### EXTENDED TO AUGUST 16, 2021

(Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

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

Open to Public

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

▶ 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. and ending SEP 30, 2020

OCT 1, 2019

Inspection

OMB No. 1545-0047

В	Check if	C Name of organization			D Employer identifie	cation number
	Addr		NE MENNEGOUS			
F	chan Nam		OF MINNESOTA		41-06939	1 2
H	chan Initia		d to atract address)	Doom/ouito		
H	returi Final	1694 COMO AVENUE	a to street address)	Room/suite	E Telephone number 651-647-	
	⊥returi termi ated		or foreign postal code		G Gross receipts \$	6,790,596.
	Amer	ded CT DATT MAT 55109_2710	or foreign postal code		H(a) Is this a group re	
F	returi Appli tion		A. GRAUPMAN		for subordinates	
	pend	ng SAME AS C ABOVE			H(b) Are all subordinates in	=
Τ.	Tax-ex		(insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
		te: ► WWW.IIMN.ORG	10 11 (4)(1)	<u> </u>	H(c) Group exemptio	
		f organization: X Corporation Trust Associa	ntion Other	<b>L</b> Year		■ State of legal domicile: MN
	art I	Summary			1	<u> </u>
	1	Briefly describe the organization's mission or most sign	ificant activities: HELP	ING NE	W AMERICANS	ACHIEVE
Activities & Governance		SELF-SUFFICIENCY AND FULL ME				
rna	2	Check this box if the organization discontinu	ed its operations or dispos	sed of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part	VI, line 1a)		3	14
Ğ	4	Number of independent voting members of the governing	ng body (Part VI, line 1b)			13
es &	5	Total number of individuals employed in calendar year 2				62
Ϋ́	6	Total number of volunteers (estimate if necessary) $\ \dots$				250
Acti	7 a	Total unrelated business revenue from Part VIII, column	(C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-	T, line 39	<u></u>		0.
	١.				Prior Year	Current Year
ē	8				3,581,864.	5,374,075.
Ju e	9				2,942,005.	141,754.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and			307,849.	216,715.
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			6,850,764.	20,928. 5,753,472.
_	12	Total revenue - add lines 8 through 11 (must equal Part			0,050,704.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lin			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), lin Salaries, other compensation, employee benefits (Part I	,		2,928,581.	2,759,938.
ses	15	Professional fundraising fees (Part IX, column (A), line 1			0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25)	C - C - C	87.	•	0.
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-			2,086,162.	1,961,068.
	18	Total expenses. Add lines 13-17 (must equal Part IX, co			5,014,743.	4,721,006.
	19	Revenue less expenses. Subtract line 18 from line 12			1,836,021.	1,032,466.
or or					ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)			6,519,207.	7,884,180.
ASS	21	Total liabilities (Part X, line 26)			274,400.	426,870.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line	20		6,244,807.	7,457,310.
Pa	art II	Signature Block				
		alties of perjury, I declare that I have examined this return, inclu				knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is	based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer			 Date	
Sig		'	TTE DIDECMOD		Date	
Hei	·е	JANE A. GRAUPMAN, EXECUTI Type or print name and title	VE DIRECTOR			
			accela cianatura	Ιſ	Date Check	PTIN
Paid	4	1 77 7 7	oarer's signature <b>PT PILLSBURY</b>	1	1/21/21 officer L if self-employ	
	parer	Firm's name CARPENTER, EVERT &		TD.		41-1534805
	Only	Firm's address 7760 FRANCE AVE S,			I IIIII 2 EIIV	<u> </u>
550	Jy	BLOOMINGTON, MN 554			Phone no. (9	52) 831-0085
Mar	v the	RS discuss this return with the preparer shown above? (			1 Holle Ho. ( )	X Yes No
	01 01-	• •		ons.		Form <b>990</b> (2019)

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE INTERNATIONAL INSTITUTE OF MINNESOTA HELPS NEW AMERICANS ACHIEVE
	SELF-SUFFICIENCY AND FULL MEMBERSHIP IN AMERICAN LIFE BY OFFERING FREE
	EDUCATION AND EMPLOYMENT PROGRAMS, SUBSIDIZED LEGAL SERVICES, REFUGEE
	RESETTLEMENT AND ASSISTANCE TO UNDERSERVED IMMIGRANTS, REFUGEES,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2, 495, 534. including grants of \$) (Revenue \$)
	EDUCATION: REFUGEES AND IMMIGRANTS ARE ARRIVING WITH A MORE DIVERSE
	RANGE OF EDUCATIONAL ATTAINMENT AND EMPLOYMENT THAN EVER BEFORE IN US
	HISTORY. THE INSTITUTE OFFERS ENGLISH CLASSES, RANGING FROM
	PRE-LITERATE THROUGH COLLEGE PREPARATION AND SUPPORT, AND THEREFORE, IS
	IDEALLY SITUATED TO SUPPORT NEW AMERICANS AT EVERY SKILL LEVEL. NEW
	AMERICANS ARRIVE IN THE COMMUNITY WITH A WEALTH OF TALENT, POTENTIAL,
	AND AMBITION. IN COLLABORATION WITH EMPLOYER PARTNERS, THE INSTITUTE
	HAS DEVELOPED TRAINING PROGRAMS AND CAREER PATHWAYS THAT MATCH THE
	TALENT OF NEW AMERICANS WITH THE NEEDS OF LOCAL EMPLOYERS. IN
	ADDITION, STUDENTS IN THE CAREER PATHWAYS RECIEVE FINANCIAL LITERACY EDUCATION AND FINANCIAL COACHING. THE INSTITUTE IS TRAINING THE NEW
	AMERICANS WORKFORCE AND IS A NATIONAL MODEL FOR SUCCESS.
	4 450 505
4b	(Code:) (Expenses \$1, 158, 527. including grants of \$) (Revenue \$)  REFUGEE SERVICES: REFUGEES SPEND AN AVERAGE OF 17 YEARS IN CAMPS BEFORE
	ARRIVING IN THE UNITED STATES. AFTER DECADES OF WAITING, REFUGEES
	ARRIVE EAGER TO START THEIR NEW LIVES. THE INSTITUTE HAS ENHANCED THE
	CORE REFUGEE RESETTLEMENT PROGRAM WITH ADDITIONAL SERVICES TO ENSURE
	THAT EACH REFUGEE SUPPORTED BY THE INSTITUTE BEGINS WITH A STRONG START
	TO A NEW LIFE. THE INSTITUTE ALSO PROVIDES ASSISTANCE WITH IMMIGRATION
	AND CITIZENSHIP PROCEDURES TO OFFER SAFETY, SECURITY, AND BELONGING TO
	NEW AMERICANS IN THE COMMUNITY.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
TU	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 3,654,061.
	Form <b>990</b> (2019)

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	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?			7,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_ <del>-</del>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- <del>"</del>		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		-23
17		47	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	77	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X

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Form 990 (2019) INTERNATIONAL INSTITUTE OF MINNESOTA

Part IV Checklist of Required Schedules (continued)

			Yes	No
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	L
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		<u> X</u>
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.,
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	Щ_
Par				
	Check if Schedule O contains a response or note to any line in this Part V		 	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 113			
	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		37	
	(gambling) winnings to prize winners?	1c	Х	Щ

932004 01-20-20

# Form 990 (2019) INTERNATIONAL INSTITUTE OF MINNESOTA Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
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	62			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	its (FBAR).			77
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			0-		Х
	any contributions that were not tax deductible as charitable contributions?			6a		Λ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the results of		-	Gh.		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vicec	provided to the payor?	7a		Х
a b			orovided to the payor:	7b		- 21
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			75		
·	to file Form 8282?			7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		•	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	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:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ı	ı			
a		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b	1	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041		12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Bid the constitution of the fact that the state of the st			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
_		_	·	_	000	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 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. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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 Х 15a Х Other officers or key employees of the organization 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 with a Х taxable entity during the year? 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 organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Other (explain on Schedule O) X Own website X Upon request Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CAROL GARBISCH - 651-647-0191 1694 COMO AVE, ST. PAUL, MN 55108-2710

## 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.

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

(A) Name and title	(B) Average hours per week	box, unless person is both an officer and a director/trustee)					n an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JUNE CHENG	1.00	.,							•	•	
DIRECTOR	1 00	X						0.	0.	0	
(2) DAVE DEPAEPE DIRECTOR	1.00	X						0.	0.	0	
(3) CHARLES HORWITZ	1.00	Α						0.	0.	U	
DIRECTOR	1.00	X						0.	0.	0	
(4) MARK KALLA	1.00	25						•	0.		
TREASURER	2,00	х		х				0.	0.	0	
(5) JEFF MANDEL	1.00	<del> </del>									
DIRECTOR		Х						0.	0.	0	
(6) MARY MIKLETHUN	1.00										
PRESIDENT		Х		Х				0.	0.	0	
(7) ELAINE OLSON	1.00										
VICE PRESIDENT		Х		Х				0.	0.	0	
(8) KATE TILNEY	1.00								_	_	
DIRECTOR		Х						0.	0.	0	
(9) JON JUSTIN	1.00	l									
SECRETARY	1 00	Х		Х				0.	0.	0	
(10) KEVIN BARTON	1.00	٠,,							0		
DIRECTOR	1 00	Х						0.	0.	0	
(11) CASSIE BEAN DIRECTOR	1.00	X						0.	0.	0	
(12) MAGGIE HABASHY	1.00	Α						0.	0.	0	
DIRECTOR	1.00	X						0.	0.	0	
(13) PARAMITA SARKAR	1.00								J •		
DIRECTOR	1.00	х						0.	0.	0	
(14) JANE A. GRAUPMAN	37.50	Ť							3.		
EXECUTIVE DIRECTOR				х				118,214.	0.	9,564	
		-									
		-									
					ı		l				

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(44.0		Pos		l than c		Reportable	Reportable		Estima	ted
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation		amoun	t of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related		othe	r
	(list any	rector						the	organizations		mpens	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC	′ I	from t	
	organizations	ustee	trust		96	ubeus		(W-2/1099-MISC)			rganiza Ind rela	
	below	dual tr	tional		yoldı	st con	_			- 1	ganiza	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			"	gamea	
		_	-		×	1 0						
							L	110 014		_	0 5	
1b Subtotal								118,214.		0.	9,5	0.
c Total from continuation sheets to Part VI								118,214.		0.	Q F	64.
d Total (add lines 1b and 1c)								· · · · · · · · · · · · · · · · · · ·		J •	9, -	04.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization											Yes	 ∏No
2 Did the experimetion list only former officer	director truct	a		امصا	01/0		hia	boot componented own	0.400 00		103	140
3 Did the organization list any <b>former</b> officer,												x
line 1a? If "Yes," complete Schedule J for s										3		<u>^</u>
4 For any individual listed on line 1a, is the su	•		-						-			Х
and related organizations greater than \$150										4		┼^
5 Did any person listed on line 1a receive or a	•				,			•		_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	iplete Schedule	J fo	or su	ıch <u>r</u>	oers	on .				5		Λ
· · · · · · · · · · · · · · · · · · ·	mananatad ind	lono		at ac				and reasing demonstrate them	100 000 of compo	naatian	Fra 100	
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>										risation	ITOITI	
(A)	ine calcinaar ye	oui C	, run	<u>19 W</u>	1011	, vvi	Ï	(B)	July 2001.		(C)	
Name and business	address							Description of s	ervices		ensati	on
JAMES DAYTON DESIGN				_								
1515 CENTRAL AVE NE, MINI	<u>IEAPOLIS</u>	,	MN	5	54	13		ARCHITECT		2	<u>69,1</u>	31.
							$\dashv$					

Form **990** (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2019) INTERNA
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to anv lin	e in this Part VIII			
			,,,,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns 1a	321,563.				
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b	, , , , , ,				
S S		Fundraising events 1c					
fts,		d Related organizations 1d					
ij gi			3,188,437.				
ons,		ÿ ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	3,100,437.				
utic	1	All other contributions, gifts, grants, and	1,864,075.				
ë		similar amounts not included above 1f	1,004,073.				
o d		Noncash contributions included in lines 1a-1f		5,374,075.			
Oa		1 Total. Add lines 1a-1f	Business Code	3,374,073.			
	_	DDOGDAM CEDVICE DEVENUE	900099	141 754	141 754		
ice	_	PROGRAM SERVICE REVENUE	300033	141,754.	141,754.		
er Je		·					
n S	(	·					
Jrar 3e∖	(	·					
Program Service Revenue		·	22222				
۵		All other program service revenue	900099	==.			
_		Total. Add lines 2a-2f		141,754.			
	3	Investment income (including dividends, interes					
		other similar amounts)		109,938.			109,938.
	4	Income from investment of tax-exempt bond pro					_
	5	Royalties					
		(i) Real	(ii) Personal				
	6	Gross rents 6a					
	- 1	Less: rental expenses 6b					
	(	Rental income or (loss) 6c					
	(	d Net rental income or (loss)	<b>&gt;</b>				
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,095,010.					
	- 1	Less: cost or other basis					
ine		and sales expenses 7b 988,233.					
her Revenue	•	Gain or (loss) <b>7c</b> 106,777.					
Re		d Net gain or (loss)	<b></b>	106,777.	106,777.		
her	8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	54,602.				
	ı	Less: direct expenses 8b	48,891.				
	•	Net income or (loss) from fundraising events	<b>&gt;</b>	5,711.			5,711.
	9 :	a Gross income from gaming activities. See					
		Part IV, line 199a					
	- 1	Less: direct expenses 9b					
	(	Net income or (loss) from gaming activities	<b>&gt;</b>				
	10 :	Gross sales of inventory, less returns					
		and allowances 10a					
	-	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	<u></u>				
			Business Code				
sno	11 :	OTHER INCOME	900099	13,372.	13,372.		
Miscellaneous Revenue	-	ROOM RENTALS	900099	1,845.	1,845.		
eve							
isc B		d All other revenue					
2	_ (	Total. Add lines 11a-11d	<b>&gt;</b>	15,217.			
	12	Total revenue. See instructions		5,753,472.	263,748.	0.	115,649.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 104,157. 127,778. 10,489. 13,132. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,231,813. 1,812,235. 186,746. 232,832. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 173,629. 12,705. 203,320. 16,986. Other employee benefits 9 197,027. 160,657. 15,735. 20,635. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 809,537. 667,957. 35,652. 105,928. column (A) amount, list line 11g expenses on Sch O.) 8,047. 18,796. 328. 10,421. Advertising and promotion 12 118,759. 55,783. 23,327. 39,649. Office expenses 13 87,249. 72,211. 6,299. 8,739. Information technology 14 15 Royalties 50,500. 22,397. 2,768. 25,335. 16 Occupancy 37,487. 33,587. 3,413. 487. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 703. 3,235. 2,078. 454. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 61,878. 65,277. 1,948. 1,451. Depreciation, depletion, and amortization 22 2,563. 25,920. 22,174. 1,183. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 570,364. 453,413. 116,951. CLIENT SUPPORT CAPITAL CAMPAIGN 88,906. 88,906. 55,670. 48,474. 29. 7,167. PROGRAM SUPPLIES 11,230. 5,376. 5,014. d FURNITURE AND EQUIPMENT 840. 18,138. 11,675. 5,785. 678. e All other expenses 4,721,006. 3,654,061. 396,358. 670,587. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	52,966.	1	74,330
	2	Savings and temporary cash investments		2	7,515
	3	Pledges and grants receivable, net		3	332,500
	4	Accounts receivable, net		4	608,609
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
À	9	Prepaid expenses and deferred charges	1 17 202	9	17,228
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,887,2	75.		
	b	Less: accumulated depreciation 10b 1,417,1	1,064,022.	10c	1,470,126
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	5,282,263
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	92,717.	15	91,609
	16	Total assets. Add lines 1 through 15 (must equal line 33)	<u></u> 6,519,207.	16	7,884,180
	17	Accounts payable and accrued expenses	132,532.	17	241,372
	18	Grants payable		18	
	19	Deferred revenue		19	185,498
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ş	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	100
	26	Total liabilities. Add lines 17 through 25	274,400.	26	426,870
"		Organizations that follow FASB ASC 958, check here 🕨 🗓			
če		and complete lines 27, 28, 32, and 33.	4 000 405		5 000 045
ılan	27	Net assets without donor restrictions		27	5,203,347
B	28	Net assets with donor restrictions	1,964,401.	28	2,253,963
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	7 457 242
Se	32	Total net assets or fund balances	6   6   6   6   6	32	7,457,310
	33	Total liabilities and net assets/fund balances	<u></u> 6,519,207.	33	7,884,180

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

2

4

5

6

7

8

Part XI Reconciliation of Net Assets

9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	7,	45	7,32	10.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X		
	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							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	, Γ					
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				ı		
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule (	o. [					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			ı		
	Act and OMB Circular A-133?		L	За	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х			
				Eorm	990	2010		

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Name of the organization

INTERNATIONAL INSTITUTE OF MINNESOTA

41-0693912 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	` ,	, ,	` ,	
	membership fees received. (Do not						
	include any "unusual grants.")	3766970.	4181257.	4302627.	4605199.	4662405.	21518458.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3766970.	4181257.	4302627.	4605199.	4662405.	21518458.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						21518458.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	3766970.	4181257.	4302627.	4605199.	4662405.	21518458.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	35,565.	40,961.	70,570.	122,852.	109,938.	379,886.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	6,574.	8,700.				15,274.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	13,068.	16,074.	121,710.		15,217.	166,069.
11	<b>Total support.</b> Add lines 7 through 10						22079687.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	97.46 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	97.47 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	i <b>ere.</b> Explain in Pai	t VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	<b>stop here.</b> Explain	in Part VI how th	e
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instruction	s
					Sche	dule A (Form 990	or 990-EZ) 2019

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)  Section B. Total Support						<u> </u>
	/s) 001 <i>5</i>	(h) 0010	(-) 0017	(4) 0010	(=) 0010	(s) Tatal
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	nn (f), divided by li		17	%	
18 Investment income percentage from 2						
19a 33 1/3% support tests - 2019. If the					33 1/3%, and line 1	
more than 33 1/3%, check this box ar						<b>.</b> .
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						

### 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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined 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.**
- c 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.
- 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.
  - **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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
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	9a		
	Or-		
	9b		
	9с		
	55		
	10a		
	10b		
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11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization?  b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI.  11b C	Pal	Supporting Organizations (Continued)			
a 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?  b A family member of a person described in (a) above?  c A 59% controlled with or a special person described in (a) a for (a) bove?  if Yes' to a, b, or c, provide detail in Pert VI.  11b				Yes	No
below, the governing body of a supported organization?  1 A family member of a person described in (a) above?  2. AS\$6 controlled entity of a person described in (a) or (b) above?  3. AS\$6 controlled entity of a person described in (a) or (b) above?  4. Yes 1 to a. b. or c. provide detail in Pert VI.  11b  11c  Section B. Type I Supporting Organizations  1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. 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 organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year  2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization of the than the supported organization and the supported organizations and the supported organizations of the supported organization of the supported organizations of the supported organization of the supported organization of the supported organization of the supported organization or trustees of each of the organization and the supported organization of the supported organization or trustees of each of the organization organization and the supported organization organization organization organiz	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  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 organizations directors or trustees at all times during the tax year? If "Yes" describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or embers delectors or trustees, are allocated omong the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how the powers to appoint and/or embers upsopreed organization? If "Yes," explain in Part VI how the powers to appoint acroid remove supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supported organization? If "Yes," explain in Part VI how providing such benefit carred out the supposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organization, to the extent not previously provided?  2 Were any of the organization or the source of the supported organiz	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
section B. Type I Supporting Organizations  1 Did the directors, frustees, 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 frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization's directors or frustees at all times during the tax year? If "No," describe in Part VI now the supported organization or describe or or frustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or frustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization that the supported organization (s) that operated, supervised, or controlled the supporting organization and controlled the supporting organization and controlled the supporting organization and controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled or supported organization (s) If No, 'describe in Part VI how control or management of the supported organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization or supported organization or management of the supported organization or supported organization or management of the supported organization or supported organization or management of the supported organization organization or tax year. (i) a copy of the Form 990 that was most exceed in the same persons that controlled or managed the supported organization organization or the organization or office organization organization organization organization organization organization organization org		below, the governing body of a supported organization?	11a		
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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.  2 bid the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supporting organization (f) if "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization was vested in the same persons that controlled or managed to measurement of the supporting organization was vested in the same persons that controlled or managed to measurement of the supporting organization was vested in the same persons that controlled or managed to measurement of the supported organizations by the last day of the fifth month of the organization's tax year, (i) a viriten 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 field as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization so officers, directors, or trustees either (ii) appointed or elected by the supported organization's provided organization's provided organization's provided organization's provided organization's involvement as significant voice in the organization and the supported organization's live in the relationship described in (ii), did the organization's supported organization's involvement as supp		regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
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the organization maintained a close and continuous working relationship with the supported organization(s).  By creason of the relationship described in (2), did the organization's supported organizations have a significant voice in 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.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  a The organization satisfied the Activities Test. Complete line 2 below.  b The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  2 Activities Test. Answer (a) and (b) below.  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization, and how the organization determined that these activities described in (a) constituted substantially all of its activities.  b Did the activities described in (a) constitute activities that, but for the organization have the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organizations. Answer (a) and (b) below.  3 Parent of Supported Organizations. Answer (a) and (b) below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization e					
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	h				
	-		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	11 0030311 rage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	ctions A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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	lly integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Pai	't V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	Ī		
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
_	Evenes from 2017			

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018e Excess from 2019

### 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

	<ul><li>see separate instructions), then Section 501(c)(4), (5), or (6) organizat</li></ul>	ions: Complete Part III			
	ne of organization	ions. Complete Fait III.		Emp	loyer identification number
	INTERNA	TIONAL INSTITUTE	OF MINNESOTA	A	41-0693912
Pa		anization is exempt under			ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	. •	<b>&gt;</b>	S
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)		
1	Enter the amount of any excise tax	•			<u> </u>
	Enter the amount of any excise tax				
	If the organization incurred a section				
	a Was a correction made?				
b	f "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	except section 501(	e)(3).
3	Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization received that were propolitical action committee (PAC). If a	. Add lines 1 and 2. Enter here and	of all section 527 politrom the filing organiza separate political organ	ical organizations to whic tion's funds. Also enter the nization, such as a separar	Yes No h the filing organization e amount of political
	(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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

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Schedule C (Form 990 or 990-EZ) 2019	TNTERNATIO	NAI. TNSTTTIT	E OF MINNESC	ንጥል 41 – በ	693912 Page <b>2</b>
Part II-A Complete if the org section 501(h)).	anization is exe	empt under section	501(c)(3) and file	ed Form 5768 (ele	
A Check ▶ if the filing organiza	tion belongs to an a	ffiliated group (and list in	Part IV each affiliated	group member's name	e. address. EIN.
	re of excess lobbying				,
. — '	, ,	and "limited control" pro	visions apply.		
	ts on Lobbying Exp ditures" means amo	enditures ounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ				57,500.	
c Total lobbying expenditures (add li				57,500.	
d Other exempt purpose expenditure	es			4,663,506.	
e Total exempt purpose expenditure	s (add lines 1c and 1	d)		4,721,006.	
f Lobbying nontaxable amount. Ente	er the amount from the	ne following table in both	n columns.	386,050.	
If the amount on line 1e, column (a) o	r (b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% c	f the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,0	000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	000 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,0	000 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	0,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			96,513.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ro on either line 1h o	r line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	nat made a section See the sepa	veraging Period Under 501(h) election do not la arate instructions for lin	have to complete all ones 2a through 2f.)	of the five columns be	elow.
	Lobbying Exp	enditures During 4-Yea	ar Averaging Period		T
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total
2a Lobbying nontaxable amount		374,457.	400,737.	386,050.	1,161,244.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,741,866.
c Total lobbying expenditures		22,500.	52,917.	57,500.	132,917.
d Grassroots nontaxable amount		93,614.	100,184.	96,513.	290,311.

Schedule C (Form 990 or 990-EZ) 2019

435,467.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990-EZ) 2019 INTERNATIONAL INSTITUTE OF MINNESOTA 41-06939 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	<b>)</b>
of the	e lobbying activity.	Yes	No	Amo	ount
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?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
	t III-A   Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or sec	ction	
	501(c)(6).				
				Yes	N
ı	Were substantially all (90% or more) dues received nondeductible by members?		1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
2					
2 3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	prior year? 501(c)(5)	3 ), or sec		3, is
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	prior year? 1 501(c)(5) No" OR (I	), or sec b) Part		3, is
3 Pari	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members	prior year? n 501(c)(5) No" OR (I	), or sec b) Part		3, is
3 'ar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	prior year? n 501(c)(5) No" OR (I	), or sec b) Part		3, is
3 'ar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	prior year? n 501(c)(5) No" OR (I	), or sec		3, is
3 ar 1 2	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year	e prior year? n 501(c)(5) No" OR (I	3), or sec b) Part		3, is
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3  ar 1 2 a b c	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	prior year? n 501(c)(5) No" OR (I	3), or sec b) Part		3, is
3 Pari 1 2 a b c	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year? n 501(c)(5) No" OR (I	3), or sec b) Part		3, is
3 Pari 1 2 a b c	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	e prior year? n 501(c)(5) No" OR (l	3), or sec b) Part		3, is
3 Par 1 2 a b c	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and position agree to carryover to the reasonable estimate of nondeductible lobbying and positions.	e prior year? n 501(c)(5) No" OR (I	3 ), or sec b) Part 1 2a 2b 2c 3		3, is
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1 2 a b c 3 4 Service Struck	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyper expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  tiV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lactions); and Part II-B, line 1. Also, complete this part for any additional information.	e prior year? n 501(c)(5) No" OR (I	3 ), or sec b) Part  2a 2b 2c 3 4 5	nd 2 (see	3, is
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1 2 a b c 3 4 Providentstruce AR	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyper expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  tiV Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group lactions); and Part II-B, line 1. Also, complete this part for any additional information.	e prior year? n 501(c)(5) No" OR (I	3 ), or sec b) Part  2a 2b 2c 3 4 5	nd 2 (see	3, is
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL INSTITUTE OF MINNESOTA

**Employer identification number** 41-0693912

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b	) Fund	ds and other accounts
1	Total number at end of year						
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 $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (	during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	,
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	<b>.</b>
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				<b>&gt;</b> 5	<b>.</b>
	Assets included in Form 990, Part X					<b>&gt;</b> 9	

932051 10-02-19

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

Schedule D (Form 990) 2019

	t III   Organizations Maintaining C	Collections of Ar								Page <b>4</b>
3	Using the organization's acquisition, accessi		-						<u>(COITIIITE</u>	icu)
Ŭ	collection items (check all that apply):	on, and other record	o, oricore	arry or the r	onowing tha	t make of	grimoaric	100 01 110		
а	Public exhibition	c	, 🗀	oan or ovel	hange progra	am				
		_								
b	Scholarly research	e	, ,	Julier						
C 4	Preservation for future generations	alloations and avalois	a haw the	v further th	o organizati	an'a ayan	ant nurna	oo in Dort	VIII	
4 5	Provide a description of the organization's concluding the year, did the organization solicit of							se III Fait	AIII.	
3	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran									110
	reported an amount on Form 990, Pa		oto ii tiio	organization	ii anowerea	100 011	1 01111 000	, raitiv,		
	Is the organization an agent, trustee, custod	ian or other intermed	liary for co	ontributions	s or other as	sets not i	ncluded			
	on Form 990, Part X?		•						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII								00	
	Too, explain the arrangement in that the	and complete the lo	nowing to	ibio.					Amount	
c	Beginning balance						1c		7 tillourit	
	Additions during the year									
	Distributions during the year									
f										
22	Ending balance  Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•		_	
Par										
1 0	The state of the s	(a) Current year		rior year	(c) Two yea		(d) Three y	voare back	(a) Four	/ears back
10	Paginning of year balance		(0) 🖂	ioi yeai	(C) TWO yea	13 Dack	(u) Tillee y	tais back	(e) i oui y	Cais Dack
	Beginning of year balance									
D	Contributions									
C	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	•	e (line 1g,	, column (a)	) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Term endowment	_%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ession of the organiza	ation that	are held an	nd administer	red for th	e organiza	ation	_	
	by:								\ <b>`</b>	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment fu	ınds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o		(b) Cost	or other		ccumulate	ed	(d) Book	value
		basis (investr	ment)	basis	` ,	der	oreciation			
1a	Land				1,818.					<u>,818.</u>
	Buildings			1,60	<u>1,910.</u>	1,3	<u>390,3</u>	70.	211	<u>,540.</u>
	Leasehold improvements									
	Equipment				4,806.		26,7	79.		,027.
	Other	I		87	8,741.				878	,741.
Total	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. columi	n (B). line 10	Oc.)			<b>▶</b> □	1,470	,126.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 INTERNATION	AL INSTITUTE (	OF MINNESOTA 4	41-0693912 Page
Part VII Investments - Other Securities.			verer rage
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	I1b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			·
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENTS - OTHER			
(B) SECURITIES	5,282,263.	END-OF-YEAR MARKE	T VALUE
(C)	- , - ,		- -
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,282,263.		
Part VIII Investments - Program Related.	0,101,1001		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	I1c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1)	(-)	(-)	
(2)			
(3)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total (Col. (b) must equal Form 000, Port V, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 900 Part IV line 1	11d Soc Form 990 Part V line 15	
	Description	Tru. Gee Form 990, Fart A, line 13.	(b) Book value
	Becomption		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	e 15.)		<u> </u>
	5 000 D 1 N 1 1 1	14 44 0 E 000 B 1 V I	0.5
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			I

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(6) (7) (8)

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ochequie D	(F01111 990	12019	THIDIMATIONAL	J TMOTTTOTE	. 01	MINIMADOIN	

Pai	T XI Reconciliation of Revenue per Audited Financial Sta				
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,933,509.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	180,037	<u>.</u>	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	180,037.
3	Subtract line 2e from line 1			3	5,753,472.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	2.)	<u></u>	5	5,753,472.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St  Complete if the organization answered "Yes" on Form 990, Part IV, line 12	atements With	Expenses per		n.
5	rt XII Reconciliation of Expenses per Audited Financial St	tatements With ine 12a.	Expenses per		
5 <b>Pa</b>	rt XII Reconciliation of Expenses per Audited Financial St  Complete if the organization answered "Yes" on Form 990, Part IV, li	tatements With ine 12a.	Expenses per	Retur	n.
5 <b>Pa</b>	Taxii Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	tatements With ine 12a.	Expenses per	Retur	n.
5 Pa 1 2	Table 1 Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	tatements With ine 12a.	Expenses per	Retur	n.
5 Pa 1 2	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ine 12a.  2a 2b	Expenses per	Retur	n.
5 Pa 1 2	Complete if the organization answered "Yes" on Form 990, Part IV, Ii Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per	Retur	n.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, Ii Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per	Retur	n. 4,721,006.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, Ii Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per	Retur	n. 4,721,006.
Pa 1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, Ii Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per	1 2e	n. 4,721,006.
Pa 1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per	1 2e	n. 4,721,006.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per	1 2e	n. 4,721,006.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, Ii Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a   2b   2c   2d	Expenses per	1 2e	n. 4,721,006.

Part XIII Supplemental Information.

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

### PART X, LINE 2:

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	INTERNATIONAL	INSTITUTE O	F MINNESOTA	41-0693912 Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Inform	mation (continued)			
	(			
-				

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

TMMEDNAMTONAT TMEMTMIME OF MINNECOMA

Employer identification number

INTERNA	TIONAL INSTITUTE O	F M	INN	ESOTA	41-0693	912
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individendments of the compensated at least \$5,000 by the</li> </ul>	ed funds through any of the following with a Solicita and a Special or oral agreement with any individual art VII) or entity in connection with puriduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-governising of onal fundamental	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(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
ROWLEY, WHITE, HELMER &	CAPITAL CAMPAIGN	Yes	No			
SEVIG, INC 1619 DAYTON	FUNDRASING		Х	0.	72,000.	-72,000.
Total     List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	72,000. it is exempt from req	-72,000. gistration
c. noonong.						
						_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2019

	art I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or randraioning over it contributions and gr	(a) Event #1 FUNDRAISING EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	(-"
Revenue	1	Gross receipts	54,602.			54,602.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	54,602.			54,602.
	4	Cash prizes				
S	5	Noncash prizes				
sued	6	Rent/facility costs	9,918.			9,918.
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				38,973.
	10					48,891.
D	11 art l	Net income summary. Subtract line 10 from				5,711.
ГС	11 L I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$10,000 0111 01111 000 LZ, III10 0a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
	1					
	ı.	Gross revenue				
	İ					
ses	2	Cash prizes				
Expenses	2					
Direct Expenses	2 3 4	Cash prizes				
Direct Expenses	2 3 4	Cash prizes  Noncash prizes				
Direct Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses				
Direct Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor		No No	No No	
Direct Expenses	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses		No No	No No	
Direct Expenses	3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes %  No  h 5 in column (d)	□ No	No ►	
	3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line 7	Yes%  No  h 5 in column (d)  7 from line 1, column (d)	□ No	No ►	
9	3 4 5 6 7 8 En	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conditions.	Yes % No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No No	No ►	
9	3 4 5 6 7 8 Entre list	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conducted the organization licensed to conduct gaming and	Yes%  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: activities in each of these s	states?	No ►	
9	3 4 5 6 7 8 Entre list	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conditions.	Yes%  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: activities in each of these s	states?	No ►	
9 a	3 4 5 6 7 8 Ent 1 ls 1 ls 1 ls 1 -	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain:	Yes% No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: activities in each of these s	states?	No ►	Yes No
9 a b	3 4 5 6 7 8 Ent I Is 1 1 1 Is 1 1 We	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain:  ere any of the organization's gaming licenses researched.	Yes% No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: activities in each of these services in each of these services.	states?	No P	Yes No
9 a b	3 4 5 6 7 8 Ent I Is 1 1 1 Is 1 1 We	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming a No," explain:	Yes% No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: activities in each of these services in each of these services.	states?	No P	Yes No

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 INTERNATIONAL INSTITUTE OF MINNESOTA 41-0	693912	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	<u></u> %
	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  \$\bigs\sum_{\text{quantity}}\$		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
<u>(I</u>	) NAME OF FUNDRAISER: CROWLEY, WHITE, HELMER & SEVIG, INC.		
(I	) ADDRESS OF FUNDRAISER: 1619 DAYTON AVE, SUITE 106, ST. PAUL,	MN 55	104
<u>, -</u>	, indicate of roughling and roughline and ro		

Schedule G	G (Form 990 or 990-EZ)	INTERNATIONAL	INSTITUTE	OF	MINNESOTA	41-0693912	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continued)					
		(continued)					

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

OMB No. 1545-0047

2019 Open To Public

Open To Public Inspection

Name of the organization	
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INTERNATIONAL INSTITUTE OF MINNESOTA Employer identification number 41-0693912

Complete if the o	organization and	swered "Yes" on I	-orm s	990, Pa	ırt IV, III	ie 25a or 25t	o, or	Form 990-EZ, Pa	art V, II	<u>ne 40</u>	D.			
1 (a) Name of disqualified p	person (b)	Relationship betw person and or			ified	(0	c) D	escription of tran	sactio	saction			(d) Corrected? Yes No	
												<del>  '</del>	-	110
2 Enter the amount of tax i section 4958		organization man								<b>&gt;</b> \$				
3 Enter the amount of tax,										\$				
Part II Loans to and	d/or From In	nterested Pers	sons.											
	organization an	swered "Yes" on I	orm 9	990-F7	Part V	line 38a or F	-orm	n 990 Part IV line	e 26: c	r if th	e orgar	nizatio	n	
•	· ·	90, Part X, line 5, 6			,		0111	1000,1 0.11,	J 20, C		o organ	iizatio		
(a) Name of interested person	(b) Relationshi	p (c) Purpose	(d) Lo	oan to or in the		Original pal amount	(1	f) Balance due	dofoult?		(h) Approved by board or committee?		r agroomont?	
·			To	From					Yes	No	Yes	No	Yes	No
			10	110111			$\vdash$		100	110	100	110	100	110
otal				<u></u>		🕨 \$								
Part III Grants or As	sistance Be	enefiting Inter	este	d Per	sons.									
Complete if the	organization and	swered "Yes" on I	orm 9	990, Pa	ırt IV, lin	ie 27.								
(a) Name of interested p	person	(b) Relationship interested personal the organization	on an			Amount of assistance		(d) Type assistand				Purp assista	ose of ance	
										$\perp$				
										$\perp$				
										$\perp$				

932131 10-21-19

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

Schedule L (Form 990 or 990-EZ) 2019

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

INTERNATIONAL INSTITUTE OF MINNESOTA

**Employer identification number** 41-0693912

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVICES TO PROMOTE THEIR FULL INTEGRATION INTO THE COMMUNITY INCLUDING RESETTLEMENT, EDUCATION, EMPLOYMENT TRAINING, AND CROSS-CULTURAL INITIATIVES. FORM 990 PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SURVIVORS OF HUMAN TRAFFICKING AND UNACCOMPANIED CHILDREN. ASYLEES, MAKE MINNESOTA WELCOMING. FORM 990, PART VI, SECTION B, LINE 11B: THE GOVERNING BODY WILL REVIEW THE 990 DURING THE DECEMBER 2019 FINANCE MEETING AND THE JANUARY 2020 BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: THE GOVERNING BOARD AND KEY EMPLOYEES SIGN A CONFLICT OF INTEREST FORM EACH YEAR IN SEPTEMBER OR OCTOBER. FORM 990, PART VI, SECTION B, LINE 15: THI COMPENSATION IS DETERMINED BY COMPARING SALARIES FORM SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS. FORM 990, PART VI, SECTION C, LINE 18: THE 990 IS CURRENTLY AVAILABLE TO THE PUBLIC BY SPECIFIC REQUEST, THROUGH

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

THE STATE ATTORNEY GENERAL'S OFFICE AND GUIDESTAR.

GOVERNING DOCUMENTS ARE AVAILABLE ON IIMN'S WEBSITE.

Schedule O (Form 990 or 990-EZ) (2019)

THESE AND OTHER

Name of the organization  INTERNATIONAL INSTITUTE OF MINNESOTA	Employer identification number $41-0693912$
FORM 990, PART VI, SECTION C, LINE 19:	
THE 990 IS CURRENTLY AVAILABLE TO THE PUBLIC BY SPECIFIC R	EQUEST, THROUGH
THE STATE ATTORNEY GENERAL'S OFFICE AND GUIDESTAR. THESE	AND OTHER
GOVERNING DOCUMENTS ARE AVAILABLE ON IIMN'S WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	667,957.
MANAGEMENT AND GENERAL EXPENSES	35,652.
FUNDRAISING EXPENSES	105,928.
TOTAL EXPENSES	809,537.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	809,537.