

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

DYSLEXIA INSTITUTE OF MINNESOTA INC

41-1633734

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ; or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization DYSLEXIA INSTITUTE OF MINNESOTA INC	Employer identification number 42-1633734
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR CHARLES CRITCHFIELD 2185 TOWN CENTRE DR SUITE 101 EAGAN MN 55124	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JUNE STERN FAMILY FOUNDATION 19 SUMMIT HEIGHTS NORTH OAKS MN 55127	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MAYO CLINIC 200 1ST ST SW ROCHESTER MN 55905	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SILJON PODEIN CHILDREN'S FOUNDATION 4229 1ST STREET NW ROCHESTER MN 55901	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNITED WAY OF OLMS TED COUNTY 903 W CENTER ST ROCHESTER MN 55902	\$ 13,517	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	VALLEY OF ROCHESTER SCOTTISH RITE CHILDREN'S FOUNDATION 2002 2ND ST SW ROCHESTER MN 55902	\$ 35,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DYSLEXIA INSTITUTE OF MINNESOTA INC	Employer identification number 41-1633734
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GILLETTE FAMILY FOUNDATION 2323 N MAYFAIR RD SUITE 240 MILWAUKEE WI 53226	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	AL AND ANNE KOENIG 225 LAWRENCE BLVD W WABASHA MN 55981	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ROCHESTER PLUMBING & HEATING CO INC 2840 WILDER ROAD NW ROCHESTER MN 55901	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	TERRI EDWARDS 811 FOX POINTE LANE SW ROCHESTER MN 55902	\$ 7,283	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	OTTO BREMER FOUNDATION 445 MINNESOTA ST STE 2250 ST PAUL MN 55101	\$ 45,728	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	POWERS VENTURES 2112 2ND ST SW STE 100 ROCHESTER MN 55902	\$ 6,751	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

DYSLEXIA INSTITUTE OF MINNESOTA INC

Employer identification number

41-1633734

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	FOX 47 6301 BANDEL RD NW ROCHESTER MN 55901	\$ 8,256	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	STOCK	\$ 5,283	12/18/15
12	FOOD & EVENT SPACE	\$ 6,251	11/08/15
13	ADVERTISING	\$ 8,256	10/20/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

**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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

DYSLEXIA INSTITUTE OF MINNESOTA INC

Employer identification number

41-1633734

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

Schedule D (Form 990) 2015

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII:

Part V Endowment Funds.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (residual)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		282,317	95,727	186,650
c Leasehold Improvements				
d Equipment		66,260	62,849	3,411
e Other				190,061
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY OUTSIDE FOUNDATION	37,700
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	830,638
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,495	
e	Add lines 2a through 2d	2e		1,495
3	Subtract line 2e from line 1	3		829,143
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		829,143

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

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

1	Total expenses and losses per audited financial statements		1	838,862
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	6,237	
e	Add lines 2a through 2d	2e		6,237
3	Subtract line 2e from line 1	3		832,625
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		832,625

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 XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

COST OF GOODS SOLD	\$	1,495
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER		
COST OF GOODS SOLD	\$	1,495
REALIZED/UNREALIZED LOSSES	\$	4,742

SCHEDULE I (Form 990)
 Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
 Attach to Form 990.
 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
DYSLEXIA INSTITUTE OF MINNESOTA INC
 Employer identification number
41-1633734

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section 170(b)(1)(D) organization type	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (check, Rev. appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TUTOR/TEST SCHOLARSHIPS	52	52,349			
2 INSTITUTE SCHOLARSHIPS	4	4,405			
3 READING CLUB SCHOLARSHIPS	7	1,299			
4 SUMMER/MISC SCHOLARSHIPS	7	2,410			
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHOLARSHIPS ARE AWARDED ONLY FOR THE READING CENTER'S PROGRAMS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

DYSLEXIA INSTITUTE OF MINNESOTA INC

Employer identification number

41-1633734

Part I Types of Property

	(a) Check if applicable	(b) Number of contributors or items contributed	(c) Noncash contribution amount reported on Form 990, Part VII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		900	
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	7,910	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	7	6,764	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLIES / ADS)	X	8	11,930	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II

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

Area with horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

DYSLEXIA INSTITUTE OF MINNESOTA INC

Employer identification number

41-1633734

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

OUTREACH: 2,718 PARENTS AND OTHERS ATTENDED ONE OF 27 FREE OUTREACH
EDUCATIONAL PRESENTATIONS AND DISPLAYS OFFERED BY THE READING CENTER.

READING READINESS: 26 YOUNG STUDENTS RECEIVED FREE READING READINESS

SCREENINGS. 28 PARENT-CHILD TEAMS ENGAGED IN READING CLUBS FOR PRE-K AND
KINDERGARTEN STUDENTS, LEARNING CRITICAL PRE-READING SKILLS.

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE. WHEN FINALIZED, IT IS
PROVIDED TO THE BOARD OF DIRECTORS FOR ACCEPTANCE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST
DISCLOSURE ANNUALLY. IF A DIRECTOR OR KEY EMPLOYEE WILL POTENTIALLY
BENEFIT PERSONALLY FROM A DECISION, THEY ARE ASKED TO LEAVE THE ROOM DURING
DELIBERATIONS IN ORDER TO AVOID A CONFLICT, OR TO AVOID UNDULY INFLUENCING
OTHERS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE READING CENTER CONDUCTS A COMPARABILITY REVIEW EVERY THREE YEARS FOR
SALARIES USING THE MN COUNCIL ON NONPROFITS DATA WHEN DETERMINING
COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SEE 15A

Name of the organization

Employer identification number

DYSLEXIA INSTITUTE OF MINNESOTA INC

41-1633734

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ORGANIZATIONAL DOCUMENTS WILL BE MADE AVAILABLE UPON REQUEST, SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART XIII, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

COST OF GOODS SOLD	\$	1,495
COST OF GOODS SOLD	\$	-1,495
REALIZED/UNREALIZED LOSSES	\$	-4,742
TOTAL	\$	-4,742

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

DYSLEXIA INSTITUTE OF MINNESOTA INC

Identifying number

41-1633734

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	500,000
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only) (c) Elected cost
7	Listed property. Enter the amount from line 20	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	
9	Tentative deduction. Enter the smaller of line 5 or line 8	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	
15	Property subject to section 108(f)(1) election	
16	Other depreciation (including ACRS)	8,933

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	90
18	If you are planning to group any assets placed in service during the tax year into one or more general asset accounts, check here	

Section B—Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 20	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	9,023
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

For Paperwork Reduction Act Notice, see separate instructions.

Year Ended: December 31, 2015

41-1633734

DYSLEXIA INSTITUTE OF MINNESOTA INC
847 5TH STREET NW
ROCHESTER, MN 55901

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Soc 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS:										
34	COPIER	5/27/98	4,365				4,365	7 11Y 200DB	4,365	0
36	PRINTER - FRONT DESK	6/30/98	398				398	7 11Y 200DB	398	0
37	IBM COMPUTER	6/30/98	1,352				1,352	3 11Y 200DB	1,352	0
38	IBM COMPUTER	7/31/98	1,300				1,300	3 11Y 200DB	1,300	0
39	IBM COMPUTER - FRONT DESK	10/31/98	1,647				1,647	3 11Y 200DB	1,647	0
40	COMPUTER	1/01/00	650				650	3 11Y 200DB	650	0
66	LAPTOP	2/01/12	780				780	5 11Y 200DB	555	90
			10,492				10,492		10,267	90
Other Depreciation:										
1	BUILDING	10/02/02	281,997				281,997	39 MO S/L	88,275	7,230
2	TILE	4/03/97	380				380	15 MO S/L	196	26
3	BOOKSHELVES	5/19/92	300				300	5 MO S/L	300	0
4	CHAIRS	9/29/92	45				45	3 MO S/L	45	0
5	COUNTER MATERIALS	9/29/92	25				25	3 MO S/L	25	0
6	BOOKSHELVES	11/30/93	255				255	3 MO S/L	255	0
7	BOOKSHELVES STAINING	4/30/94	160				160	3 MO S/L	160	0
8	SIGN & PERMIT	10/31/94	405				405	7 MO S/L	405	0
9	TABLETOP DISPLAY	11/06/95	300				300	3 MO S/L	300	0
10	WORK CENTER	9/30/96	550				550	7 MO S/L	550	0
11	TV & VCR	1/01/91	350				350	5 MO S/L	350	0
12	PICNIC TABLE	1/01/01	100				100	5 MO S/L	100	0
13	ART	1/01/01	500				500	10 MO S/L	500	0
14	CHILDREN'S FURNITURE	1/01/01	100				100	5 MO S/L	100	0
15	EQUIPMENT	12/31/06	870				870	5 MO S/L	870	0
16	KIDNEY TABLES	3/12/07	620				620	7 MO S/L	620	0
17	ROOM DIVIDERS	11/12/07	1,883				1,883	7 MO S/L	1,883	0
18	PRINTER	6/14/91	423				423	3 MO S/L	423	0
19	TELEPHONES	6/02/92	150				150	3 MO S/L	150	0
20	TYPEWRITER	6/02/92	5				5	3 MO S/L	5	0
21	COPIER	6/11/92	1,995				1,995	3 MO S/L	1,995	0
22	PARADOX SOFTWARE	6/19/92	160				160	3 MO S/L	160	0
23	WORDPERFECT, LOTUS	6/22/92	703				703	3 MO S/L	703	0
24	PARADOX & VIDEO	9/29/92	212				212	3 MO S/L	212	0
25	CALCULATOR	11/01/92	61				61	3 MO S/L	61	0
26	VACUUM	12/14/92	100				100	3 MO S/L	100	0
27	OVERHEAD PROJECTOR	2/01/93	105				105	3 MO S/L	105	0
28	FLOPPY DRIVE & CITIZEN	2/15/93	227				227	3 MO S/L	227	0
29	ANSWERING MACHINE	4/01/93	56				56	3 MO S/L	56	0
30	WORDPERFECT 6.0	9/28/93	95				95	3 MO S/L	95	0
31	2 COMPUTERS	1/31/94	1,800				1,800	3 MO S/L	1,800	0
32	VCR	3/07/94	130				130	3 MO S/L	130	0
33	PHONE SYSTEM	8/27/96	2,562				2,562	5 MO S/L	2,562	0
34	UNLINK	11/19/96	2,335				2,335	3 MO S/L	2,335	0
41	COMPUTER	1/01/01	1,000				1,000	3 MO S/L	1,000	0
42	IBM PC	1/01/01	1,400				1,400	3 MO S/L	1,400	0
43	LAPTOP IBM	1/01/01	2,000				2,000	3 MO S/L	2,000	0
44	5 PCs - ROCH PUBLIC SCHOOLS	1/01/01	5,000				5,000	5 MO S/L	5,000	0
45	VIDEOS - EDUCATIONAL	1/01/01	100				100	5 MO S/L	100	0
46	OVERHEAD SCREEN & CART	1/01/01	300				300	3 MO S/L	300	0
47	SOFTWARE	1/01/01	100				100	3 MO S/L	100	0
48	NETWORKING COMPUTERS	1/01/01	300				300	3 MO S/L	300	0
49	4 IBM THINKPADS	4/05/05	7,000				7,000	5 MO S/L	7,000	0
50	HP LASER PRINTER	4/05/05	795				795	5 MO S/L	795	0
51	EQUIPMENT	12/31/03	2,300				2,300	7 MO S/L	2,300	0
53	2 IBM PCs w/17" FLAT MONITORS	6/22/07	2,598				2,598	5 MO S/L	2,598	0
54	TV/VCR/DVD	2/14/07	246				246	5 MO S/L	246	0
55	PRINTER	6/06/07	231				231	5 MO S/L	231	0
56	METAL FILE INFO SYSTEMS	4/03/07	629				629	5 MO S/L	629	0
57	CAMERA	3/18/08	635				635	5 MO S/L	635	0
58	IBM DESKTOP & LAPTOP COMPUTERS	7/27/08	2,793				2,793	5 MO S/L	2,793	0
59	FILING CABINETS	7/21/09	1,943				1,943	7 MO S/L	1,502	278
60	COMPUTER	6/25/09	960				960	5 MO S/L	960	0
61	TECH SQUP EQUIP	7/20/10	531				531	5 MO S/L	469	62
62	DELL COMPUTER	12/15/10	989				989	5 MO S/L	808	181
63	LAPTOP	1/20/12	952				952	5 MO S/L	555	191
64	LAPTOP	1/20/12	847				847	5 MO S/L	494	169
65	BOOKSHELF	11/08/12	300				300	7 MO S/L	93	43

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
67	2 LAPTOPS	2/28/13	1,808		1,808	5 MO S/L	663	362
68	CHAIR	8/09/13	330		330	7 MO S/L	67	47
69	DELL COMPUTER	3/05/14	1,177		1,177	5 MO S/L	196	236
79	DELL COMPUTER - CR	5/31/15	922		922	5 MO S/L	0	108
Total Other Depreciation			<u>338,145</u>		<u>338,145</u>		<u>139,288</u>	<u>8,933</u>
Total ACRS and Other Depreciation			<u>338,145</u>		<u>338,145</u>		<u>139,288</u>	<u>8,933</u>
Amortization:								
52	DATABASE SOFTWARE	8/31/06	3,595		3,595	3 MO Amort	3,595	0
			<u>3,595</u>		<u>3,595</u>		<u>3,595</u>	<u>0</u>
Grand Totals			352,232		352,232		153,150	9,023
Less: Dispositions and Transfers			0		0		0	0
Less: Start-up/Org Expense			0		0		0	0
Net Grand Totals			<u>352,232</u>		<u>352,232</u>		<u>153,150</u>	<u>9,023</u>