947(a)(1) or | 527 | If "No," attac | ch a list. (se | ee instructions) | | | | | | |
| J | Website: | . ► ww | /w.mnhs.org | | | | H(c) Group e | exemption | number ▶ | | | | | | |
| K | Form of or | rganization: | Corporation Trust Associa | ation ☐ Other ► | L Yea | r of formation | n: 1849 | M State | of legal domicile: MN | | | | | | |
| _ | art l | Summ | | | | | | | | | | | | | |
| _ | | | <u> </u> | sion or most signific | cant activities: | Using th | e nower of | history to | n transform lives | | | | | | |
| Φ | | Briefly describe the organization's mission or most significant activities: <u>Using the power of history to transform lives</u> through educational initiatives, history exhibitions and programs, historic preservation, accessibility to a network of historic | | | | | | | | | | | | | |
| ŝ | _ | | | | | n esei valio | ii, accessibi | ility to a | HELWOIK OF HISTORIC | | | | | | |
| Activities & Governance | _ | | blications of Minnesota historic | | | | | 050/ (| · · · · · · · · · · · · · · · · · · · | | | | | | |
| Š | | | nis box ► ☐ if the organization | | | | | 1 1 | | | | | | | |
| ၓ | | | of voting members of the gove | | - | | | 3 | 25 | | | | | | |
| ∞ ∞ | 4 1 | Number | of independent voting membe | rs of the governing | body (Part VI, | line 1b) | | 4 | 24 | | | | | | |
| <u>i</u> ë. | 5 | Total nur | mber of individuals employed i | n calendar year 20 | 17 (Part V, line | 2a) . | | 5 | 788 | | | | | | |
| ⋛ | 6 | Total nur | mber of volunteers (estimate if | necessary) | | | | 6 | 2,549 | | | | | | |
| Ac | 7a - | Total unr | related business revenue from | Part VIII, column (0 | C), line 12 . | | | 7a | 779,014 | | | | | | |
| | | | lated business taxable income | • | • | | | 7b | 180,715 | | | | | | |
| | | | | | | · · · i | Prior Yea | | Current Year | | | | | | |
| | 8 (| Contribu | tions and grants (Part VIII, line | 1h) | | | | | | | | | | | |
| Revenue | l . | | | | | 885,817 | 68,751,935 | | | | | | | | |
| en/ | | - | service revenue (Part VIII, line | • | | | | 570,529 | 9,678,849 | | | | | | |
| Ř | | | ent income (Part VIII, column (A | | • | | | 359,821 | 13,875,706 1,741,169 | | | | | | |
| _ | 11 (| Other rev | venue (Part VIII, column (A), lin | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | | | | | | | |
| | 12 | Total reve | enue-add lines 8 through 11 (i | must equal Part VIII, | , column (A), lin | ne 12) | 76, | 321,065 | 94,047,659 | | | | | | |
| | 13 (| Grants a | nd similar amounts paid (Part | IX, column (A), lines | s 1–3) | | 5, | 892,969 | 6,463,203 | | | | | | |
| | 14 E | Benefits | paid to or for members (Part II | X, column (A), line 4 | 4) | | 0 | 0 | | | | | | | |
| S | | | other compensation, employee | | - | | 30. | 032,410 | 29,510,614 | | | | | | |
| Expenses | | | onal fundraising fees (Part IX, o | • | . , | · — | | 51,641 | 61,506 | | | | | | |
| Sen | | | draising expenses (Part IX, co | | • | 2,652 | | 31,041 | 01,300 | | | | | | |
| Ä | | | • • • | | | 2,032 | 24 | 474 250 | 22.020.702 | | | | | | |
| | | | penses (Part IX, column (A), lir | | | ∵ . ⊢ | | 474,250 | 22,939,703 | | | | | | |
| | l . | - | penses. Add lines 13–17 (must | - | | | | 451,270 | 58,975,026 | | | | | | |
| | | Revenue | less expenses. Subtract line | 18 from line 12 . | | | | 869,795 | 35,072,633 | | | | | | |
| Net Assets or Fund Balances | | | | | | Ве | ginning of Cur | rent Year | End of Year | | | | | | |
| sets | 20 | Total ass | sets (Part X, line 16) | | | | 226, | 536,898 | 255,000,197 | | | | | | |
| d As | 21 | Total liab | oilities (Part X, line 26) | | | | 8, | 696,486 | 7,964,447 | | | | | | |
| ع | 22 | Net asse | ets or fund balances. Subtract | line 21 from line 20 | | | 217, | 840,412 | 247,035,750 | | | | | | |
| Pá | art II | Signa | ture Block | | | | | • | | | | | | | |
| Un | der penalt | | ury, I declare that I have examined this | return, including accom- | panving schedules | and stateme | ents, and to the | e best of n | nv knowledge and belief, it is | | | | | | |
| | | | lete. Declaration of preparer (other than | | | | | | , | | | | | | |
| | | | | | | | | | | | | | | | |
| Sig | ın l | Sign | nature of officer | | | | Date | <u>. </u> | | | | | | | |
| Here | | (| | | | | 24. | | | | | | | | |
| 116 | 16 | | ed Neher, Chief Financial Officer | • | | | | | | | | | | | |
| | | <u> </u> | e or print name and title | In | | 15: | | 1 | DTIN | | | | | | |
| Pa | id | Print/Ty | pe preparer's name | Preparer's signature | | Date | | | if PTIN | | | | | | |
| | eparer | r | | | | | | self-emp | oloyed | | | | | | |
| | e Only | | name ► | | | | Firm' | s EIN ▶ | | | | | | | |
| J 3 | .c Omy | | address ► | Phon | none no. | | | | | | | | | | |
| Ma | y the IR | | s this return with the preparer | shown above? (see | e instructions) | | | | Yes No | | | | | | |
| | , | | and the second | | | | | | | | | | | | |

Form 990 (2017) Page **2**

| Part | · · · · · · · · · · · · · · · · · · · |
|----------------|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | Using the power of history to transform lives by preserving, sharing, and connecting. The Society preserves the evidence of the |
| | past and tells the stories of Minnesota's people. The Society provides opportunities for people of all ages to learn about the history |
| | of Minnesota, collects and cares for materials that document human life in Minnesota, makes them known and accessible to |
| 0 | people in Minnesota and beyond, and encourages and executes research in Minnesota History. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | |
| 3 | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | |
| 4 | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others |
| | the total expenses, and revenue, if any, for each program service reported. |
| | the total expenses, and revenue, if any, for each program estimate reported. |
| 4a | (Code:) (Expenses \$ 14,328,555 including grants of \$ 0) (Revenue \$ 7,415,370) |
| | Historic Sites and Museums: Administers historic sites and museums throughout the state for public benefit through programming |
| | and exhibits, entertaining reenactments of key events and historical characters, and participation in living history programs about |
| | the people who lived and worked at these historic places; Includes museum programs, activities and services at the History Center |
| | and the museum shops, parking, food service, and building rental at all facilities. Provides preservation and construction services; |
| | operates the Capitol tour program; administers the State Historic Sites Act. In FY 18 the MNHS was able to secure to major State |
| | funding accomplishments, \$15M for the revitalization of Fort Snelling and \$8M for asset preservation for our historic sites network. |
| | Private fundraising for Fort Snelling continues to be a success. Attendance in FY for our historic sites and the Minnesota History |
| | Center exceeded 1M visitors. The newly reopened Minnesota State Capitol saw a surge of attendance after the grand reopening, a |
| | 62% increase over the prior year. Other initiatives for the year included a new visitor experience at Historic Forestville which now |
| | interprets the site from 1850 to the present, expanding the number of walking tours at the James J. Hill House, and receiving a |
| | LEED Gold certification for the newly constructed Oliver Kelley Farm visitor center. |
| | |
| 4b | (Code:) (Expenses \$12,684,054 including grants of \$0) (Revenue \$2,258,521) |
| | Education, Outreach, and Content Development: Develops Minnesota history curriculum, provides teacher education and |
| | coordinates the Minnesota History Day program. Plans, fabricates and installs exhibits at Society interpretive facilities and |
| | museums throughout the state. Develops educational programming and outreach, including diversity and inclusion and Native |
| | American initiatives. Publishes books and other media related to Minnesota history. MNHS continues to be a leader in diversity |
| | and inclusion, engaging with traditionally underrepresented communities to ensure the diversity of Minnesota is reflected in all that |
| | we do, an example of which is having 28 college fellows and 25 interns being hosted by MNHS for career building opportunities. |
| | Native American Initiatives continued to work on on building relationships and being an advocate for Native peoples across |
| | Minnesota and beyond. History Day continues to be a signature program for MNHS. In FY 18 more than 25,000 of Minnesota's |
| | students participated in the program, in school, regional, state and national levels, garnering many awards including four national |
| | champions. The MNHS Press continued its success with over 110,000 titles in print, a 7% increase over last year. Our Exhibits |
| | department continued to share dynamic stories through new and returning exhibits, including the very popular and successful 1968 |
| 4 - | Exhibit. |
| 4c | (Code:) (Expenses \$ 9,362,798 including grants of \$ 0) (Revenue \$1,604,087) |
| | Library and Collections: Maintains and makes available to the public the MNHS' collection of books, newspapers, maps, objects, |
| | photographs, works of art, oral history recordings, private manuscripts and periodicals on Minnesota history; and catalogs, |
| | restores and digitizes documents and records to make them available for public use. This program includes the acquisition, |
| | preservation and cataloging of public records, according to MNHS' statutory role as the State Archives. Conducts historic and |
| | archaeological surveys, as required by law. Program accomplishments are often measured by public usage. In FY 2018 the Gale |
| | Family Library at the History Center welcomed over 23,000 in-person and correspondence research requests, a number similar to |
| | last year. The Gale Library saw demand remain strong for video tutorials and new finding aids. Digital preservation and access |
| | continues to be a priority with our Minnesota Digital Newspaper Hub expanding to include over 1.7M newspaper pages. Our |
| | collections continued to grow in FY 18, with the addition of more oral histories and over 2,000 new artifacts that were added to the |
| | collections. The Archaeology program had two major projects; a collections inventory from the Lower Sioux Agency historic site |
| | and a survey and excavations at Fort Snelling. |
| 4d | Other program services (Describe in Schedule O.) See Schedule O, Statement 1 |
| - u | (Expenses \$ 9,021,333 including grants of \$ 6,463,203) (Revenue \$ 142,040) |
| 4e | Total program service expenses ► 45 306 740 |

| Part | V 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 | V | 1 |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | 2 | ~ | - |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i> | 3 | | ~ |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | 4 | , | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | , |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | _ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | , | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III | 8 | , | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i> | 9 | | _ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | , | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 | , | |
| 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 | | |
| 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? <i>If "Yes," complete Schedule D, Part VIII </i> | 11c | | , |
| 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 | | , |
| | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . | 11e | | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | |
| 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 | | , |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ~ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ~ |
| 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 | | ~ |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | | , |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | , |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions) | 17 | , | |
| 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 | | , |
| 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 | | , |

| Part | V Checklist of Required Schedules (continued) | | | |
|------|--|-----------|-----|-------|
| | | _ | Yes | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ~ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | |
| 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 | ~ | |
| 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 | | ~ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | ~ | |
| 04- | | 23 | | |
| 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 | | ~ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24a | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | |
| • | 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 | | ~ |
| 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 | | ~ |
| 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 | | ~ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | | _ |
| 20 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | 27 | | |
| 28 | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | ~ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV | | | |
| | , | 28b | | ~ |
| 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? If "Yes," complete Schedule L, Part IV | 000 | | ~ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 28c 29 | ~ | |
| 30 | Did the organization receive more than \$25,000 in hon-cash contributions: If res, complete ocheque will be organization receive contributions of art, historical treasures, or other similar assets, or qualified | 23 | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | 1 | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | ~ |
| 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 | | ~ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | ~ |
| 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 | | ~ |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ~ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i> | | | ار. ا |
| 27 | | 36 | | ~ |
| 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? <i>If "Yes," complete Schedule R,</i> | | | |
| | Part VI | 37 | | ~ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 31 | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | ~ | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | |
|----------|---|------------|----------|----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 511 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| _ | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 788 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | ~ | |
| 0- | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | <u> </u> | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | ' | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | ~ |
| h | | 4a | | • |
| D | 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 | | ~ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ~ |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| _ | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ~ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | _ | |
| | | 7a | <u> </u> | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | / | |
| C | required to file Form 8282? | 7c | | ~ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 70 | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ~ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ~ |
| g g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 10- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| b | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| D | | | | |
| _ | the organization is licensed to issue qualified health plans | | | |
| C 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | V |
| 14a b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | 14a 14b | | |
| | ii 136, has it iii a a form 126 to report these payments: ii 146, provide an explanation in ochedale o | | | |

Form 990 (2017) Page **6**

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 25 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. Enter the number of voting members included in line 1a, above, who are independent 1b 24 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 ~ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c ~ 13 Did the organization have a written whistleblower policy? 13 ~ 1 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a / b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MN 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ Fred Neher, (651)259-3170

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|-----------------|---------------|
|-----------------|---------------|

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| ☐ Check this box if neither the organization ne | or any relate | d org | aniz | atic | n c | ompe | ensa | ted any currer | t officer, director | r, or trustee. |
|---|-----------------------------|--------------------------------|----------------------------------|---------|--------------|------------------------------|--------|---------------------------------|---------------------------|-----------------------|
| | | | | | C) | | | | | |
| (A) | (B) | /da 10 | Position not check more than one | | | | | (D) | (E) | (F) |
| Name and Title | Average | ١, | unless person is both a | | | | | Reportable | Reportable | Estimated |
| | hours per week (list any | office | er an | d a c | lirect | or/trus | | compensation from | compensation from related | amount of other |
| | hours for | Individual trustee or director | Inst | Officer | Key | emp | Former | the | organizations | compensation |
| | related organizations | vidu | Institutional trustee | Cer | Key employee | nest | mer | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | below dotted | tor lal tr | onal | | ploy | con | | (**-2/1099-141100) | | and related |
| | line) | uste | trus | | ee | per | | | | organizations |
| | | ф | stee | | | Highest compensated employee | | | | |
| | | | | | | ă | | | | |
| Phyllis Rawls Goff | 1.00 | | | | | | | | | |
| President and Board Member | 0.00 | ~ | | ~ | | | | 0 | 0 | 0 |
| William Stoeri | 1.00 | | | | | | | | | |
| Immediate Past President and Board Member | 0.00 | ~ | | ~ | | | | 0 | 0 | 0 |
| William Green | 1.00 | | | | | | | | | |
| Vice President and Board Member | 0.00 | ~ | | ~ | | | | 0 | 0 | 0 |
| David Hakensen | 1.00 | | | | | | | | | |
| Vice President and Board Member | 0.00 | ~ | | ~ | | | | 0 | 0 | 0 |
| Daniel Schmechel | 1.00 | | | | | | | | | |
| Treasurer and Board Member | 0.00 | ~ | | ~ | | | | 0 | 0 | 0 |
| Cawo Abdi | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Eric Ahlness | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Ford W Bell | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Suzanne Blue | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Kurt V BlueDog | 1.00 | _ | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Barbara Burwell | 1.00 | _ | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Brenda Child | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Grant Davis | 1.00 | _ | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Michael J Davis | 1.00 | _ | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |

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

| | | | | (0 | C) | | | | | |
|-------------------------------|-------------------------------|---|-----------------------|---------|--------------|------------------------------|--------|-----------------|-----------------------|-----------------------------|
| (A) | (B) | Position | | | | | | (D) | (E) | (F) |
| Name and Title | Average | (do not check more than one box, unless person is both an | | | | | | Reportable | Reportable | Estimated |
| Talle and Tille | hours per | | | | | or/trust | | compensation | compensation from | amount of |
| | week (list any hours for | 익 | 7 J J Q A | | | e H | Fo | from the | related organizations | other compensation |
| | related | dire | i ti | Officer | y er | ples | Former | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted | | tion | | Key employee | t co | 1 | (W-2/1099-MISC) | | organization and related |
| | line) | trus | al tru | | уее | mpe | | | | organizations |
| | | tee | Institutional trustee | | | Highest compensated employee | | | | |
| | | | Φ | | | ted | | | | |
| M Mitaball Davia | 1.00 | | | | | | | | | |
| M Mitchell Davis | 1.00 | , | | | | | | | | |
| Board Member | 0.00 | | | | | | | 0 | 0 | 0 |
| Michael Farnell Board Member | 0.00 | _ | | | | | | 0 | 0 | 0 |
| Thomas Forsythe | 1.00 | | | | | | | 0 | 0 | 0 |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| MayKao Y Hang | 1.00 | | | | | | | 0 | 0 | 0 |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Dennis Lamkin | 1.00 | | | | | | | • | | 0 |
| Board Member | 0.00 | 1 | | | | | | 0 | 0 | 0 |
| Jean Larson | 1.00 | | | | | | | | | |
| Board Member | 0.00 | 1 | | | | | | 0 | 0 | 0 |
| Monica Little | 1.00 | | | | | | | | | |
| Board Member | 0.00 | 1 | | | | | | 0 | 0 | 0 |
| Charles Mahar | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Dean Nelson | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Richard C Nash | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Peter Reis | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Peter Reyes | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Bo Thao-Urabe | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Benjamin Vander Kooi | 1.00 | | | | | | | | | |
| Board Member | 0.00 | ~ | | | | | | 0 | 0 | 0 |

| Part | VII Section A. Officers, Directors, Trust | ees, Key E | mplo | yees | | | lighe | st C | ompensated E | mployees (conti | nued) | | |
|-------------------------------|--|--|------------|-----------------------|----------|--------------------|---------------------------------|---------|--|--------------------------------------|----------------------------|---|-----------------|
| | (A) | (B) | | | | C) ition | | | (D) | (E) | | (F) | |
| | Name and title | Average hours per week (list any | box, | unles | ss pe | rson | e than o is both or/trust | n an | Reportable compensation from | Reportable compensation from related | am | imated ount of other | |
| | | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | comp fro orga and | pensation om the unization related nization | n I |
| Elean | or Winston | 1.00 | | | | | | | | | | | |
| | Member | 0.00 | ~ | | | | | | 0 | 0 | | | 0 |
| | n Zaccaro | 1.00 | | | | | | | | _ | | | _ |
| | Member | 0.00 | ~ | | | | | | 0 | 0 | | | 0 |
| | ohen Elliott | 40.00 | | | , | | | | 220 122 | | | , | E 471 |
| | or & Chief Executive Officer Ingison | 0.00 40.00 | | | <u> </u> | | | | 329,122 | 0 | | 3 | 35,471 |
| | Financial Officer | 0.00 | | | 1 | | | | 156,071 | 0 | | 1 | 6,456 |
| | ia Williamson | 40.00 | | | | | | | 130,071 | | | | 0,400 |
| | g Chief Financial Officer | 0.00 | - | | ~ | | | | 0 | 0 | | | 0 |
| | ie Adams | 40.00 | | | | | | | | | | | |
| Senio | r Director, Guest Experience & Educational S | 0.00 | | | | ~ | | | 151,174 | 0 | | 2 | 28,599 |
| Jill Ru | ıdnitski | 40.00 | | | | | | | | | | | |
| Chief | Development Officer | 0.00 | | | | | ~ | | 144,429 | 0 | | 2 | 8,599 |
| Dougl | as Marty | 40.00 | | | | | | | | | | | |
| Senio | r Director, Earned Income & Guest Services | 0.00 | | | | | ~ | | 142,017 | 0 | | 2 | 8,599 |
| | fer Jones | 40.00 | | | | | | | | | | | |
| | r Director, Collections & Research Services | 0.00 | | | | | - | | 106,929 | 0 | | 1 | 4,003 |
| | a Kajer | 40.00 | | | | | | | | _ | | _ | |
| | y Director | 0.00 | | | | | ~ | | 132,480 | 0 | | 1 | 5,368 |
| | a Hoffman | 40.00 | | | | | _ | | 102.010 | | | 1 | 2 274 |
| Senio 1b | r Major Gifts Officer Sub-total | 0.00 | | | | | | | 103,010 1,265,232 | 0 | | | 3,274 30,369 |
| C | Total from continuation sheets to Part | VII Sectio | n Δ | • | • | | • | | 1,205,232 | 0 | | 10 | 0,309 |
| d | | | | • | • | | • | • | 1,265,232 | 0 | | 18 | 30,369 |
| 2 | Total number of individuals (including but | not limited | | | | | above | e) w | no received m | | 1 | | 70,007 |
| | reportable compensation from the organi | zation 🖊 | | | | | | | 8 | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | T |
| 3 | Did the organization list any former of employee on line 1a? <i>If "Yes," complete S</i> | | | | | | | | • | est compensate | | Yes | No |
| 4 | For any individual listed on line 1a, is the | sum of re | portal | ble | con | nper | nsatio | n a | nd other comp | ensation from t | | | |
| | organization and related organizations individual | greater that | an \$1 | 150, | .000 |)'? I: | t "Ye. | s," | complete Sch | nedule J for suc | 4 | ~ | |
| 5 | 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or in for services rendered to the organization? If "Yes," complete Schedule J for such person | | | | | | | | | zation or individu | ıal 5 | | ~ |
| Section | on B. Independent Contractors | | | | | | | | | | | | 1 |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | | | ax |
| (A) Name and business address | | | | | | | | | (B) Description of s | ervices | (C) Compen | | |
| See S | See Schedule O, Statement 2 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractor | rs (includir | ng bu | ıt n | ot I | limit | ed to | th c | nose listed abo | ove) who | | | |

received more than \$100,000 of compensation from the organization ▶

12

Part VIII Statement of Revenue

| T GIT | LVIII | Check if Schedule C | | ponse or note to | any line in this | Part VIII | | П |
|--|-------|---|-----------------------|------------------|----------------------|--|---|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Giffs, Grants and Other Similar Amounts | 1a | Federated campaigns | | 0 | | | | |
| 3ra Ioui | b | Membership dues . | 1b | 1,067,017 | | | | |
| s, (Am | С | Fundraising events . | | 0 | | | | |
| ar Ta | d | Related organizations | | 0 | | | | |
| imi imi | е | Government grants (con | | 59,041,632 | | | | |
| er S | f | All other contributions, g | | | | | | |
| 햙 | | and similar amounts not inc | | 8,643,286 | | | | |
| ont od C | g | Noncash contributions include | | 1,059,837 | | | | |
| | h | Total. Add lines 1a-1 | f | Business Code | 68,751,935 | | | |
| Program Service Revenue | 0- | | | | | | | |
| eve | 2a | Admissions | | 712100 | 2,801,816 | 2,801,816 | 0 | 0 |
| ě | b | Contract Service Fees | | 541990 | 1,944,333 | 1,944,333 | 0 | 0 |
| ξ | C | | | 712100 | 1,712,893 | 1,712,893 | 0 | 0 |
| နို | d | | | 511130 | 1,431,453 | 1,431,453 | 0 | 0 |
| Ian | e | | | 712100 | 560,000 | 560,000 | 0 | 0 |
| rog | T | All other program ser | | | 1,228,354 | 1,012,784 | 215,570 | 0 |
| | 3 | Total. Add lines 2a–2 Investment income | I (including divid | ands interest | 9,678,849 | | | |
| | | and other similar amo | | | 1 571 400 | 0 | 1,021 | 1,570,602 |
| | 4 | Income from investmen | , | | 1,571,623 | 0 | 0 | 1,570,602 |
| | 5 | | | • | 7,957 | 7,957 | 0 | 0 |
| | | rioyanioo | (i) Real | (ii) Personal | 1,737 | 1,731 | Ü | |
| | 6a | Gross rents | 12,000 | 0 | | | | |
| | b | Less: rental expenses | 0 | | | | | |
| | C | Rental income or (loss) | 12,000 | _ | | | | |
| | d | Net rental income or (| | | 12,000 | 12,000 | 0 | 0 |
| | 7a | | (i) Securities | (ii) Other | | | - | |
| | | assets other than inventory | 40,753,469 | 0 | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses . 28,449,38 | | 0 | | | | |
| | С | Gain or (loss) | 12,304,083 | 0 | | | | |
| | d | Net gain or (loss) . | | ▶ | 12,304,083 | 0 | 0 | 12,304,083 |
| Other Revenue | 8a | Gross income from fuevents (not including \$ of contributions reported See Part IV, line 18 | 0 | | | | | |
| ţ | h | Less: direct expenses | | | | | | |
| 0 | C | Net income or (loss) f | | | | | | |
| | I | Gross income from ga | | | | | | |
| | b | Less: direct expenses Net income or (loss) f | | | | | | |
| | | Gross sales of in returns and allowance | ventory, less | | | | | |
| | b | b Less: cost of goods sold b 1,091,701 c Net income or (loss) from sales of inventory ▶ | | 1,091,701 | | | | |
| | С | | | 1,158,789 | 1,158,789 | 0 | 0 | |
| | 4. | Miscellaneous R | evenue | Business Code | | | | |
| | 11a | Event Services | | 900099 | 562,423 | 0 | 562,423 | 0 |
| | b | | | | | | | |
| | d | All other revenue . | | | 0 | 0 | 0 | 0 |
| | e | Total. Add lines 11a- | | | 562,423 | U | U | 0 |
| | 12 | Total revenue. See in | | | | 10 642 025 | 770.014 | 12 974 405 |
| | 14 | i Stai Teveriue. Gee II | | | 94,047,659 | 10,642,025 | 779,014 | 13,874,685 Form 990 (2017) |

Part IX Statement of Functional Expenses

from a combined educational campaign and fundraising solicitation. Check here \blacktriangleright \square if

following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX ~ Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service **(D)** Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . 6,463,203 6,463,203 2 Grants and other assistance to domestic individuals. See Part IV, line 22 0 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 0 0 Benefits paid to or for members 0 0 5 Compensation of current officers, directors, trustees, and key employees 759,973 184,574 575,399 0 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 0 7 Other salaries and wages 20,912,595 15,010,106 1,282,061 4,620,428 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,128,238 809,108 249,127 70,003 Other employee benefits 9 5,142,510 3.643.709 1,187,572 311,229 10 Payroll taxes 1,567,298 1,111,132 361,610 94,556 11 Fees for services (non-employees): Management 186,435 186,435 0 0 Legal 45,765 84,679 33,218 5,696 30,871 0 30,871 0 Lobbying 75,000 0 75,000 0 Professional fundraising services. See Part IV, line 17 61,506 61,506 Investment management fees f 114,798 0 114,798 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 6,875,439 5,800,845 995,330 79,264 12 Advertising and promotion 802,579 93,624 708,595 360 13 Office expenses 1,315,559 1,034,667 193,225 87,667 14 Information technology 1,258,858 99,349 1,156,063 3,446 15 Royalties 118,420 118,420 Occupancy 16 5,429,886 5,307,713 111.313 10,860 17 427,630 342,359 65,251 20,020 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 19 Conferences, conventions, and meetings . 485,757 627,859 52,554 89,548 20 242 172 70 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization . 1,771,959 1,672,406 98,323 1.230 23 147,211 0 145,470 1,741 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 177,973 93,204 а Printing 848,450 577,273 820,432 178,902 10,392 Fees & other fixed charges 631,138 С Utility services 523,922 473,270 0 50,652 d Repairs 0 498.692 429,651 69,041 All other expenses 9,869 980,782 876,064 94,849 **Total functional expenses.** Add lines 1 through 24e 25 58.975.026 45,396,740 11,345,634 2.232.652 Joint costs. Complete this line only if the organization reported in column (B) joint costs

Part X Balance Sheet

| | | Check if Schedule O contains a response or | note | to any line | in this Pa | art X | | . 🗆 |
|-----------------------------|-----|---|----------------------|-------------|-------------|--------------------------|-----|---------------------------|
| | | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | | 6,812,305 | 1 | 6,479,837 |
| | 2 | Savings and temporary cash investments | | | | 1,360,641 | 2 | 2,613,116 |
| | 3 | Pledges and grants receivable, net | | | | 22,458,844 | 3 | 40,931,089 |
| | 4 | Accounts receivable, net | | | | 454,720 | 4 | 618,833 |
| | 5 | Loans and other receivables from current and t | | | | | | |
| | | trustees, key employees, and highest co | | nsated emp | oloyees. | | | |
| | | Complete Part II of Schedule L | | | | 0 | 5 | 0 |
| S | 6 | Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), an sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche | oyers and eneficiary | 0 | 6 | 0 | | |
| Assets | 7 | Notes and loans receivable, net | | | | 0 | 7 | 0 |
| As | 8 | Inventories for sale or use | | | | 1,086,070 | 8 | 1,014,966 |
| | 9 | Prepaid expenses and deferred charges | | | | 161,152 | _ | 129,896 |
| | 10a | Land, buildings, and equipment: cost or | | | | 13.1/1.02 | | 121,010 |
| | | other basis. Complete Part VI of Schedule D | 10a | 12 | 6,586,250 | | | |
| | b | Less: accumulated depreciation | 10b | | 3,753,927 | | 10c | 92,832,323 |
| | 11 | | ٠ | | | 75,494,509 | | 87,977,314 |
| | 12 | Investments - other securities. See Part IV, line 1 | 11 . | | | 26,876,429 | | 22,076,740 |
| | 13 | Investments - program-related. See Part IV, line | 11 . | | | 0 | 13 | |
| | 14 | Intangible assets | 0 | 14 | | | | |
| | 15 | Other assets. See Part IV, line 11 | | 488,528 | 15 | 326,083 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | 226,536,898 | 16 | 255,000,197 | | | |
| | 17 | Accounts payable and accrued expenses | | | | 7,350,766 | 17 | 6,607,844 |
| | 18 | Grants payable | 0 | 18 | 0 | | | |
| | 19 | Deferred revenue | | | | 1,345,720 | 19 | 1,291,603 |
| | 20 | Tax-exempt bond liabilities | | | | 0 | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 0 | 21 | 0 |
| Liabilities | 22 | Loans and other payables to current and for trustees, key employees, highest compen | sated | employee | s, and | | | |
| ap | | disqualified persons. Complete Part II of Schedu | | | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrela | | | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, parties, and other liabilities not included on lines | | | | | | |
| | | of Schedule D | | | | 0 | 25 | 65,000 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | | 8,696,486 | 26 | 7,964,447 |
| ces | | Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and | | ck here ► | ✓ and | | | |
| an | 27 | Unrestricted net assets | | | | 106,566,369 | 27 | 109,012,780 |
| Ва | 28 | Temporarily restricted net assets | | | | 44,893,681 | 28 | 65,800,118 |
| Net Assets or Fund Balances | 29 | Permanently restricted net assets | | | | 66,380,362 | 29 | 72,222,852 |
| SO | 30 | Capital stock or trust principal, or current funds | | | | | 30 | |
| set | 31 | Paid-in or capital surplus, or land, building, or ed | | | | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated inc | | | | | 32 | |
| let | 33 | Total net assets or fund balances | | | | 217,840,412 | | 247,035,750 |
| _ | 34 | Total liabilities and net assets/fund balances . | | | | 226,536,898 | | 255,000,197 |

Form 990 (2017) Page **12**

| 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) | Part | XI Reconciliation of Net Assets | | | | | |
|--|------|--|---------|----|----|--------|-------|
| 2 58,975,026 3 Revenue less expenses. Subtract line 2 from line 1 3 35,072,633 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 217,840,412 5 Net unrealized gains (losses) on investments 5 5,877,295 6 Donated services and use of facilities 6 0 0 7 Investment expenses 7 0 0 8 Prior period adjustments 8 0 0 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 247,035,750 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 247,035,750 11 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 20 V | | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| Revenue less expenses. Subtract line 2 from line 1 | 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 94,047 | 7,659 |
| A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 58,97 | 5,026 |
| 5 Separate basis Consolidated basis Separate basis Consolidated basis Separate basis Consolidated basis Soth consolidated and separate basis Consolidated basis Soth consolida | 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 35,072 | 2,633 |
| Donated services and use of facilities 6 0 10 Investment expenses 7 7 0 0 8 Prior period adjustments 8 8 0 0 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 247,035,750 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII | 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 2 | 17,840 | 0,412 |
| 7 Investment expenses 7 0 0 8 Prior period adjustments 8 0 0 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 0 0 0 0 0 0 0 | 5 | Net unrealized gains (losses) on investments | 5 | | | -5,87 | 7,295 |
| Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis | 6 | Donated services and use of facilities | 6 | | | | 0 |
| 9 Other changes in net assets or fund balances (explain in Schedule O) | 7 | Investment expenses | 7 | | | | 0 |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 8 | | 8 | | | | 0 |
| Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII | 9 | · · · · · · · · · · · · · · · · · · · | 9 | | | | 0 |
| Check if Schedule O contains a response or note to any line in this Part XII | 10 | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII | | | 10 | | 2 | 47,03 | 5,750 |
| Accounting method used to prepare the Form 990: Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? | Part | · | | | | | |
| Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 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. | | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | _ | | Yes | No |
| Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 1 | | | _ | | | |
| Were the organization's financial statements compiled or reviewed by an independent accountant? | | | kplain | in | | | |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 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 V | | | | | | | |
| reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 2a | | | | 2a | | |
| Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? | | | piled | or | | | |
| b Were the organization's financial statements audited by an independent accountant? | | | | | | | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | | · · · · · · · · · · · · · · · · · · · | | | | | |
| separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | b | · | ٠ | | 2b | ~ | |
| ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | · | ed on | a | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | · | | | | | |
| of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | | | | | | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | С | | | _ | | | |
| Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | · | | | 2c | ~ | |
| 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? | | | xplain | ın | | | |
| the Single Audit Act and OMB Circular A-133? | _ | | | | | | |
| 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. | 3a | · · · · · · · · · · · · · · · · · · · | torth | | | | |
| required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | | | | 3a | ~ | |
| | b | , o i | _ | | _ | | |
| | | required addit or addits, explain why in Schedule O and describe any steps taken to undergo such | audits. | | | • | |

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

| MIN | NES | OTA HISTORICAL SOCIETY | | | | | | 13907 |
|------------|--|---|-------------------------|-------------------------------|--------------------|-------------------|------------------------|-------------------------|
| Pa | Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. | | | | | | | |
| The | _ | anization is not a private founda | | , | | - | • | |
| 1 | | A church, convention of church | | | | | | |
| 2 | | A school described in section | | • | | | | |
| 3 | | A hospital or a cooperative hos | | | | | | /··· = |
| 4 | Ш | A medical research organization hospital's name, city, and state | • | onjunction with a nosp | oital desc | ribed in s | section 1/U(b)(1)(A)(| (III). Enter the |
| 5 | | An organization operated for | | aollogo or university | owned o | r operate | d by a gayaramant | al unit described in |
| 3 | Ш | section 170(b)(1)(A)(iv). (Comp | | college or university | owned o | operate | ed by a government | ar unit described if |
| 6 | | A federal, state, or local govern | nment or govern | mental unit described | l in sectio | on 170(b) | (1)(A)(v). | |
| 7 | ~ | An organization that normally | | | port from | a gover | nmental unit or from | n the general public |
| | | described in section 170(b)(1) | | | | | | |
| 8 | | A community trust described in | n section 170(b) | (1)(A)(vi). (Complete I | Part II.) | | | |
| 9 | | An agricultural research organi | | | | | | |
| | | or university or a non-land-gra university: | | , | , | | • | · · |
| 10 | | An organization that normally r | eceives: (1) more | e than 33½% of its su | upport fro | m contril | butions, membership | o fees, and gross |
| | | receipts from activities related support from gross investment | | | | | | |
| | | acquired by the organization a | fter June 30, 197 | 75. See section 509(a | a)(2). (Cor | nplete Pa | art III.) | |
| 11 | | An organization organized and | • | • | - | | | |
| 12 | | An organization organized and | • | , | | | • | |
| | | of one or more publicly support | | | | | | |
| | | Check the box in lines 12a thro | · · | | | J | • | , , |
| a | 1 | Type I. A supporting organ | • | • | - | | • , ,, | |
| | | the supported organization supporting organization. Ye | | | | | ne directors or trust | ees of the |
| L | | | - | • | | | | anda) lass la assisa as |
| k | • | Type II. A supporting organ control or management of | | | | | | |
| | | organization(s). You must | | | | persons | that control of man | age the supported |
| c | : | ☐ Type III functionally integ | - | • | | onnectio | n with, and functions | ally integrated with. |
| | | its supported organization(| s) (see instructio | ns). You must comp | lete Part | IV, Secti | ions A, D, and E. | |
| C | I | ☐ Type III non-functionally i | | | | | | |
| | | that is not functionally integ | | | | | | d an attentiveness |
| | | requirement (see instructio | • | • | | - | | |
| e | • | Check this box if the organ | | | | | | e II, Type III |
| | _ | functionally integrated, or 1 | | | oporting (| organizat | ion. | |
| 1 | | nter the number of supported or rovide the following information | | | | | | |
| | | Name of supported organization | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of |
| | (1) | varie of supported organization | (11) =114 | (described on lines 1–10 | listed in you | ur governing | support (see | other support (see |
| | | | | above (see instructions)) | docu | ment? | instructions) | instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| ر <i>ت</i> | | | | | | | | |
| (E) | | | | | | | | |
| Tota | | | | | | | | |
| | | | | | | | | |

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 **(e)** 2017 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 64,746,841 45,132,063 47,216,253 61,885,817 68,751,935 287.732.909 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 64,746,841 45,132,063 47,216,253 61,885,817 68,751,935 287.732.909 The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3,661,638 Public support. Subtract line 5 from line 4 284,071,271 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 47,216,253 64,746,841 45,132,063 61,885,817 68,751,935 287,732,909 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 1,468,446 1,723,663 1,632,566 1,790,567 2,185,415 8,800,657 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 0 0 0 0 180,715 180,715 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 296,714,281 Gross receipts from related activities, etc. (see instructions) 12 63,986,614 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 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 95.74 % Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. 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 10%-facts-and-circumstances test - 2016. 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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

| | ii trie organization falls to qualify | under the te | sts listed bei | ow, piease co | impiete Fart | 11.) | |
|------------|--|-----------------|------------------|------------------|-------------------|-----------------|-------------|
| | on A. Public Support | | | 1 | | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| • | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| • | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| <i>,</i> a | received from disqualified persons . | | | | | | |
| | · · · · | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| | <u> </u> | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| <u> </u> | line 6.) | | | | | | |
| | on B. Total Support | | T | | | | |
| | dar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for th | e organizatio | n's first, secon | d, third, fourth | , or fifth tax ye | ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop her | ·е | | | | | ▶ ┌ |
| Secti | on C. Computation of Public Suppor | t Percentag | e | | | | |
| 15 | Public support percentage for 2017 (line 8 | B, column (f) d | ivided by line 1 | 3, column (f)) | | 15 | % |
| 16 | Public support percentage from 2016 Sch | | - | | | 16 | % |
| Secti | on D. Computation of Investment Inc | come Perce | ntage | | | | |
| 17 | Investment income percentage for 2017 (I | | | y line 13, colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2016 | | | - | | 18 | % |
| 19a | 331/3% support tests—2017. If the organi | | | | | | |
| | 17 is not more than 33 ¹ / ₃ %, check this box | | | | | | |
| b | 33 ¹ / ₃ % support tests—2016. If the organiz | _ | = | - | | _ | |
| ~ | line 18 is not more than 33 ¹ / ₃ %, check this b | | | | | | |
| 20 | Private foundation If the organization di | _ | _ | * | - | | _ |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| Part I | V Supporting Organizations (continued) | | | |
|---------|---|--------|--------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | <u> </u> |
| | A family member of a person described in (a) above? | 11b | | <u> </u> |
| | 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 | | |
| Section | on B. Type I Supporting Organizations | | | I |
| _ | | | 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 Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the approximation approach fourth a homeful of any approximation at how there the approached | - | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i> | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Section | on C. Type II Supporting Organizations | | | <u> </u> |
| Occur | on or Type in 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 | | 163 | 140 |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Section | on D. All Type III Supporting Organizations | | | · |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization 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 Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Section | on 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 i | nstru | ctions | s). |
| а | ☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | | | |
| b | ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in | struct | ions). |
| • | Activities Test Anguar (a) and (b) below | | Vaa | Na |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | NO |
| а | 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 | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | a | | |
| J | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | | | |
| | 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? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

instructions).

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | gani | izations | |
|--|------|----------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| 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): | | | |
| a 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 Discount 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 | • | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | | tegrated Type III supporti | ng organization (see |

| Part | V Type III Non-Functionally Integrated 509(a)(3 | S) Supporting Organi | zations (continued) | |
|------------|--|-----------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | rted | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whic | h the organization is res | ponsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | T | | |
| Se | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | | | | |
| b | From 2013 | | | |
| c | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| <u>i</u> _ | Carryover from 2012 not applied (see instructions) | | | |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2013 | | | |
| b | Excess from 2014 | | | |
| c | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| е | Excess from 2017 | | | |

| 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.) |
|---------|--|
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

| • S | ection 501(c)(4), (5), or (6) orga | nizations: Complete Part III. | | | |
|--------------|---|---|-------------------------------------|---|---|
| Name | of organization | | | Employer ider | ntification number |
| MINN | ESOTA HISTORICAL SOCIE | | | | 41-0713907 |
| Part | I-A Complete if the | e organization is exempt und | er section 501(| c) or is a section 527 of | organization. |
| 1 | Provide a description of definition of "political can | the organization's direct and in | direct political ca | ımpaign activities in Part | IV. (see instructions for |
| 2 | Political campaign activity | y expenditures (see instructions) . | | |) |
| 3 | | cal campaign activities (see instruc | | | |
| Part | - | e organization is exempt und | | | |
| 1 | = - | excise tax incurred by the organiza | | | |
| 2 | | excise tax incurred by organization | • | section 4955 ▶ \$ |) |
| 3 4a b | - | ed a section 4955 tax, did it file For | - | ear? | |
| | | e organization is exempt und | er section 501(| c), except section 501 | (c)(3). |
| 1 | Enter the amount direct | ly expended by the filing organiz | ation for section | 527 exempt function | (C)(C) |
| 2 | Enter the amount of the | filing organization's funds contribution | outed to other org | anizations for section | |
| 3 | Total exempt function e | expenditures. Add lines 1 and 2 | . Enter here and | on Form 1120-POL, | |
| 4 | Did the filing organization | file Form 1120-POL for this year | ? | | Yes No |
| 5 | organization made payme the amount of political co | ses and employer identification nurents. For each organization listed, ontributions received that were profund or a political action committe | enter the amount mptly and directly | paid from the filing organic delivered to a separate p | ization's funds. Also enter political organization, such |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

Cat. No. 50084S

| Page | 2 |
|------|---|
| | |

| Part II-A | | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). | | | | | | | | |
|-----------|--------------------|---|-----------------------------------|----------------------|--------------------------------------|-----------------------|----------------|--|--|--|
| A | Check ► | if the filing organization belor address, EIN, expenses, and | | iliated group memb | er's name, | | | | | |
| В | Check ► | if the filing organization chec | ked box A and ' | "limited control" pr | ovisions apply. | | | | | |
| | | Limits on Lobl | ying Expendit | ures | | (a) Filing | (b) Affiliated | | | |
| | | (The term "expenditures" m | eans amounts | paid or incurred. |) | organization's totals | group totals | | | |
| 1: | a Total lo | obbying expenditures to influence | public opinion | (grass roots lobby | ing) | | | | | |
| | b Total lo | obbying expenditures to influence | a legislative bo | ody (direct lobbying | g) | | | | | |
| | c Total lo | bbying expenditures (add lines 1 | a and 1b) . | | | | | | | |
| | d Other e | exempt purpose expenditures . | | | | | | | | |
| | e Total e | xempt purpose expenditures (ad | d lines 1c and 1 | d) | | | | | | |
| i | f Lobbyi columr | ng nontaxable amount. Enter | the amount fi | rom the following | table in both | | | | | |
| | If the ar | nount on line 1e, column (a) or (b) is | : The lobbying | nontaxable amount | t is: | | | | | |
| | | r \$500,000 | | nount on line 1e. | | | | | | |
| | Over \$5 | 00,000 but not over \$1,000,000 | \$100,000 plus | 15% of the excess | over \$500,000. | | | | | |
| | Over \$1 | ,000,000 but not over \$1,500,000 | \$175,000 plus | 10% of the excess | over \$1,000,000. | | | | | |
| | | ,500,000 but not over \$17,000,000 | \$225,000 plus | 5% of the excess or | ver \$1,500,000. | | | | | |
| | Over \$1 | 7,000,000 | \$1,000,000. | | | | | | | |
| | g Grassr | oots nontaxable amount (enter 2 | 5% of line 1f) | | | | | | | |
| | h Subtra | ct line 1g from line 1a. If zero or l | ess, enter -0- | | | | | | | |
| | i Subtra | ct line 1f from line 1c. If zero or le | ss, enter -0- | | | | | | | |
| į | | e is an amount other than zerong section 4911 tax for this year | | | | | Yes No | | | |
| | (Som | e organizations that made a se See the | ction 501(h) ele separate inst | ructions for lines | e to complete all 2a through 2f.) | of the five colum | ns below. | | | |
| | | Lobbying | Expenditures | During 4-Year A | veraging Period | | | | | |
| | Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total | | | |
| 2 | a Lobbyi | ng nontaxable amount | | | | | | | | |
| | | ng ceiling amount of line 2a, column (e)) | | | | | | | | |
| | c Total lo | obbying expenditures | | | | | | | | |
| | d Grassr | oots nontaxable amount | | | | | | | | |
| | | oots ceiling amount of line 2d, column (e)) | | | | | | | | |
| | f Gracer | oots lobbying expenditures | | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2017

Page 3

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

| _ | (election dider section 50 (inj). | (a | a) | (b) |
|-------|---|----------|---------|---------------------|
| | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity. | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| а | Volunteers? | ~ | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | ~ | | |
| С | Media advertisements? | | ~ | |
| d | Mailings to members, legislators, or the public? | ~ | | 500 |
| е | Publications, or published or broadcast statements? | ~ | | 1,000 |
| f | Grants to other organizations for lobbying purposes? | | > | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | ~ | | 111,758 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | ~ | | 1,000 |
| i | Other activities? | ~ | | 6,000 |
| j | Total. Add lines 1c through 1i | | | 120,258 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | ~ | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| Part | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6). |)(5), c | or se | ction |
| | | | | Yes No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | 3 |
| Part | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." | | | |
| 1 | Dues, assessments and similar amounts from members | | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). | of | | |
| а | Current year | | 2a | |
| b | 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby | | | |
| | and political expenditure next year? | | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | |
| Par | • • | | | |
| | le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information. | up list | t); Par | t II-A, lines 1 and |
| Schoo | tule C. Part II.R. Line 1 . The MNHS receives a majority of its funding from the State of Minnesota. As a res | cult the | ore are | activities that |

are performed that may be construed as lobbying activities. The MNHS maintains a presence on the world wide web. Included on our website is a webpage dedicated to legislative updates, the status of appropriations, and at times a call for members and the public to contact their local legislators in support of MNHS' appropriations a/o pending legislation. Our website includes a program that allows the public to search and directly contact their representatives and other state leaders. In addition, the MNHS employs a Director of Public Policy and Community Relations whose primary function is to act in an administrative capacity in providing budgetary information to the State of Minnesota and to act as legislative liason as needed. At times this position may have direct contact with members of the legislative body or the public in a manner such that the activity could be construed as lobbying. Contract personnel may at times provide the same service. The MNHS has employed a lobbying firm to represent the MNHS at the Minnesota State Legislature for specific legislation. Lobbying activities represent an insignificant amount of MNHS' annual operating expenditures. Of the total listed in Part II-B, line 1(g), \$75,000 represents fees paid to an outside lobbying firm for specific legislation.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization Employer identification number MINNESOTA HISTORICAL SOCIETY 41-0713907 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on 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) Preservation of a 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 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 0 Number of conservation easements on a certified historic structure included in (a) 2c 0 Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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: \$ 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:

| Schedul | e D (Form 990) 2017 | | | | | | | | | Page 2 |
|-----------|--|--------------------|--------------|-------------|-------------------------|----------|-------------------------|-------|-------------|----------|
| Part | | Collections of | Art, His | torical 1 | reasures | , or Ot | her Similar A | Asse | ets (cont | |
| 3 | Using the organization's acquisition, a collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | | d | ✓ Loan | or exchang | ae proa | rams | | | |
| b | Scholarly research | | e | Othe | | | | | | |
| | ✓ Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organizati | on's collections a | and expla | ain how t | hev further | the ord | anization's ex | emp | t purpose | e in Par |
| | XIII. | | | | , | | , | | 1 | |
| 5 | During the year, did the organization | solicit or receive | donation | s of art. | historical t | reasure | s. or other sim | nilar | | |
| | assets to be sold to raise funds rather | | | | | | | | ☐ Yes | ✓ No |
| Part | | | <u> </u> | | | | | | | |
| | Complete if the organization | | on For | m 990. F | Part IV. lin | e 9. or | reported an a | amo | unt on F | orm |
| | 990, Part X, line 21. | | | , | , | , . | | | | |
| 1a | Is the organization an agent, trustee, | custodian or oth | er intern | nediary fo | or contribu | tions or | other assets | not | | |
| | included on Form 990, Part X? | | | - | | | | | ☐ Yes | □No |
| b | If "Yes," explain the arrangement in Pa | rt XIII and comple | ete the fo | llowina ta | able: | | | | _ | _ |
| | | | | | | | | Amo | ount | |
| С | Beginning balance | | | | | 10 | : | | | |
| d | Additions during the year | | | | | 10 | | | | |
| e | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amoun | | | | | | | itv2 | □ Ves | □ No |
| | If "Yes," explain the arrangement in Pa | | | | | | | • | | |
| Pari | | IT AIII. OHECK HER | 5 II LITE 67 | хріанацо | ii iias beeii | provide | sa on rait XIII | • • | | |
| ı aı | Complete if the organization | answered "Yes' | on For | m 990 F | Part IV lin | e 10 | | | | |
| | Complete if the organization | (a) Current year | | or year | (c) Two yea | | (d) Three years ba | ack | (e) Four ye | ars back |
| 1a | Beginning of year balance | 82,337,686 | | 2,109,475 | | 942,953 | 71,808,5 | | | ,993,393 |
| b | Contributions | 4,006,034 | | | | | | | | |
| C | Net investment earnings, gains, and | 4,006,034 | | 2,490,942 | 3,1 | 702,194 | 1,622,2 | 284 | 9 | ,816,106 |
| C | losses | 7 /1/ 245 | , | 0 (00 07/ | | 25 204 | 2 000 (| | 10 | 411 005 |
| ٦ | | 7,616,345 | • | 9,680,976 | - | 135,381 | 3,099,0 | | 10 | ,411,925 |
| d e | Grants or scholarships Other expenditures for facilities and | 0 | | 0 | | 0 | | 0 | | 0 |
| C | programs | 2 4 2 2 2 4 4 | | 1 0 40 707 | | 100 004 | 4.50/ / | | | 440.040 |
| | · • | 3,122,961 | | 1,943,707 | 6,2 | 100,291 | 1,586,9 | | 1 | ,412,842 |
| - | Administrative expenses | 0 | 0.0 | 0 | 70.4 | 0 | 74.040.6 | 0 | 74 | 0 |
| g | End of year balance | 90,837,104 | | 2,337,686 | • | 109,475 | 74,942,9 | 153 | /1 | ,808,582 |
| 2 | Provide the estimated percentage of the Board designated or quasi-endowment | | | e (iirie 19 | i, coluitiii (a | i)) Held | a5. | | | |
| a | · | | 3_% | | | | | | | |
| b | Temporarily restricted endowment ► | 13.% | | | | | | | | |
| С | | 79 % | 2004 | | | | | | | |
| 3a | The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the | • | | zation the | nt are hold | and ad | ministered for | tha | | |
| Ja | organization by: | possession or th | e organi. | Zalion in | at are rielu | anu au | ministered for | ше | V | - N- |
| | = | | | | | | | | | es No |
| | (i) unrelated organizations | | | | | | | • | 3a(i) | <i>V</i> |
| | (ii) related organizations | | | | | | | • | 3a(ii) | · · |
| b 1 | If "Yes" on line 3a(ii), are the related or | • | • | | | | | • | 3b | |
| 4 Dowl | Describe in Part XIII the intended uses | | ıı s endo | willent it | uiius. | | | | | |
| Part | | | , a.a. F | 000 5 | 7 a.u. IV 11 : | | O F 00 | ^ r | V_!: | - 10 |
| | Complete if the organization | | | | | | | υ, Ρ | | |
| | Description of property | (a) Cost or oth | | | or other basis ther) | | Accumulated epreciation | | (d) Book v | alue |
| | Land | (| | | | | | | | |
| 1a | Land | | 0 | _ | 5,384,986 | | 20.404.000 | | | ,384,986 |
| - | | | | | | | | | | |

| | 1 3 | | , | | | | |
|--------|-------------------------|--------------------------------------|---|------------------------------|----------------|--|--|
| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | | |
| 1a | Land | 0 | 5,384,986 | | 5,384,986 | | |
| b | Buildings | 0 | 115,041,482 | 28,406,000 | 86,635,482 | | |
| С | Leasehold improvements | 0 | 0 | 0 | 0 | | |
| d | Equipment | 0 | 6,159,782 | 5,347,927 | 811,855 | | |
| е | Other | 0 | 0 | 0 | 0 | | |
| Total. | 92,832,323 | | | | | | |

Schedule D (Form 990) 2017 Page **3**

| Part VII | Investments – Other Securities. | IV line 11h Coo F | orm 000 Dort V line 10 |
|-------------------|--|---------------------------|--|
| | Complete if the organization answered "Yes" on Form 990, Part (a) Description of security or category | | |
| | (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financia | | | |
| | neld equity interests | | |
| | her Common Collective Trusts & Partnerships | 22,076,740 | End-of-Year Market Value |
| (A) | | | |
| (B) | | | |
| (C) (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 22,076,740 | |
| Part VIII | Investments—Program Related. | 22,070,740 | |
| | Complete if the organization answered "Yes" on Form 990, Part | IV. line 11c. See Fo | orm 990. Part X. line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: |
| | (4) | (, | Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |
| Part IX | Other Assets. | | |
| | Complete if the organization answered "Yes" on Form 990, Part | IV, line 11d. See F | |
| | (a) Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| <u>(8)</u> (9) | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col. (B) line 15.) | | > |
| Part X | Other Liabilities. | | |
| | Complete if the organization answered "Yes" on Form 990, Part | IV. line 11e or 11f. | See Form 990. Part X. |
| | line 25. | , | , |
| 1. | (a) Description of liability | | (b) Book value |
| (1) Federal in | ncome taxes | | 65,000 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | b) must equal Form 990, Part X, col. (B) line 25.) ► | | 65,000 |
| 2. Liability fo | r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ | nization's financial stat | tements that reports the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 89,262,065 Amounts included on line 1 but not on Form 990. Part VIII. line 12: 2 0 0 1,091,701 -4,785,594 2e 3 3 Subtract line **2e** from line **1** 94,047,659 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . **4**a 0 0 Add lines 4a and 4b . . . 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 94,047,659 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990. Part IV. line 12a. 1 60.066.727 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a 0 2b 0 2c 0 1.091.701 2е 1,091,701 3 Subtract line **2e** from line **1** 3 58,975,026 Amounts included on Form 990. Part IX. line 25, but not on line 1:

Part XIII Supplemental Information.

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.).

Add lines **4a** and **4b**

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

4a

4b

0

0

5

0

58,975,026

Schedule D, Part II, Line 9 - The reporting of conservation easements by the MNHS relates to actions MNHS undertakes with respect to properties that MNHS monitors as the agent of the State of Minnesota's Historic Preservation Office. The MNHS undertakes such efforts with the following two categories of properties; 1) those transferred by the MNHS or another State of Minnesota agency to a third party (not itself, the state or state agency) subject to a restriction enforceable by the State of Minnesota's Historic Preservation Office that the property will retain and have ensured its long-term historic preservation as a National Register property; and 2) those owned by an entity who has received federal grant funding in favor of improvements on the property subject to the requirements that a conservation easement be granted to the State Historic Preservation Office (for a specified time period) as a condition of such federal grant funding. These easements are not recorded in the revenue and expense statement or on the balance sheet or in the audited financial statement's footnotes due to the fact that MNHS does not have a financial interest in these properties. In both of the above categories, MNHS undertakes and conducts a monitoring role to ensure the continued preservation of the property's historical significance and character.

Schedule D, Part III, Line 1 - The Society's collection of artifacts, documents, newspapers, pictures, paintings, tapes and books is not capitalized because donated values are not readily determinable. Items purchased for the collection are expenses as acquired.

Schedule D, Part III, Line 4 - The MNHS' collection of artifacts, historic sites, documents, newspapers, pictures, paintings, tapes and books preserve the evidence of Minnesota's past. The collection supports the work of MNHS' programs and provide value to people interested in their history.

Schedule D, Part V, Line 4 - The Society's endowment consists of approximately 157 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the board of trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the board of trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Schedule D, Part X, Line 2 - The Society engages in activities that are considered as unrelated to its exempt purpose and these activities are subject to federal and state income taxes. For the fiscal year ended June 30, 2018, the Society estimated \$65,000 as its unrelated

Schedule D (Form 990) 2017 Page 5

Part XIII - Supplemental Information (Continued)

| business income taxes and accordingly has made provision for the taxes. The Society did not have any unrelated business income tax for the fiscal year ended June 30, 2017. | | | | | | |
|---|--|--|--|--|--|--|
| Schedule D, Part XI, Line 2d - Cost of goods sold expense as reported in Part VIII, line 10b. | | | | | | |
| | | | | | | |
| Schedule D, Part XII, Line 2d - Cost of goods sold expense as reported in Part VIII, line 10b. | | | | | | |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

MINNESOTA HISTORICAL SOCIETY

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

Employer identification number

41-0713907

| m 990-EZ filers are n | • | • | | verea "Yes" on F | -orm 990, Part IV, I | ine 17. |
|---|-----------------------------------|-----------------|-------------------------------------|-----------------------------------|--|---|
| whether the organizatio | | through any | of the follo | • | | |
| ✓ Mail solicitations e ✓ Solicitation of non-government grants | | | | | | |
| net and email solicitation | ns | | | ion of government | | |
| e solicitations | | g | ' Special ' | fundraising events | 3 | |
| rson solicitations organization have a writ | ton or oral agra | omont with | any individ | dual (including offi | aara diraatara truata | 200 |
| nployees listed in Form list the 10 highest paid sated at least \$5,000 by | 990, Part VII) o individuals or 6 | er entity in co | onnection v | with professional f | fundraising services? | ✓ Yes □ No |
| d address of individual tity (fundraiser) | (ii) Activity | custody c | draiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | |
| e G, Part IV, Statement | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | ▶ | 6,545 | 61,506 | -54,961 |
| | | | | solicit contribution | s or has been notifie | d it is exempt from |
| | | | | | | or licensing. |

| Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or a than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. L gross receipts greater than \$5,000. | | | | | | |
|---|-------------|---|--|--|--------------------------|--|
| | | gross receipts greater tha | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | | | | |
| ш | 2 | Less: Contributions Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| enses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | | | | |
| | 10 11 | Direct expense summary. Ad Net income summary. Subtra | ld lines 4 through 9 in coact line 10 from line 3. c | olumn (d) | | |
| Pa | rt III | Gaming. Complete if the | organization answer | red "Yes" on Form 99 | 90, Part IV, line 19, or | reported more |
| | | than \$15,000 on Form 99 | 90-EZ, line 6a. | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Be | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct E | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses . | | | | |
| | 6 | Volunteer labor | ☐ Yes % ☐ No | ☐ Yes% ☐ No | ☐ Yes% ☐ No | |
| | 7 | Direct expense summary. Ad | ld lines 2 through 5 in o | olumn (d) | | |
| | 8 | Net gaming income summary | y. Subtract line 7 from li | ne 1, column (d) | | |
| | a Is | nter the state(s) in which the organization licensed to co "No," explain: | onduct gaming activities | s in each of these states | s? | 🗌 Yes 🗌 No |
| | | | | | | |
| 10 | | /ere any of the organization's g "Yes," explain: | | • | ated during the tax year | |

| Schedu | ıle G (Form 990 or 990-EZ) 2017 | | | Page 3 | | | | |
|----------|---|--|-----|--------------|--|--|--|--|
| 11 12 | Does the organization conduct gaming activities with nonmembers? | | Yes | _ No | | | | |
| | formed to administer charitable gaming? | | Yes | ☐ No | | | | |
| 13 | Indicate the percentage of gaming activity conducted in: The organization's facility | | | % | | | | |
| a b | The organization's facility | | | % | | | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | | | | | |
| | Name ► | | | | | | | |
| | Address► | | | | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | □ No | | | | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party: | | | | | | | |
| | Name ► | | | | | | | |
| | Address► | | | | | | | |
| 16 | Gaming manager information: | | | | | | | |
| | Name ► | | | | | | | |
| | Gaming manager compensation ► \$ | | | | | | | |
| | Description of services provided ▶ | | | | | | | |
| | □ Director/officer □ Employee □ Independent contractor | | | | | | | |
| 17 | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | | | | |
| а | retain the state gaming license? | | Yes | □No | | | | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ | | | | | | | |
| Part | | | | d | | | | |
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Schedule G, Part IV, Statement 1

MINNESOTA HISTORICAL SOCIETY

Form: Schedule G (2017)

Page: 1

Part I, Line 2b

EIN: 41-0713907

Fundraiser Activity Information

| Name and Address | Activity | C1 | Gross Receipts | C2 | C3 |
|---|---|----|-------------------|--------|---------|
| Alpaugh & Associates 6266 North Campbell Avenue Tuscon, AZ 85718 | Provide strategic counsel to the Minnesota Historical Society and its Executive Council in preparation and readiness for a continued capital campaign. The contractor does not solicit donations on behalf of the Minnesota Historical Society. | No | 0 | 54,417 | -54,417 |
| Aria Communications Corporation 717 West St Germain Street St Cloud, MN 56301 | Fiscal year-end telemarketing campaign services for memberships, membership renewals and additional gifts. | No | 6,545 | 7,089 | -544 |
| Total: | | | 6,545 | 61,506 | -54,961 |

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

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

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

| MINNESOTA HISTORICAL SOCIETY | | | | | | | 41-0713907 |
|---|-----------------|---------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information of | on Grants and | d Assistance | | | | | |
| Does the organization maintain | | | | | | | |
| the selection criteria used to a | ward the grants | or assistance? | | | | | · · 🗹 Yes 🗌 No |
| 2 Describe in Part IV the organiz | ation's procedu | ures for monitoring | the use of grant fu | ınds in the United | States. | | |
| Part II Grants and Other Ass 990, Part IV, line 21, fo | | | | | | | vered "Yes" on Form |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) Sch I, Stmt 1 | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
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| (11) | | | | | | | |
| (12) | | | | | | | |
| | | <u> </u> | | | | | |
| 2 Enter total number of section 53 Enter total number of other ord | | | | | | | |

Schedule I (Form 990) (2017) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 3 5 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Schedule I, Part I, Line 2 - Grant recipients are required to sign a Grant Agreement outlining the terms of the grant award. The Agreement specifies the project start and end dates, approved budget and scope of work, reporting guidelines and other grantee requirements. The grant awards are monitored by and submitted to, upon completion, the Grants Office. The Grants Office will require and review all the final project and finance reports to ensure that all federal, state and local requirements are met, as well as all of the conditions of the initial and or amended Grant Agreement. In addition, the Finance Department may perform a review of expenditures to verify allowability. The Grants Office must review and sign off on all requests.

Part II, Line 1

Form: Schedule I (2017) EIN: 41-0713907

Page: 1

Description of Grants and Other Assistance to Governments and Organizations in the United States Recipient EIN Amt. of cash Amt. of nongrant cash asst. Name and address City of Red Wing 41-6005482 285,606 315 West 4th Street Red Wing, MN 55066 IRC code section City of Red Wing Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grant for preservation of the G.A Carlson Lime Kiln, Capital grant for Oakwood Cemetery structure restoration project. Name and address 41-6037342 McLeod County Historical Society 260,748 380 School Road NW Hutchinson, MN 55350 IRC code section 501 (c)(3) Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grants for facility upgrade for ADA compliance requirements, to continue a professional assessment of the Museum's hvac system, create a partnership with local historical organizations and develop a WWI exhibit. Name and address 41-6007513 232,072 The University of Minnesota 200 Oak Street McNamara Center Minneapolis, MN 55455 IRC code section 501 (c)(3) Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grants for Glensheen Historic Cultural landscape report and stained glass restoration, for a history of the Bell Museum and Planetarium, for Prairie Poets and Press: Literary Lives of the Upper Midwest , for US Dakota conflict in newspapers, for restoring Minnesota Ojibwe language resources and other smaller projects. City of Bigfork Name and address 41-6004980 151,355 PO Box 196 Bigfork, MN 56628 IRC code section City of Bigfork Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grant for rehabilitation of the Bigfork Village Hall, Phase I and Phase II, listed on the National Register. Name and address Ramsey County Historical Society 41-6009039 139,828 323 Landmark Center 75 West 5th Street Saint Paul, MN 55102 IRC code section 501 (c)(3) Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grants for multiple Civil War projects, including publishing a book about Fort Snelling in the Civil War and for research on African American Minnesotans in the Civil War, and to install uv blocking on the Gibbs farm windows, digitization and archival collections processing.

| Schedule I, Part IV, Statem | nent 1 | MINNESC | TA HISTORICAL SOCIET |
|--|--|------------|----------------------|
| Name and address | City of Cannon Falls 918 River Road Cannon Falls, MN 55009 | 41-6005032 | 128,580 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | City of Cannon Falls | | |
| Purpose of grant | Legacy grant for Third Street Bridge, pre-development construction plans and specifications. | | |
| Name and address | Friends of Christ Lutheran Church 3244 34th Avenue S Minneapolis, MN 55406 | 33-1210209 | 117,990 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for sanctuary and courtyard restoration for Christ Lutheran Church, listed on the National Register. | | |
| Name and address | Science Museum of Minnesota 120 West Kellogg Blvd Saint Paul, MN 55102 | 41-0706172 | 108,041 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grants for documenting and rehousing the 1973-77 Silvernale Site archaeological collection, examining space at the Burnside School Site in Red Wing, a Oneota village, other Oneota projects. | | |
| Name and address | Carver County Historical Society 555 West First Street Waconia, MN 55387 | 41-6040775 | 104,562 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grants for restoration of the Andrew Peterson North Barn, listed on the national register, for 3D inventory. | | |
| Name and address | City of Bemidji 317 Fourth Street NW Bemidji, MN 56601 | 41-6004972 | 103,787 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | City of Bemidji | | |
| Purpose of grant | Legacy grant for the rehabilitation of the Bemidji Carnegie Library. | | |
| Name and address | MN Alliance of Local History Museums 610 NE Highway 71 Wilmar, MN 56201 | 41-1728927 | 99,608 |
| IDOI | 504 (-)(0) | | |

| Desc. | of | Non-Cash | Asst. |
|-------|----|----------|-------|
| | | | |

IRC code section

Method of valuation
Desc. of Non-Cash Asst.
Purpose of grant

Name and address

IRC code section

Method of valuation

501 (c)(3)

800 E 21st Street Hibbing, MN 55746

ISD 701

Independent School District 701

Legacy grant for a collection management software pilot program.

41-6003763

97,148

| Schedule I, Part IV, Statem | | WIINNESC | TA HISTORICAL SOCIET |
|--|---|------------|----------------------|
| Purpose of grant | Capital grant for architectural and engineering services. | | |
| Name and address | Golden Valley Historical Society 7800 Golden Valley Road Golden Valley, MN 55427 | 23-7436365 | 91,782 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants to design, fabricate and install an exhibit, for complete cataloging of archival collection, and for 3D object cataloging. | | |
| Name and address | Winona County Historical Society 160 Johnson Street Winona, MN 55987 | 41-0789385 | 91,369 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grants for a Museum archives and library basic processing project, for exhibit development, for security camera upgrades, conservation of scrapbook materials and a preservation plan for photograph and negative collections. | | |
| Name and address | Crow Wing County 326 Laurel Street Suite 13 Brainerd, MN 56401 | 41-6005785 | 89,823 |
| IRC code section Method of valuation | Crow Wing County | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for: Preserving History: Crow Wing County Historical Museum and Research Library Phase II | 1 | |
| Name and address | City of Lanesboro PO Box 333 Lanesboro, MN 55949 | 41-6005308 | 89,700 |
| IRC code section Method of valuation | City of Lanesboro | | |
| Desc. of Non-Cash Asst. | Lancacca and Consolint Teeting of the Dottlehous Latheres Obsert Hall | | |
| Purpose of grant | Legacy grant for rehabilitation of the Bethlehem Lutheran Church Hall. | | |
| Name and address | City of Minneapolis 350 South Fifth Street Minneapolis, MN 55415 | 41-6005375 | 88,461 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | City of Minneapolis | | |
| Purpose of grant | CLG grants for designation surveys and studies associated with significant religious institutions. Legacy grants for Waterworks Interpretive and Wayfinding signage and for conservation of the Nicollet Mall Historic Sculpture Clock and for an archives and collections project. | | |
| Name and address | Scott County Historical Society 235 South Fuller Street Shakopee MN 55379 | 41-0944151 | 87,891 |
| IRC code section | Shakopee, MN 55379 501 (c)(3) | | |
| Method of valuation Desc. of Non-Cash Asst. | 35. (0)(0) | | |
| Durage of great | | | |

Legacy grants for partial inventory of the LeRoy Lebens photograph

collection, for archaeology and microfilm projects, and K-12 educational

Purpose of grant

| ochedule i, i art iv, otaten | trunks. | MINITALEOC | TA HIGTORIOAE GOOIET |
|--|---|------------|----------------------|
| Name and address | James J Hill Reference Library 80 West 4th Street | 41-0693988 | 82,250 |
| IDO I II | Saint Paul, MN 55102 | | |
| IRC code section Method of valuation | 501 (c)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for elevator repair at the James J. Hill Library and for a historic structures report. | | |
| Name and address | Olmsted County Historical Society 1195 West Circle Drive SW Rochester, MN 55902 | 41-0718368 | 80,564 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for audiovisual conversions, for planning and redesign of exhibit space lighting and for an oral history of the Rochester State Hospital closure. | | |
| Name and address | Minnesota High Technology Foundation 400 South 4th Street Suite 416 | 33-3367684 | 79,200 |
| | Minneapolis, MN 55415 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for the Minnesota Computer History Partnership. | | |
| | | 44.0744404 | 77.400 |
| Name and address | First Congregational Church of Minnesota 500 8th Avenue SE Minneapolis, MN 55414 | 41-0711494 | 77,480 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for exterior restoration of the First Congregational Church of Minneapolis, which is on the National Register. | | |
| Name and address | Laurentian Arts and Culture Alliance PO Box 416 Virginia, MN 55792 | 41-1902528 | 77,000 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for storefront reconstruction of the Lyric Building. | | |
| Name and address | Minnesota Streetcar Museum PO Box 16509 | 34-2030631 | 75,270 |
| IRC code section | Minneapolis, MN 55416 | | |
| Method of valuation | 501 (c)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to repair and overhaul streetcars. | | |
| Name and address | Waseca County Historical Society | 41-0966847 | 70,000 |
| | 315 Second Avenue NE | | , 500 |
| | PO Box 314 | | |
| | Waseca, MN 56093 | | |
| IRC code section | 501 (c)(3) | | |
| | | | |

Desc. of Non-Cash Asst.

Purpose of grant Legacy grant for exterior repairs and window replacement for the Waseca

County Courthouse.

Name and address Goodhue County Historical Society 41-0713917 68,647

> 1166 Oak Street Red Wing, MN 55066

IRC code section 501 (c)(3)

Method of valuation Desc. of Non-Cash Asst.

Purpose of grant Legacy grants for acquisition of Goodhue County newspapers, lighting

upgrades at the Goodhue County History Center and inventory of the three-

dimensional collection.

Name and address 41-6029361 Kandiyohi County Historical Society 67.945

> 610 East N Highway 71 Willmar, MN 56201

IRC code section Method of valuation Desc. of Non-Cash Asst.

Purpose of grant Legacy grants for three-dimensional collection inventory, acquire microfilm

reader, printer and scanner and a National Register evaluation for the

Sperry House.

501 (c)(3)

Name and address Steele County Historical Society 41-6048581 67,908

> 1700 Austin Road Owatonna, MN 55060

IRC code section 501 (c)(3)

Method of valuation Desc. of Non-Cash Asst.

Purpose of grant Legacy grants for Steele County Great War Centennial and Federated

inventory program, for the photograph collection and rehousing project

phase I, and for the American Legion exhibition phase I.

Name and address Watonwan County 41-6005922 64,800

> 1304 7th Avenue S Saint James, MN 56081 Watonwan County

Method of valuation Desc. of Non-Cash Asst.

IRC code section

Purpose of grant Legacy grant for West Bridge, pre-development construction plans and

specifications.

Name and address Hennepin History Museum 41-0826131 62,483

> 2303 Third Avenue S Minneapolis, MN 55404

IRC code section 501 (c)(3)

Method of valuation Desc. of Non-Cash Asst.

Purpose of grant Legacy grants for the Christian Family Residence historic structures report,

for cataloging the Inventions and Innovations collection.

Name and address Mower County Historical Society 41-0952746 60,565

> 1303 SW Sixth Avenue Austin, MN 55912

501 (c)(3)

IRC code section Method of valuation Desc. of Non-Cash Asst.

| Schedule I, Part IV, Statem | ent 1 | MINNESOTA HISTORICAL SOCIET | |
|--|--|-----------------------------|--------|
| Purpose of grant | Legacy grants to conduct oral history interviews about the history of churches and organizations in Lyle, Minnesota, phase III, for preserving 50 years of the Lyle Tribune Newspaper through microfilming, and for collections building renovation and artifact storage shelving phase III. | | |
| Name and address | Duluth Playhouse Inc 506 West Michigan Street Duluth, MN 55802 | 41-0694692 | 60,000 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for NorShor Theater rehabilitation. | | |
| | | 20.2502055 | F0 000 |
| Name and address | Minnesota Discovery Center 1005 Discovery Drive Chisholm, MN 55719 | 20-2503955 | 59,082 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for Labor Exhibit implementation, for new exhibit research and for Hill Annex paleontology inventory. | | |
| Name and address | Pipestone County 416 Hiawatha Ave S Pipestone, MN 56164 | 41-6005866 | 56,100 |
| IRC code section Method of valuation | Pipestone County | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for Split Rock Bridge pre-development construction plans. | | |
| | | 44 0007400 | F4 000 |
| Name and address | MN Department of Natural Resources 500 Lafayette Road Saint Paul, MN 55155 | 41-6007162 | 54,000 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | State of MN | | |
| Purpose of grant | Legacy grants for historic properties management plan for the Stuntz Bay Boathouse Boathouse District and for a translation of the Hvoslef Natural History Phenology journals. | | |
| Name and address | Three Rivers Park District 3000 Xenium Lane N Plymouth, MN 55441 | 41-1489848 | 51,948 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for the Oliver Faribault House exterior restoration. | | |
| | | 44 4245022 | F1 200 |
| Name and address | Stearns History Museum 235 33rd Avenue S Saint Cloud, MN 56301 | 41-1315033 | 51,300 |
| IRC code section Method of valuation Dose of Non-Cash Asst | 501 (c)(3) | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grants for archival inventory project and for Stearns Museum interpretive plan. | | |
| Name and address | Afton Historical Society PO Box 178 Afton, MN 55001 | 41-1372266 | 49,833 |

| Schedule I, Part IV, Statem IRC code section | 501 (c)(3) | | TA HISTORICAL SOCIET |
|---|--|------------|----------------------|
| Method of valuation | 33 (4)(4) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for replacement of smoke and fire detections system and to | | |
| | rehouse remaining two-dimensional and three-dimensional objects. | | |
| Name and address | Minnesota Masonic Historical Society & Museum | 41-1788642 | 49,504 |
| | 11501 Masonic Home Drive | | |
| | Bloomington, MN 55437 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a partial collections inventory. | | |
| Name and address | Sacred Heart Area Historical Society | 41-1856993 | 48,512 |
| | 300 5th Avenue | | |
| | Sacred Heart, MN 56285 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for Hotel Sacred Heart building reuse feasibility study and | | |
| | construction documents and for a conservation assessment and long range |) | |
| | preservation plan for the Sacred Heart Museum. | | |
| Name and address | Cass Gilbert Society Inc | 41-1929620 | 48,250 |
| | 1726 Kyllo Lane | | |
| | Eagan, MN 55122 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for research on the furnishings of the 1905 Minnesota State | | |
| | Capitol. | | |
| Name and address | Lac Qui Parle County Historical Society | 41-6084181 | 47,497 |
| | 250 Eighth Avenue S | | |
| | Madison, MN 56256 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for a museum lighting plan, phase II and for HVAC design. | | |
| Name and address | Dakota County | 41-6005786 | 47,200 |
| | 14955 Galaxie Avenue | | |
| | Apple Valley, MN 55124 | | |
| IRC code section | Dakota County | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for a cultural resources interpretive plan for the Minnesota | | |
| | River Greenway and for Mississippi River Trail - South St. Paul Stockyards | | |
| | interpretive design and for a cultural resources interpretive plan for the | | |
| | Minnesota River Greenway. | | |
| Name and address | Greater Litchfield Opera House Association | 23-1350691 | 45,000 |
| | PO Box 228 | | |
| | Litchfield, MN 55355 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for the restoration and renovation of the Litchfield Opera | | |

| | House | MINNESOTA HISTORICAL SOCIET | |
|-------------------------|--|-----------------------------|--------|
| | House. | | |
| Name and address | Grant County | 41-6005799 | 44,400 |
| | 10 Second Street NE | | |
| RC code section | Elbow Lake, MN 56531 | | |
| Nethod of valuation | Grant County | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for Grant County Courthouse decorative elements and | | |
| r dipose of grain | historical woodworking conservation and preservation. | | |
| Name and address | Polish Cultural Institute | 41-1377193 | 43,715 |
| | 102 Liberty Street | | |
| | Winona, MN 55987 | | |
| RC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for inventory of museum collections and for gaining physical | | |
| | and intellectual control of historical objects, phase VIII, for redesign of | | |
| | museum lighting, collections storage and exhibit design. | | |
| Name and address | Murray County Historical Society | 41-6038377 | 43,000 |
| | PO Box 61 | | |
| | Slayton, MN 56172 | | |
| RC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for the Dinehart Holt House historic structures report and for Murray County MNOpedia articles and for an HVAC assessment. | | |
| Name and address | Waterford Township | 41-1469685 | 42,720 |
| | PO Box 531 | | |
| | Northfield, MN 55057 | | |
| RC code section | Waterford Township | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for Waterford Bridge pre-development construction plans and specifications. | | |
| Name and address | Minnesota's Historic Northwest | 26-4069466 | 42,623 |
| | 412 Geary Avenue NE | | |
| | Bagley, MN 56621 | | |
| RC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to design, fabricate and install a traveling exhibit on Northwes Fur Trade. | t | |
| Name and address | North Star Scouting Memorabilia Inc | 41-1401619 | 42,120 |
| | 2640 East Seventh Ave | | |
| | North Saint Paul, MN 55109 | | |
| RC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to process a backlog of potential collections. | | |
| Name and address | Dodge County Historical Society | 41-1281217 | 41,530 |
| | PO Box 433 | | |
| | Mantorville, MN 55955 | | |
| | Maritorville, Mrv 55955 | | |

| Schedule I, Part IV, Statem Method of valuation Desc. of Non-Cash Asst. | nent 1 | MINNESC | TA HISTORICAL SOCIETY |
|---|---|------------|-----------------------|
| Purpose of grant | Legacy grant for Wasioja Civil War recruiting station construction. | | |
| Name and address | Germanic American Institute 301 Summit Avenue Saint Paul, MN 55102 | 41-6025383 | 40,890 |
| IRC code section Method of valuation | 501 (c)(3) | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for George W. Gardner House roof replacement. | | |
| Name and address | City of Madison 404 Sixth Avenue Madison, MN 56256 | 41-6005335 | 40,662 |
| IRC code section Method of valuation | City of Madison | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for 2018 design plans for historic Madison City Hall and Op House. | pera | |
| Name and address | Maritime Heritage Minnesota 1214 St Paul Avenue Saint Paul, MN 55116 | 20-3299320 | 39,191 |
| IRC code section Method of valuation | 501 (c)(3) | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grants to conduct a marine archaeology assessment of Lake Minnetonka and an archaeological survey of shipwrecks in Lake Minnetonka, an editing project of the USS Essex log book and a Minnes suburban lakes survey project. | ota | |
| Name and address | Houston County 304 South Marshall Street Caledonia, MN 55921 | 41-6005804 | 38,110 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | Houston County | | |
| Purpose of grant | Legacy grant for a planning and reuse study of the Houston County Courthouse and Jail. | | |
| Name and address | Marshall County 208 E Colvin Avenue Warren, MN 56762 | 41-6005836 | 37,672 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | Marshall County Legacy grant for HVAC system implementation. | | |
| Name and address | Brown County PO Box 248 New Ulm, MN 56073 | 41-6005765 | 37,255 |
| IRC code section Method of valuation | Brown County | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for roof replacement at the New Ulm Post Office on the National Register. | | |
| Name and address | City of New Ulm 526 8th Street N | 41-6005412 | 37,200 |

| Schedule I, Part IV, Staten | nent 1 | MINNESOTA HISTORICAL SOCIETY | |
|--|--|------------------------------|--------|
| | New Ulm, MN 56073 | | |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | City of New Ulm | | |
| Purpose of grant | Legacy grant for a comprehensive conditions assessment of the Hermann Monument. | | |
| Name and address | Washington County PO Box 167 Stillwater, MN 55082 | 41-6038333 | 36,000 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | Washington County Legacy grant for an interpretive plan for the Washington County Heritage | | |
| | Center. | | |
| Name and address | City of Dassel 460 3rd Street PO Box 391 Dassel, MN 55325 | 41-0851701 | 34,911 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | City of Dassel Legacy grant for restoration of windows in the Universal Laboratories | | |
| 3 | Building. | | |
| Name and address | Nobles County Historical Society 407 12th Street Suite 2 Worthington, MN 56187 | 41-6029584 | 34,593 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grants to complete a national register nomination for the Worthington National Guard Armory, purchase microfilm reader, printer and scanner, acquire primary resources on microfilm and acquire an archival storage unit. | I | |
| Name and address | Ramsey Hill Association 420 Summit Avenue Saint Paul, MN 55102 | 23-7248193 | 34,280 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for a documentary: The Historic Hill District of St. Paul. | | |
| Name and address | Cathedral of Our Merciful Savior PO Box 816 Faribault, MN 55021 | 41-0963120 | 32,795 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for a historic structures report for the Cathedral of our Mercifu Savior and Guild House. | I | |
| Name and address | Murray County 2500 28th Street Slayton, MN 56172 | 41-6005850 | 31,617 |
| IRC code section | Murray County | | |

| Schedule I, Part IV, Statem Method of valuation | ent 1 | MINNESC | TA HISTORICAL SOCIETY |
|--|---|------------|-----------------------|
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for End O Line Locomotive Exhibit track repair. | | |
| Name and address | Minnesota Transportation Museum 193 E Pennsylvania Avenue | 23-7066156 | 30,700 |
| | Saint Paul, MN 55130 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for Pullman Porter exhibit research and for Jackson Street Roundhouse roof repair. | | |
| Name and address | Public Art Saint Paul | 41-1596908 | 30,000 |
| | 381 Wabasha Street N | | |
| | Saint Paul, MN 55102 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for the conservation of the Soldiers and Sailors Memorial in Summit Park. | | |
| Name and address | The Episcopal Church of the Good Samaritan | 90-0338210 | 30,000 |
| | 529 Main Street S | | |
| | PO Box 205 | | |
| | Sauk Centre, MN 56378 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for the replacement of the chancel wall. | | |
| Name and address | Historical and Cultural Society of Clay County | 41-6038553 | 28,778 |
| | 202 First Avenue N | | |
| | Moorhead, MN 56560 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for lighting redesign, additional shelving, map acquisitions, repairs to the Berquist Cabin and the editing and designing the Annie and | | |
| | Orabel book. | | |
| Name and address | Minnesota Independent Scholars Forum | 36-3406556 | 26,170 |
| | PO Box 80235 | | |
| | Minneapolis, MN 55408 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | _ | |
| Purpose of grant | Legacy grants for an oral history project, a project on the history of refugee in Minnesota, and a history of the Minnesota Scholars Forum. | es . | |
| Name and address | Carleton College | 41-0694747 | 25,800 |
| | One North College Street | | |
| | Northfield, MN 55057 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a print manuscript: A History of Religion, the Carleton College Chapel and Chaplaincy, and for a biography on John Nason | | |
| Name and address | City of Winona | 41-6005651 | 25,500 |
| | | | |

| Schedule I, Part IV, Statem | ent 1 | MINNESC | TA HISTORICAL SOCIETY |
|---|--|------------|-----------------------|
| , | 207 Lafayette Street | | |
| | PO Box 378 | | |
| | Winona, MN 55987 | | |
| IRC code section | City of Winona | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for national register nomination evaluations for Winona | | |
| | Athletic Club and Woodlawn Cemetery, and for a Winona Public Library | | |
| | historic structures report. | | |
| Name and address | Christ Episcopal Church | 41-0696909 | 24,863 |
| | 321 West Avenue | | |
| | Red Wing, MN 55066 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for Christ Church exterior repair and renovation. | | |
| Name and address | Pipestone County Historical Society | 41-0943870 | 24,525 |
| | 113 S Hiawatha Avenue | | |
| | Pipestone, MN 56164 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Loggery great for Old City Hell rehabilitation, Phase III | | |
| | Legacy grant for Old City Hall rehabilitation, Phase III. | | |
| Name and address | Dakota Wicohan | 42-1552956 | 24,512 |
| | 280 North Centennial Drive | | |
| | PO Box 2 | | |
| IDC and anotion | Morton, MN 56270 | | |
| IRC code section Method of valuation | 501 (c)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to create and revise educational content for Dakota language | | |
| r arpood or grain | and culture curriculum. | | |
| Name and address | Independent School District 625 | 41-0901311 | 24,000 |
| | 360 Colborne Avenue | | , |
| | Saint Paul, MN 55102 | | |
| IRC code section | ISD 625 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a historic context study of Saint Paul Public Schools from 1890 - 1978. | | |
| Name and address | St James Opera House Restoration Project | 41-1821299 | 24,000 |
| | 502 1st Avenue S | | • |
| | Saint James, MN 56081 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for St. James Opera House facade restoration. | | |
| Name and address | Pope County Historical Society | 41-0714418 | 22,524 |
| | 809 South Lakeshore Drive | | |
| | Glenwood, MN 56334 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |

| Schedule I, Part IV, Staten | ent 1 | MINNESOTA HISTORICAL SOCIET | |
|--|--|-----------------------------|--------|
| Purpose of grant | Legacy grant for artifact storage condition improvement. | | |
| Name and address | Minnesota's Black Community Project 400 E 42nd Street Minneapolis, MN 55409 | 81-2784902 | 22,500 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for research on Minnesota's 21st century African American community. | | |
| Name and address | Friends of Historic Virginia Street Church 170 Virginia Street Saint Paul, MN 55102 | 47-2552660 | 22,095 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for planning and design for the restoration of the Virginia Street Church. | | |
| Name and address | Edina Historical Society 4711 West 70th Street Edina, MN 55435 | 23-7061863 | 20,534 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Language of the constitution of the state of | | |
| Purpose of grant | Legacy grant for a partial collections inventory. | | |
| Name and address | White Bear Lake Area Historical Society 1848 Park Street PO Box 10543 White Bear Lake, MN 55110 | 23-7303749 | 20,329 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for the White Bear Lake Armory and White Bear Lake Town Hall hvac systems design, research on Cass Gilbert town hall architect. | | |
| Name and address | Central Presbyterian Church 500 Cedar Street Saint Paul, MN 55101 | 23-6393377 | 20,000 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Logovi grant for pro-dovalanment of rababilitation of ovterior fabric of | | |
| Purpose of grant | Legacy grant for pre-development of rehabilitation of exterior fabric of Central Presbyterian Church. | | |
| Name and address | Minnesota Genealogical Society 1185 N Concord Street Suite 218 South Saint Paul, MN 55075 | 41-1298392 | 20,000 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for shelving upgrade at William Hoffman Library and a cataloging and reclassification project at MGS Library. | | |
| Name and address | Minnesota Museum of American Art 141 East 4th Street | 41-0726138 | 19,999 |

Saint Paul, MN 55101

| Schedule I, Part IV, Statem IRC code section | 501 (c)(3) | | TA HISTORICAL SOCIET |
|---|---|-------------|----------------------|
| Method of valuation | 331 (3)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for digital conversion of collection images and for rehousing o | f | |
| | collections to new shelving. | | |
| Name and address | Great Lakes Shipwreck Preservation Society | 41-1838086 | 19,898 |
| | 7348 Symphony Street NE | | |
| | Fridley, MN 55432 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for the national register nomination for the Harriet B shipwreck, for Phase I survey of Madeira Schooner barge. | | |
| Name and address | Swift County Historical Society | 41-0856396 | 19,280 |
| | 2135 Minnesota Avenue | | |
| | Benson, MN 56215 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for an hvac system installation at the Swift County Historical Society. | | |
| Name and address | Pine County Historical Society | 41-6048580 | 19,257 |
| rtaino ana adai 500 | 6333 H C Anderson Alle | 11 00 10000 | 10,201 |
| | PO Box 123 | | |
| | Askov, MN 55704 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | 331 (3)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for redesign of Museum lighting, for inventory of collections Phase IV. | | |
| Name and address | Cook County Historical Society | 41-6038622 | 19.034 |
| Name and address | PO Box 1293 | 41-0030022 | 10,004 |
| | Grand Marais, MN 55604 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | 331 (3)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for research on Jack Linklater and for architectural drawings | | |
| | and engineering specifications for the Bally Blacksmith Shop. | | |
| Name and address | McLeod County Historic Partnership | 81-2667110 | 19,019 |
| | 380 School Road NW | | |
| | Hutchinson, MN 55350 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for disaster preparedness, readiness and response, and for McLeod County cataloging. | | |
| Name and address | Inver Hills Community College Foundation | 41-1410445 | 18,955 |
| | 2500 E 80th Street | | |
| | Inver Grove Heights, MN 55076 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
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| ochedule i, i art iv, otaten | Colleges and a History Manuscript on the same. | MINITESC | TA TIISTORICAL SOCILT |
|---|--|-------------|-----------------------|
| Name and address | City of Eden Prairie 8080 Mitchell Road | 41-0855460 | 18,809 |
| | Eden Prairie, MN 55344 | | |
| IRC code section | City of Eden Prairie | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for an architectural survey of the town of Hennepin, phase I and for interpretive signage at the Riley-Jacques Farmstead, CLG grant for statewide Preservation Conference. | | |
| | | | |
| Name and address | Red Wing Collectors Society Foundation | 41-1983230 | 18,703 |
| | 240 Harrison Street | | |
| IRC code section | Red Wing, MN 55066 | | |
| Method of valuation | 501 (c)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for MIIC Museum inventory collection completion. | | |
| Name and address | | 44 0005000 | 40.000 |
| Name and address | City of Cokato PO Box 686 | 41-6005063 | 18,662 |
| | Cokato, MN 55321 | | |
| IRC code section | City of Cokato | | |
| Method of valuation | ony or condition | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for Cokato Museum lighting replacement. | | |
| Name and address | Roseau County Historical Society | 23-7120887 | 18,424 |
| itanic and address | 121 Center Street E | 20 / 12000/ | 10,424 |
| | Suite 101 | | |
| | Roseau, MN 56751 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for an evaluation of museum and gallery lighting, for collections inventory phase I. | | |
| Name and address | City of Albert Lea | 41-6004922 | 18,262 |
| | 221 E Clark Street | | |
| | Albert Lea, MN 56007 | | |
| IRC code section | City of Albert Lea | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Clg grant for Statewide Preservation Conference, Legacy grant for Wayfinding signs to and around Alber Lea. | | |
| Name and address | Staples Historical Society | 06-1734634 | 18,000 |
| | PO Box 44 | | |
| | Staples, MN 56479 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for restoration plans for the Northern Pacific Railway Depot. | | |
| Name and address | Northfield Historical Society | 41-1270991 | 17,940 |
| | 408 Division Street | | |
| | Northfield, MN 55057 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| | | | |

| Schedule I, Part IV, Statement 1 | | MINNESOTA HISTORICAL SOCIET | |
|--|---|-----------------------------|--------|
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grants for a Latino oral history project, for a Northfield history | | |
| | collaborative. | | |
| Name and address | Jewish Historical Society of the Upper Midwest 4330 South Cedar Lake Road Saint Louis Park, MN 55416 | 36-3337514 | 17,750 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for a history of Jewish communities in St. Paul and for a b project "We Spoke Jewish". | oook | |
| Name and address | Kanabec County Historical Society 805 Forest Avenue W | 41-1316630 | 16,650 |
| | Mora, MN 55051 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | 001 (0)(0) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for HVAC system updates. | | |
| Name and address | Meeker County Development Corporation | 41-1777694 | 16,650 |
| | 114 N Holcombe Ave | | • |
| | Suite 260 | | |
| | Litchfield, MN 55355 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy partnership grant for Meeker County heritage tourism assessmen | nt. | |
| Name and address | Saint Cloud State University | 41-1687554 | 16,543 |
| | 720 4th Avenue S | | |
| | Saint Cloud, MN 56301 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Language and the formation to the continued are smaller of Ot. Obsert Otate | | |
| Purpose of grant | Legacy grant to investigate the cultural geography of St. Cloud State University. | | |
| Name and address | City of Duluth | 41-6005105 | 16,219 |
| | 411 West First Street | | |
| | Duluth, MN 55802 | | |
| IRC code section | City of Duluth | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | CLG grants for Lincoln Park historic survey phase I, and for statewide preservation conference scholarship. | | |
| Name and address | Giants of the Earth Heritage Center | 26-4545682 | 15,724 |
| | 163 W Main Street | | |
| | PO Box 223 | | |
| | Spring Grove, MN 55974 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for Norwegian Ridge Farmers oral history project, and for and Per Exhibit research, phase I. | Ola | |
| Name and address | Friends of St Rose Inc | 75-3079140 | 14,535 |
| | 10155 505th Street | | |

| Schedule I, Part IV, Statem | nent 1 | MINNESOTA HISTORICAL SOCIETY | |
|---|---|------------------------------|--------|
| IRC code section | Kenyon, MN 55946 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for interpretive signage at St. Rose Church and for HVAC system installation at St. Rose Church. | | |
| Name and address | Heritage Organization of Romania Americans in Minnesota 543 Lincoln Avenue Saint Paul, MN 55102 | 27-1321713 | 14,156 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a documentary: Romanian Immigration to Minnesota during Communism 1945-1989. | | |
| Name and address | City of Mahnomen | 41-6005340 | 13,500 |
| | 104 West Madison Avenue | | |
| | Mahnomen, MN 56557 | | |
| IRC code section | City of Mahnomen | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for City Hall Phase II, plans and specifications. | | |
| | | | |
| Name and address | City of Northfield | 41-6007241 | 12,305 |
| | 2000 North Avenue Northfield, MN 55057 | | |
| IRC code section | City of Northfield | | |
| Method of valuation | ony of Northinola | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for the writing of the second half of the history of Northfield Hospital, CLG grant for a statewide preservation conference. | | |
| Name and address | City of Stillwater | 41-6005566 | 11,703 |
| | 216 North 4th Street | | |
| | Stillwater, MN 55082 | | |
| IRC code section | City of Stillwater | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for a 2040 comprehensive plan historic chapters update. CLG | <u>.</u> | |
| - urpose of grant | grant for the statewide preservation conference. | 1 | |
| Name and address | City of Appleton | 41-6004938 | 11,640 |
| | 323 W Schlieman Avenue | | |
| | Appleton, MN 56208 | | |
| IRC code section | City of Appleton | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy partnership grant in support of historic message and content | | |
| - arpose or grain | improvement for the Minnesota River Valley National Scenic Byway. | | |
| Name and address | MN Air National Guard Historical Foundation | 41-1385613 | 10,931 |
| | 670 General Miller Drive | | |
| | Saint Paul, MN 55111 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for collections inventory. | | |
| | , | | |
| Name and address | Sibley County | 41-6005897 | 10,622 |

| Schedule I, Part IV, Statem | ent 1 | MINNESO | TA HISTORICAL SOCIETY |
|-----------------------------|--|------------|-----------------------|
| | 400 Court Avenue | | |
| | PO Box 532 | | |
| | Gaylord, MN 55334 | | |
| IRC code section | Sibley County | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for historical assessment of book collection. | | |
| Name and address | Itasca County Historical Society | 41-0984222 | 10,417 |
| | 201 N Pokegama Avenue | | |
| | Grand Rapids, MN 55744 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Large y greate for an aral history project on "Disture Cross" and for | | |
| Purpose of grant | Legacy grants for an oral history project on "Picture Grace" and for attendance at an oral history conference. | | |
| Name and address | Maplewood Area Historical Society | 41-1893832 | 10,086 |
| | 2170 County Road D | | |
| | Maplewood, MN 55109 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for an exhibit - 3M and Maplewood: Magically Adhered. | | |
| Name and address | Charles Thompson Memorial Hall | 41-0575949 | 10,000 |
| | 1824 Marshall Avenue | | |
| | Saint Paul, MN 55104 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a historic structures report for the Charles Thompson Memorial Hall. | | |
| Name and address | Montevideo Public Library | 41-6005771 | 10,000 |
| | 224 S 1st Street | | |
| | Montevideo, MN 56265 | | |
| IRC code section | Chippewa County | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a new microfilm machine. | | |
| Name and address | City of Barnesville | 41-6004957 | 10,000 |
| | 102 Front Street N | | |
| | PO Box 550 | | |
| | Barnesville, MN 56514 | | |
| IRC code section | City of Barnesville | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant of an acoustic evaluation of Old City Hall Opera House. | | |
| Name and address | City of Coleraine | 41-6005065 | 10,000 |
| | 302 Roosevelt Street | | |
| | PO Box 670 | | |
| | Coleraine, MN 55722 | | |
| IRC code section | City of Coleraine | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a condition assessment of Coleraine City Hall. | | |

| Schedule I, Part IV, Statem | nent 1 | MINNESO | TA HISTORICAL SOCIETY |
|--|--|------------|-----------------------|
| Name and address | City of Ely 209 E Chapman Street Ely, MN 55731 | 41-6005133 | 10,000 |
| IRC code section Method of valuation | City of Ely | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for a condition assessment of the Pioneer Mine site. | | |
| Name and address | | 41-6005228 | 10.000 |
| Name and address | City of Henning 612 Front Street Henning, MN 56551 | 41-0003226 | 10,000 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | City of Henning | | |
| Purpose of grant | Legacy grant for a condition assessment of Trinity Lutheran Church. | | |
| Name and address | City of Ogilvie PO Box 57 Ogilvie, MN 56358 | 41-6005433 | 10,000 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | City of Ogilvie | | |
| Purpose of grant | Legacy grant for a condition assessment of the Ogilvie Water Tower. | | |
| Name and address | Duluth Art Institute Association 506 W Michigan Street Duluth, MN 55802 | 41-0945449 | 10,000 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for two phases of plans and specifications for the DAI Lincol Park building preservation. | n | |
| Name and address | Farmer Labor Education Committee 5720 Russell Avenue S Minneapolis, MN 55410 | 41-1392362 | 10,000 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant to produce a working script for Farmer Labor film project. | | |
| Name and address | Hmong Cultural Center of Minnesota 375 University Avenue W Saint Paul, MN 55103 | 41-1752391 | 10,000 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for exhibit implementation for "Hmong Folk Culture in Minnesota". | | |
| Name and address | Lower Sioux Indian Community 39527 Reservation Highway 1 Morton, MN 56270 | 41-0991683 | 10,000 |
| IRC code section | Lower Sioux Band | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant to develop a multi-sensory web application for cultural and medicinal plants, phase III. | | |
| Name and address | Lyon County Historical Society | 41-1774342 | 10,000 |

| Schedule I, Part IV, Statem | ent 1 | MINNESC | OTA HISTORICAL SOCIETY |
|---|--|--------------|------------------------|
| | 301 W Lyon Street | | |
| | Marshall, MN 56258 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for permanent exhibit planning. | | |
| Name and address | Minnesota Lakes Maritime Society | 41-1967683 | 10,000 |
| | 205 3rd Avenue | | |
| | Alexandria, MN 56308 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Language of the Committee of the state of the Committee o | | |
| Purpose of grant | Legacy grant for a 3-5 year plan for exhibit design for the Legacy of the Lakes Museum. | | |
| Name and address | North Central MN Farm & Antique Association | 41-1626718 | 10,000 |
| | 25313 US Highway 2 | | |
| | Grand Rapids, MN 55744 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to repair boiler on 1903 JJ Case steam traction engine. | | |
| Name and address | Otter Tail County Historical Society | 41-6038367 | 10,000 |
| | 1110 Lincoln Avenue W | | |
| | Fergus Falls, MN 56537 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a combined fire and burglar alarm system. | | |
| | | | |
| Name and address | Reclaim Community | 81-2872886 | 10,000 |
| | PO Box 9 Jasper, MN 56144 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | 301 (0)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a national register nomination for the Jasper School. | | |
| Name and address | Sauk Centre Area History Museum and Research Center | 41-1675500 | 10,000 |
| Haine and addices | 430 Main Street S | -+1-107 0000 | 10,000 |
| | Sauk Centre, MN 56378 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a condition assessment of the Creamery Building. | | |
| Name and address | Seward Neighborhood Group | 51-0166930 | 10,000 |
| | 2323 E Franklin Avenue | | |
| | Minneapolis, MN 55406 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for the History of the Seward Neighborhood, phase III. | | |
| Name and address | Shakopee Mdewakanton Sioux 2330 Sioux Trail NW | 41-0989737 | 10,000 |
| | Prior Lake, MN 55372 | | |

IRC code section

Mdewakanton Band

| Schedule I, Part IV, Statem Method of valuation Desc. of Non-Cash Asst. | nent 1 | MINNESO | TA HISTORICAL SOCIET |
|---|--|------------|----------------------|
| Purpose of grant | Legacy grant to develop research on Dakota Cultural and Medicine Gar phase I. | den, | |
| Name and address | Ernest C Oberholtzer Foundation 43730 Brookside Ct Apt 230 Edina, MN 55436 | 41-6042619 | 10,000 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for a photograph collection inventory. | | |
| Name and address | Todd County 215 1st Avenue S Long Prairie, MN 56347 | 41-6005908 | 10,000 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | Todd County | | |
| Purpose of grant | Legacy grant for Rock Wall condition assessment. | | |
| Name and address | White Earth Reservation Tribal Council PO Box 418 White Earth, MN 56591 | 41-1737979 | 10,000 |
| IRC code section | White Earth Band | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to install window film to protect cultural items. | | |
| Name and address | Yale Alumni Association of the Northwest 4901 Vincent Avenue S Minneapolis, MN 55410 | 41-6038913 | 10,000 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for "A Heritage of Service: Yale Alumni in Minnesota". | | |
| Name and address | The Performance Lab 2454 Como Avenue Saint Paul, MN 55108 | 41-1995473 | 9,999 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for oral history project on Minnesota Dance Pioneers. | | |
| Name and address | Roseville Historical Society 2660 Civic Center Drive Roseville, MN 55113 | 41-1309227 | 9,995 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for professional consultation and artifact rehousing. | | |
| Name and address | Minnetonka Historical Society 2683 Northshore Drive Wayzata, MN 55391 | 23-7109860 | 9,990 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |

| Schedule I, Part IV, Statem | nent 1 | MINNESOTA HISTORICAL SOCIET | |
|--|---|-----------------------------|-------|
| Purpose of grant | Legacy grant for inventorying Minnetonka Historical Society's collections. | | |
| Name and address | Prospect House Museum 403 Lake Avenue N Battle Lake, MN 56515 | 27-3631846 | 9,984 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for Civil War Museum Education program, phase II. | | |
| Name and address | Clearwater County Veterans Memorial Association PO Box 27 Bagley, MN 56621 | 46-0824413 | 9,982 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | 501 (c)(3) Legacy grant for exhibit design and implementation. | | |
| Name and address | St Olaf College 1520 St Olaf Avenue Northfield, MN 55057 | 41-0693979 | 9,980 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant | 501 (c)(3) Legacy grant for a History of Japanese American college students during WWII. | | |
| Name and address | Glencoe Historic Preservation Society 1304 20th Street E | 20-5248880 | 9,938 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | Glencoe, MN 55336 501 (c)(3) | | |
| Purpose of grant | Legacy grant for researching historic properties in Glencoe, phase I. | | |
| Name and address | Mitchell Hamline School of Law 875 Summit Avenue Saint Paul, MN 55105 | 41-0518750 | 9,920 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for interpretive planning and content research for developing History Center at the Mitchell Hamline Law School. | a | |
| Name and address | PACER Center Inc 8161 Normandale Blvd Minneapolis, MN 55437 | 41-1306304 | 9,914 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant to write "History of Parent Involvement in Educating Children with Disabilities" | | |
| Name and address | City of Springfield Public Library 120 North Cass Library Springfield, MN 56087 | 41-6005552 | 9,879 |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | City of Springfield | | |
| Purpose of grant | Legacy grant to acquire microfilm reader, printer and scanner. | | |

| Schedule I, Part IV, Staten | nent 1 | MINNESO | TA HISTORICAL SOCIETY |
|-----------------------------|--|------------|-----------------------|
| Name and address | Kittson County Historical Society 332 E Main Street Lake Bronson, MN 56734 | 41-1298046 | 9,879 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to acquire microfilm reader, printer and scanner. | | |
| Name and address | Milaca Area Historical Society | 22-2736074 | 9,879 |
| | PO Box 144 | | |
| | Milaca, MN 56353 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to acquire microfilm reader, printer and scanner. | | |
| Name and address | Pioneerland Library System | 41-6008919 | 9,879 |
| | 410 5th Street SW | | |
| | Wilmar, MN 56201 | | |
| IRC code section | City of Wilmar | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to acquire microfilm reader, printer and scanner. | | |
| Name and address | Renville County Historical Society | 41-1426896 | 9,879 |
| | 441 N Park Drive | | |
| | Morton, MN 56270 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to acquire microfilm reader, printer and scanner. | | |
| Name and address | Northwestern Health Sciences University | 41-0684657 | 9,879 |
| | 2501 West 84th Street | | |
| | Bloomington, MN 55431 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a basic archives processing project. | | |
| Name and address | Airspace Minnesota | 45-5502052 | 9,830 |
| | 6975 34th Avenue S | | |
| | Minneapolis, MN 55450 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grants for an oral history research project on the Honeywell Ring Laser Gyro and for the project Centennial Plan: Birth of the Citizen Airmen. | | |
| Name and address | Ethnic Dance Theater | 41-1341222 | 9,823 |
| | 3507 Clinton Avenue S | | |
| | Minneapolis, MN 55408 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for Ethnic Theater archive project. | | |
| Name and address | Shoreview Historical Society | 41-1696667 | 9,750 |
| | 050 West Ossets Basel 00 | | |

350 West County Road 96

| Schedule I, Part IV, Statem | | MINNESO | TA HISTORICAL SOCIETY |
|--|---|------------|-----------------------|
| IDO and another | Shoreview, MN 55126 | | |
| IRC code section Method of valuation | 501 (c)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Loggery grant for graha cological evaluation curvey of Vadagia Lake | | |
| | Legacy grant for archaeological evaluation survey of Vadnais Lake. | | |
| Name and address | Prairie Island Indian Community | 41-1231069 | 9,746 |
| | 5636 Sturgeon Lake Road | | |
| IDC and anotion | Welch, MN 55068 Prairie Island Band | | |
| IRC code section Method of valuation | Praine Island Band | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for implementing new strategies of preservation of the burial | | |
| ruipose oi giant | mounds on the PIIC Reservation. | | |
| Name and address | Northfield Arts Guild | 41-6051879 | 9,600 |
| | 304 Division Street | | |
| | Northfield, MN 55057 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to configure and edit final draft of History of Northfield Arts Guild. | | |
| Name and address | Citizens For Global Solutions Minnesota | 47-3981035 | 9,500 |
| | 445 Wacouta Street | | |
| | Unit 101 | | |
| | Saint Paul, MN 55101 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for Minnesota United Nations history. | | |
| Name and address | City of White Bear Lake | 41-6005641 | 9,500 |
| | 4701 Highway 61 | | |
| | White Bear Lake, MN 55110 | | |
| IRC code section | City of WBL | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a national register nomination for the White Bear Lake | | |
| r dipose of grant | Armory. | | |
| Name and address | Friends of Linden Hill Inc | 26-0234572 | 9,500 |
| | 608 Highland Avenue | | |
| | Little Falls, MN 56345 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for updated national register nominations for the | | |
| | Weyerhaueser and Musser Homes. | | |
| Name and address | Imhotep Center for Science Education & Knowledge Production | 81-3017734 | 9,500 |
| | 7409 Edgewood Avenue | | |
| | Brooklyn Park, MN 55428 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for Rondo Childrens Stories. | | |

23-7086358

9,500

Name and address

Minnesota Architectural Foundation

| Schedule I, Part IV, Statem | nent 1 | MINNESO | TA HISTORICAL SOCIETY |
|-----------------------------|--|------------|-----------------------|
| , , | 275 Market Street | | |
| | Suite 54 | | |
| | Minneapolis, MN 55405 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | · · · · · | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for an oral history of Minnesota women in architecture. | | |
| Name and address | Taylor Township | 41-1741539 | 9,500 |
| | 6828 780th Street | | |
| | Tintah, MN 56583 | | |
| IRC code section | Taylor Township | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for an archaeology dig, phase II. | | |
| Name and address | Lanesboro Historic Preservation Commission | 41-1433474 | 9,400 |
| | PO Box 345 | | |
| | Lanesboro, MN 55949 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a collections archive inventory. | | |
| Name and address | Wadena County Historical Society | 41-1675012 | 9,380 |
| | 603 Jefferson Street N | | |
| | Wadena, MN 56482 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for an oral history of Minnesota Women's Voices in Rural Politics in Wadena County. | | |
| Name and address | Minnesota Dragonfly Society | 46-2605380 | 9,337 |
| | PO Box 46192 | | |
| | Plymouth, MN 55446 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for data management planning for historical Dragonfly record | ds | |
| Name and address | Caponi Art Park | 41-1746425 | 9,295 |
| | 1205 Diffley Road | | |
| | Eagan, MN 55123 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for development of Caponi Art Park archive, phase VI. | | |
| Name and address | Independent School District 659 | 41-6008327 | 9,015 |
| | 1400 Division Street S | | |
| | Northfield, MN 55057 | | |
| IRC code section | ISD 659 | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for design and publication of a History of Northfield Public | | |
| | Schools. | | |
| Name and address | Cokato Historical Society | 41-1273878 | 9,000 |
| | PO Box 686 | - | • |
| | | | |

| Schedule I, Part IV, Staten | | MINNESO | TA HISTORICAL SOCIETY |
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| IDC and and | Cokato, MN 55321 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| | Laggery grant for national register namination undate for Cust Akarlund | | |
| Purpose of grant | Legacy grant for national register nomination update for Gust Akerlund Studio. | | |
| Name and address | Great River Regional Library | 41-0976030 | 8,990 |
| | 1300 W Germain Street | | |
| | Saint Cloud, MN 56301 | | |
| IRC code section | City of Saint Cloud | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to acquire microfilm reader, printer and scanner. | | |
| Name and address | Chisholm Kids Plus | 20-1241174 | 8,725 |
| | 301 4th Street SW | | |
| | Chisholm, MN 55719 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for downtown Chisholm historic signage. | | |
| Name and address | Wings of the North Inc | 41-1899807 | 8,474 |
| | 10100 Flying Cloud Drive | | |
| | Suite 100 | | |
| | Eden Prairie, MN 55344 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a collections and inventory conditions assessment. | | |
| Name and address | Hibbing Historical Society Inc & Museum | 41-1276964 | 8,470 |
| | 400 E 23rd Street | | |
| | Hibbing, MN 55746 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for Aubin Studios digitization project. | | |
| Name and address | Mille Lacs County Historical Society | 41-1387192 | 8,164 |
| | 101 10th Avenue S | | |
| | Princeton, MN 55371 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for planning and redesign of Museum lighting. | | |
| Name and address | City of Hugo | 41-0954838 | 8,000 |
| | 14669 Fitzgerald Avenue N | | |
| | Hugo, MN 55038 | | |
| IRC code section | City of Hugo | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for national register nomination evaluation for Hopkins Schoolhouse. | | |
| Name and address | Clarissa Community Museum | 20-4361441 | 7,994 |
| ITAINE AND AUDIESS | 205 Main Street W | ZU-43U 144 I | । ,उठ 4 |
| | Claring MN 56440 | | |

Clarissa, MN 56440

| Schedule I, Part IV, Staten | nent 1 | MINNESO | TA HISTORICAL SOCIETY |
|-----------------------------|--|-------------|-----------------------|
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for planning and redesign of Museum lighting. | | |
| Name and address | Society for the Study of Local & Regional History | 41-1675708 | 7,932 |
| | PO Box 291 | | |
| | Marshall, MN 56258 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for the publication "Women of Southwest Minnesota and the Great War" phase III. | | |
| Name and address | Edina Morningside Community Church | 41-0832616 | 7,900 |
| | 4201 Morningside Road | | , |
| | Edina, MN 55416 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for an archives survey. | | |
| Name and address | Sikh Society of Minnesota | 41-1658651 | 7,770 |
| | 9000 W Bloomington Fwy | | ., |
| | Bloomington, MN 55431 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | (-)(-) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for an oral history project on the Sikh Society of Minnesota. | | |
| Name and address | Minneapolis College of Art & Design | 41-1607453 | 7,750 |
| ramo ana adaroso | 2501 Stevens Avenue | 11 1007 100 | 1,100 |
| | Minneapolis, MN 55404 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for "Guitar Shop" transcribing Knute Koupee's Oral History". | | |
| Name and address | Arlington Historical Society Inc | 41-1974216 | 7,693 |
| Name and address | 204 W Shamrock Drive | 41-13/4210 | 7,000 |
| | Arlington, MN 55307 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | 33. (3)(3) | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for planning and redesign of Museum lighting. | | |
| Name and address | The Duluth Bethel Society Inc | 41-0694691 | 7,650 |
| ramo ana adaroso | 23 Mesaba Avenue | 11 000 1001 | 1,000 |
| | Duluth, MN 55806 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for a general assessment and long-range preservation plan. | | |
| Name and address | Rice County Historical Society | 41-1432857 | 7,601 |
| and ddd:000 | 1814 NW Second Avenue | 11 1 102001 | 1,001 |
| | Faribault, MN 55021 | | |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | \(\frac{1}{1}\) | | |
| Desc. of Non-Cash Asst. | | | |
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| Schedule I, Part IV, Statement 1 | | MINNESOTA HISTORICAL SOCIETY | | |
|--|---|------------------------------|-------|--|
| Purpose of grant | Legacy grant for RCHS Hats and Shoes rehousing and recataloging. | | | |
| Name and address | Dassel Area Historical Society 901 First Street PO Box D Dassel, MN 55325 | 41-1764778 | 7,500 | |
| IRC code section Method of valuation | 501 (c)(3) | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for Dassel photo accession and digitization. | | | |
| | | 44 4044005 | 7.500 | |
| Name and address | Rollingstone Luxembourg Heritage Museum 98 Main Street PO Box 63 Rollingstone, MN 55969 | 41-1611205 | 7,500 | |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | | |
| Purpose of grant | Legacy grant for national register evaluation of the Rollingstone Museum. | | | |
| Name and address | Celtic Junction Arts Center 836 Prior Avenue N Saint Paul, MN 55104 | 81-2895293 | 7,339 | |
| IRC code section | 501 (c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for the project "Irish Music and Musicians in the Twin Cities Community: 1950-1990". | | | |
| Name and address | City of Elk River 13065 Orono Parkway NW Elk River, MN 55330 | 41-6005124 | 7,250 | |
| IRC code section | City of Elk River | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | Logony grapt for Jackson Street Water Tower architectural drawings | | | |
| Purpose of grant | Legacy grant for Jackson Street Water Tower architectural drawings. | | | |
| Name and address | Harmony Area Historical Society PO Box 291 Harmony, MN 55939 | 34-2045684 | 7,235 | |
| IRC code section | 501 (c)(3) | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for Harmony MNOpedia entries. | | | |
| | | 44 6005045 | 7 200 | |
| Name and address | City of Chatfield 21 SE Second Street Chatfield, MN 55923 | 41-6005045 | 7,200 | |
| IRC code section Method of valuation | City of Chatfield | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for an interpretive plan for heritage resources in downtown Chatfield. | | | |
| Name and address | Dakota City Heritage Village Inc 4008 220th Street W | 41-1769005 | 7,200 | |
| IRC code section Method of valuation | Farmington, MN 55024 501 (c)(3) | | | |

Desc. of Non-Cash Asst.

| Name and address RC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Desc. of Non-Cash Asst. | Schedule I, Part IV, Stater | | MINNESO | TA HISTORICAL SOCIET |
|--|-----------------------------|---|------------|----------------------|
| 116 8th Avenue SE Little Fals, MN 58345 501 (e)(3) RC code section Method of valuation Desc. of Non-Cash Asst. Legacy grant for a Franciscan Sisters history book. RC code section Method of valuation Desc. of Non-Cash Asst. Legacy grant for collections rehousing and organizing. Legacy grant for collections rehousing and organizing. Legacy grant for collections rehousing and organizing. RC code section Method of valuation Desc. of Non-Cash Asst. Legacy grant for a national register nomination evaluation of the Pioneer Press historic building. Mest Concord Historical Society Press historic building. Mest Concord School. Springfield. Area Historical Society PO Box 813 Springfield. Area Historical Society PO Box 113 Springfield. Area Historical Society PO Box 87 Gayord. MI 5534 City of Gaylord 323 Main Avenue PO Box 87 Gayord. MI 5534 City of Gaylord 324 Main Avenue PO Box 87 Gayord. MI 5534 City of Gaylord 325 Main Avenue PO Box 87 Gayord. MI 5534 City of Gaylord 326 Main Avenue PO Box 87 Gayord. MI 5534 City of Gaylord 327 Main Avenue PO Box 87 Gayord. MI 5534 City of Gaylord 328 Main Avenue PO Box 87 Gayord. MI 5534 City of Gaylord 329 Main Avenue PO Box 87 Gayord. MI 5534 City of Gaylord 329 Main Avenue PO Box 87 Gayord. MI 5534 City of Gaylord 329 Main Avenue PO Box 87 Gayord. MI 5534 City of Gaylord 320 Main Av | Purpose of grant | Legacy grant for an evaluation of the HVAC system. | | |
| Little Falls, MN 56345 OT (c)(3) Method of valuation Desc. of Non-Cash Asst. Legacy grant for a national register nomination evaluation of the Pioneer Press historic building. Name and address Cade section Method of valuation Desc. of Non-Cash Asst. Legacy grant for a national register nomination evaluation of the West Concord, MN 56985 RC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grant for a national register nomination evaluation of the West Concord, MN 56985 RC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grant for a national register nomination evaluation of the West Concord School. Springfield, MN 56985 RC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grant for a national register nomination evaluation of the West Concord School. Springfield, Area Historical Society Springfield, Area Historical Society Springfield, Area Historical Society Springfield, MN 56987 Springfield, Area Historical Society Springfield, MN 56987 Springfield, MN 56987 Springfield, MN 56987 Springfield, MN 56987 Concord School. Legacy grant for an intensive level survey of 4th Street and for statewide preservation conference scholarship. Name and address Cly of Gaylord Method of valuation Desc. of Non-Cash Asst. Legacy grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. Name and address Cly of Gaylord Method of valuation Desc. of Non-Cash Asst. Legacy grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. RC code section Method of valuation Desc. of Non-Cash Asst. Legacy grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. RC code section Method of valuation Desc. of Non-Cash Asst. Legacy grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. | Name and address | | 41-0695518 | 7,125 |
| Michedo di valuation Deac. of Non-Cash Asst. Purpose of grant Deac. of Non-Cash Asst. Deac. of Non-Cash Asst | | | | |
| Method of valuation Desc. of Non-Cash Asst. Legacy grant for a Franciscan Sisters history book. Name and address RC code section Method of valuation Desc. of Non-Cash Asst. Verypose of grant City of Middle River PO Box 57 Middle River PO Box 57 Middle River PO Box 57 Middle River Press historic building. Name and address West Concord Historical Society Press historic building. Name and address West Concord Historical Society Soli (s)(3) Soli (s)(3) West Concord Historical Society Press historic building. Name and address West Concord Historical Society Soli (s)(3) West Concord Historical Society Soli (s)(4) West Concord Historical Society Soli (s)(4) West Concord Historical Society Soli (s)(5) West Concord Historical Society Soli (s)(6) West Concord Solio (s) West Concord Solio (s) West Concord Historical Society Soli (s)(6) West Concord Solio (s) West Concord Solio (s) West Concord Solio (s) West Concord Solio (s) West Concord Historical Society Soli (s) West Concord Solio (s) West Mistoric (s) West Concord Solio (s) West Concord Historical Society Solio (s) West Concord Solio (s) West Concord Solio (s) | 150 I d | · | | |
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| Desc. of Non-Cash Asst. Purpose of grant Legacy grant for collections rehousing and organizing. City of Middle River PO Box 57 Middle River, MN 56737 RC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grant for a national register nomination evaluation of the Pioneer Press historic building. Name and address West Concord Historical Society 600 1st Street West Concord, MN 55985 RC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grant for a national register nomination evaluation of the West Concord School. Name and address Springfield Area Historical Society PO Box 113 Springfield, MN 56087 Springfield, MN 56087 Springfield, MN 56087 Springfield, MN 56087 Springfield, MN 55344 RC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grants for an HVAC evaluation and for a photo rehousing project. Legacy grants for an HVAC evaluation and for a photo rehousing project. Legacy grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. CLG grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. RC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Clty of Gaylord Signification Desc. of Non-Cash Asst. Purpose of grant Clty of Gaylord City of Gaylord Clty of Gaylord Signification Desc. of Non-Cash Asst. Purpose of grant CLG grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. CLG grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. CLG grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. | | 501 (C)(3) | | |
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| PO Box 113 Springfield, MN 56087 IRC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant Legacy grants for an HVAC evaluation and for a photo rehousing project. Name and address City of Gaylord 332 Main Avenue PO Box 987 Gaylord, MN 55334 City of Gaylord Gity of Gaylord Method of valuation Desc. of Non-Cash Asst. Purpose of grant CLG grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. Name and address City of Blooming Prairie 138 Highway Avenue S Blooming Prairie, MN 55917 IRC code section Blooming Prairie Blooming Prairie Gode section Blooming Prairie Gode section Gode section Code section Code section Code section Code section Class Intensive level survey of 4th Street and for statewide preservation conference scholarship. Code section Class Intensive level survey of 4th Street and for statewide preservation conference scholarship. Class Intensive level survey of 4th Street and for statewide preservation conference scholarship. Class Intensive level survey of 4th Street and for statewide preservation conference scholarship. Class Intensive level survey of 4th Street and for statewide preservation conference scholarship. Class Intensive level survey of 4th Street and for statewide preservation conference scholarship. | Name and address | Springfield Area Historical Society | 41-1858722 | 6,902 |
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| Gaylord, MN 55334 City of Gaylord Method of valuation Desc. of Non-Cash Asst. Purpose of grant CLG grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. Name and address City of Blooming Prairie 138 Highway Avenue S Blooming Prairie, MN 55917 BRC code section Gaylord, MN 55334 City of Gaylord 41-6004989 6,763 41-6004989 6,763 | | 332 Main Avenue | | |
| RC code section Method of valuation Desc. of Non-Cash Asst. Purpose of grant CLG grants for an intensive level survey of 4th Street and for statewide preservation conference scholarship. Name and address City of Blooming Prairie 138 Highway Avenue S Blooming Prairie, MN 55917 RC code section CLG grants for an intensive level survey of 4th Street and for statewide 41-6004989 6,763 Blooming Prairie Blooming Prairie | | PO Box 987 | | |
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| preservation conference scholarship. Name and address City of Blooming Prairie 138 Highway Avenue S Blooming Prairie, MN 55917 RC code section Blooming Prairie | Desc. of Non-Cash Asst. | | | |
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| Blooming Prairie, MN 55917 RC code section Blooming Prairie | | • | | |
| RC code section Blooming Prairie | | | | |
| Method of valuation | IRC code section | | | |
| | Method of valuation | | | |

Desc. of Non-Cash Asst.

| Schedule I, Part IV, Statem | | | TA HISTORICAL SOCIET |
|--|--|------------|----------------------|
| Purpose of grant | Legacy grant for Blooming Prairie Water Tower national register nominatio evaluation. | n | |
| Name and address | Chaska Historical Society Inc 112 W 4th Street Chaska, MN 55318 | 30-0219638 | 6,750 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to update and prepare Volumes I and II of "Chaska: A Minnesota River City". | | |
| Name and address | North Hennepin Pioneer Society PO Box 391 | 41-1752654 | 6,500 |
| | Hanover, MN 55341 | | |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | |
| Purpose of grant | Legacy grant for a national register nomination for the Burschville School. | | |
| Name and address | Redwood County Historical Society 28260 State Highway 67 Redwood Falls, MN 56283 | 41-1400415 | 6,500 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant to install UV film on Museum windows. | | |
| Name and address | Finland Minnesota Historical Society PO Box 583 Finland, MN 55603 | 41-1557758 | 6,100 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for Museum collections inventory work. | | |
| Name and address | Saint Peter Parish 25823 185th Avenue SW Crookston, MN 56716 | 41-0910574 | 6,100 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation | | | |
| Desc. of Non-Cash Asst. | Language for an evaluation of the LNAC evators | | |
| Purpose of grant | Legacy grant for an evaluation of the HVAC system. | | |
| Name and address | Listening Point Foundation Inc PO Box 180 Ely, MN 55731 | 39-1929276 | 6,050 |
| IRC code section | 501 (c)(3) | | |
| Method of valuation Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for an online tour of Listening Point. | | |
| Name and address | City of Maynard 321 Mabel Street Maynard, MN 56260 | 41-6005356 | 6,000 |
| IRC code section | City of Maynard | | |
| Method of valuation | , | | |
| Desc. of Non-Cash Asst. | | | |
| Purpose of grant | Legacy grant for national register nomination for Maynard State Bank. | | |

| Schedule I, Part IV, Statem | ent 1 | MINNESOTA HISTORICA | | | |
|--|--|---------------------|-------|--|--|
| Name and address | City of Newport 596 7th Avenue Newport, MN 55055 City of Newport | 41-6005417 | 6,000 | | |
| Method of valuation | | | | | |
| Desc. of Non-Cash Asst. | | | | | |
| Purpose of grant | CLG grant for revision of historic context statement. | | | | |
| Name and address | City of Ranier 2099 Spruce Street Ranier, MN 56668 | 41-6005478 | 6,000 | | |
| IRC code section Method of valuation | City of Ranier | | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for a national register nomination for the Ranier Community | | | | |
| | Building. | | | | |
| Name and address | Project for Pride in Living Inc 1035 E Franklin Avenue Minneapolis, MN 55404 | 23-7232208 | 5,975 | | |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | | | |
| Purpose of grant | Legacy grant to conduct a reuse study on the H. Alden Smith House, part of the MCTC campus, listed on the National Register. | of | | | |
| Name and address | City of Waseca 508 South State Street Waseca, MN 56093 | 41-6005620 | 5,969 | | |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | City of Waseca | | | | |
| Purpose of grant | Legacy grant for Waseca Historical Downtown District nomination writing. | | | | |
| Name and address | Randolph Public Schools 29110 Davisson Avenue Randolph, MN 55065 | 41-6000820 | 5,886 | | |
| IRC code section Method of valuation | ISD 195 | | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant for Randolph Public Schools yearbook digitization project. | | | | |
| Name and address | Wright County Historical Society 2001 Highway 25 N Buffalo, MN 55313 | 41-1293863 | 5,800 | | |
| IRC code section Method of valuation Desc. of Non-Cash Asst. | 501 (c)(3) | | | | |
| Purpose of grant | Legacy grant for an evaluation of the HVAC system. | | | | |
| Name and address | City of Hokah PO Box 311 Hokah, MN 55941 | 41-6005240 | 5,750 | | |
| IRC code section | City of Hokah | | | | |
| Method of valuation | | | | | |
| Desc. of Non-Cash Asst. Purpose of grant | Legacy grant of an accessibility assessment of Hokah City Hall and Auditorium. | | | | |
| Name and address | City of Wabasha | 41-6005601 | 5,688 | | |

| | | _ |
|------------|---------|-------------|
| Schedule I | Part IV | Statement 1 |

MINNESOTA HISTORICAL SOCIETY

5,683

5,675

41-0824189

41-6005380

900 Hiawatha Drive Wabasha, MN 55981

IRC code section

City of Wabasha

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Clg grant for Statewide Preservation Conference.

Name and address Martin County Historical Society

> 304 E Blue Earth Avenue Fairmont, MN 56031

IRC code section

501 (c)(3)

Method of valuation Desc. of Non-Cash Asst.

Purpose of grant Legacy grant for manuscript creation phase for Martin County Historical

Society.

Name and address City of the Village of Minnetonka Beach

2945 Westwood Road

Minnetonka Beach, MN 55361

IRC code section Method of valuation Minnetonka Beach

Desc. of Non-Cash Asst.

Purpose of grant Legacy grant for Minnetonka Beach Water Tower national register

nomination evaluation.

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2017

OMB No. 1545-0047

Open to Public Inspection

MINNESOTA HISTORICAL SOCIETY

Employer identification number 41-0713907

| Part | Questions Regarding Compensation | | | |
|------|---|----|-----|----------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | ☐ Travel for companions ☐ Payments for business use of personal residence | | | |
| | ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees | | | |
| | ☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment | | | |
| | or reimbursement or provision of all of the expenses described above? If "No," complete Part III to | | | |
| | explain | 1b | ~ | |
| _ | | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line | | | |
| | 1a? | 2 | ~ | |
| | | _ | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the | | | |
| | organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | | | | |
| | ✓ Compensation committee ✓ Written employment contract | | | |
| | ✓ Independent compensation consultant ✓ Compensation survey or study ✓ Form 990 of other organizations ✓ Approval by the board or compensation committee | | | |
| | Approval by the board of compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | 1 |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | ~ | |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | 1 |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of: | | | |
| а | The organization? | 5a | | ~ |
| b | Any related organization? | 5b | | ~ |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of: | | | |
| a | The organization? | 6a | | V |
| b | Any related organization? | 6b | | V |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed | | | |
| - | payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | ~ |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject | | | |
| | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe | | | |
| | in Part III | 8 | | ~ |
| | | | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | 1 | 1 |

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

| Note: The sum of columns (B)(I)–(III) to | 1 000 | | f W-2 and/or 1099-MIS | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--|-------|--------------------------|-------------------------------------|---|-----------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)–(D) | in column (B) reported as deferred on prior Form 990 |
| D Stephen Elliott, Director & | (i) | 308,392 | 0 | 20,730 | 14,850 | 20,621 | 364,593 | 0 |
| Chief Executive Officer | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Melanie Adams, Senior Director, | (i) | 151,174 | 0 | 0 | 7,978 | 20,621 | 179,773 | 0 |
| 2 Guest Experience & Educational | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Peggy Ingison Chief Financial | (i) | 156,071 | 0 | 0 | 8,371 | 8,085 | 172,527 | 0 |
| Officer 3 | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jill Rudnitski, Chief | (i) | 144,429 | 0 | 0 | 7,978 | 20,621 | 173,028 | 0 |
| Development Officer | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Douglas Marty, Senior Director, | (i) | 142,017 | 0 | 0 | 7,978 | 20,621 | 170,616 | 0 |
| Earned Income & Guest Services | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

Page 3

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.

Schedule J, Part I, Line 1a - As part of her nine month employment contract to serve as Acting Chief Financial Officer, Cynthia Williamson received a housing allowance. She was not a Minnesota resident, her employment contract provided for moving expenses and a housing allowance for the length of her employment. The housing allowance for Cynthia Williamson was not taxable compensation, as she was employed and located in Minnesota less than one year. Her moving expenses were treated as taxable compensation.

Schedule J, Part I, Line 4 - Director and Chief Executive Officer, D. Stephen Elliott, as part of his original employment contract, accrues an additional annual deferred compensation amount that is placed in a supplemental non-qualified retirement plan. In calendar year 2016 D. Stephen Elliott became fully vested in the plan, and as such all vested amounts were paid to him and reflected in our 2016 Form 990, Schedule J, as compensation. Going forward, the annual payment for the additional deferred compensation will be treated as W-2 compensation and is reported on Schedule J, Part II (B)(iii) W-2 Other Reportable Compensation. For calendar year 2017 the amount included in Other Reportable Compensation that represents payment under a non-qualified plan is \$20,730.

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization **Employer identification number** MINNESOTA HISTORICAL SOCIETY 41-0713907

| Part | Types of Property | | | | | | | |
|------|---------------------------------------|-------------------------------|---|---|-------------|---------|-----|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method o | | | |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities—Publicly traded | V | 30 | 1,059,837 | Avgerage H | iah/L o | w | |
| 10 | Securities—Closely held stock . | | 30 | 1,007,007 | Avgerage in | igi#L0 | •• | |
| 11 | Securities—Partnership, LLC, | | | | | | | |
| • • | or trust interests | | | | | | | |
| 12 | Securities-Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution—Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| | contribution—Other | | | | | | | |
| 15 | Real estate—Residential | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | 4565 | 0 | N/A | | | |
| 23 | Scientific specimens | | 4303 | 0 | IV/A | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ► () | | | | | | | |
| 26 | | | | | | | | |
| 27 | | | | | | | | |
| 28 | Other ► () | | | | | | | |
| 29 | Number of Forms 8283 received | by the or | ganization during the tax v | year for contributions for | | | | |
| | which the organization completed | | | | 29 | | | 2 |
| | - | | | - | | | Yes | No |
| 30a | During the year, did the organization | tion receive | by contribution any prope | erty reported in Part I. lines | 1 through | | | |
| | 28, that it must hold for at least t | | | | | | | |
| | to be used for exempt purposes | | | | | 30a | | ~ |
| b | If "Yes," describe the arrangemen | | - · | | | | | |
| 31 | Does the organization have a | | otance policy that require | es the review of anv no | onstandard | | | |
| | | | | - | | 31 | ~ | |
| 32a | Does the organization hire or use | e third part | ies or related organization | s to solicit, process, or se | ell noncash | | | |
| | | • | | | | 32a | | ~ |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an | amount in | column (c) for a type of pro | perty for which column (a) | s checked. | | | |
| | describe in Part II. | | (-) | (a) | , | | | |

Schedule M (Form 990) 2017 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Schedule M, Part I, Line 33 - As noted in Form 990, Schedule D, Part III, the Minnesota Historical Society does not capitalize its collections and does not report on Part VIII, line 1g a value for donated historical artifacts. As such we report on Schedule M, line 22(c) a value of \$0. The amount listed in column (b) of line 22 reflects the actual number of contributed items received. In addition, for Part I, line 22, not included in our counts are donated government records, the quantity of which is not readily determined.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization **Employer identification number** MINNESOTA HISTORICAL SOCIETY 41-0713907 Form 990, Part VI, Section A, Line 6 - MNHS has one class of membership, which is the body of dues paying members. Members have the right to vote on the slate of candidates for Director(s), as put forth by the Governance Committee of the Board at MNHS' annual meeting. The membership does not approve significant decisions made by the governing body. Form 990, Part VI, Section A, Line 7a - Dues paying members (the membership) have the opportunity to vote on and approve the slate of candidates for Director(s) as put forth by the MNHS' Governance Committee at the MNHS' annual meeting. Form 990, Part VI, Section B, Line 11b - The annual tax return, IRS form 990, is prepared internally by the MNHS' Finance Department. The 990 goes through an internal review process within various levels of the Finance Department and may also go through an external review with a paid tax consultant before it is presented to the MNHS' Finance/Audit Committee. The Finance/Audit Committee performs a second review of the 990. Once approved by the Finance/Audit Committee, the 990 is submitted to the MNHS' Executive Council/Committee for final review and approval. Upon final approval by the Executive Council/Committee, the 990 is electronically e-filed with the IRS. Form 990, Part VI, Section B, Line 12c - All Board Members and Officers are subject to a conflict of interest policy which sets out that transactions, in which they may have a material financial interest are to be undertaken (if at all) only after disclosure of the conflict, notice in full to the Board of the contemplated transaction along with the nature of the conflict, and requiring action in favor of the transaction to be effected by the majority of the entirety of the Board not including the member(s) whose interest is involved. The office of the Director is responsible for maintaining and monitoring that a new Board Member(s) submit a statement of acknowledgement that they will comply in full with MNHS' code of conduct, which includes the institution's conflict of interest policy. The office of the Director performs this review annually. Form 990, Part VI, Section B, Line 15 - The annual compensation for the Director and Chief Executive Officer, D. Stephen Elliott, which covers the period ending 6/30/18, was reviewed by the compensation committee, which is part of the MNHS' governing body. The compensation review includes a review of the terms of the written employment contract, comparisons based on surveys of local comparable not-for-profit organizatoins, the overall pay plan for the organization and a performance evaluation. Form 990, Part VI, Section C, Line 19 - The MNHS' audited financial statements and annual reports are available to the public via our website or upon request. Governing documents and conflict of interest policy are available to the public upon request. Form 990, Part IX, Line 11g - The \$6,875,439 of other services is made up of the following; Professional & Technical Services (\$3,970,189) Purchased Services (\$2,222,298), Janitorial and Cleaning Services (\$204,772), Fire and Security (\$174,718), Bank and Credit Card Fees (\$191,111) and Architectural Fees (112,351).

MINNESOTA HISTORICAL SOCIETY

Part III, Line 4d

Form: **Form 990 (2017)** EIN: **41-0713907**

Page: 2
Other Program Services Accomplishments

| Activity Code | Description | Expense | Grants | Revenue |
|------------------|---|-----------|-----------|---------|
| | Historic Preservation: Provides technical assistance and grants for historic preservation; administers grant programs supporting projects in preservation and interpretation of Minnesota history; administers the National Historic Preservation Act in Minnesota. In FY 18 statewide preservation saw over \$5M awarded in Arts and Cultural Heritage Fund monies awarded through 219 grants across Minnesota. In addition, the State Historic Preservation office awarded over \$100,000 in certified local government grants and capital preservation grants. As part of a national program, the State Historic Preservation office worked to see 10 new properties added to the National Register of Historic Places. As for general asset preservation, substantive work was done in repairs to both the History Center and to the Mill City Museum Ruin Courtyard as well as smaller projects throughout our historic sites network. | 9,021,333 | 6,463,203 | 142,040 |
| Total: | | 9,021,333 | 6,463,203 | 142,040 |

Minneapolis, MN 55411

Northern Micrographics 2004 Kramer Street

La Crosse, WI 54603

MINNESOTA HISTORICAL SOCIETY

EIN: 41-0713907 Part VII, Section B

277,414

Form: **Form 990 (2017)**

Page: 8

Name and address: **Description Of Services** Compensation 579,873 Leo A Daly Architectural & Engineering design services for 730 Second Avenue S Historic Fort Snelling Suite 1100 Minneapolis, MN 55402 Northern Bedrock Preservation Corps Arts & Cultural Heritage Funds (ACHF) 570,000 5165 North Shore Drive Partnership Projects for leadership & training Duluth, MN 55804 309,000 Minitex Library Info Network Minnesota Minitex digital library services 15 Andersen Library University MN 222 21st Ave S Minneapolis, MN 55455 Art-Tech Productions Fabrication services for WWI Exhibit, cases and 282,526 2900 2nd Street North scenic

Contractor Compensation

Total: 2,018,813

Digital imaging services for Iowa newspapers

and other various digitization projects