

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning _____, and ending _____

41-1633734

Dyslexia Institute of MN, Inc.

Net Asset / Fund Balance at Beginning of Year		<u>2,765,320</u>
Revenue		
Contributions	<u>1,658,217</u>	
Program service revenue	<u>680,409</u>	
Investment income	<u>29,093</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u>944</u>	
Direct expenses	<u>1,329</u>	
Net income	<u>-385</u>	
Other income	<u>4,570</u>	
Total revenue		<u>2,371,904</u>
Expenses		
Program services	<u>837,683</u>	
Management and general	<u>180,517</u>	
Fundraising	<u>118,459</u>	
Total expenses		<u>1,136,659</u>
Excess / (deficit)		<u>1,235,245</u>
Changes		<u>12,669</u>
Net Asset / Fund Balance at End of Year		<u>4,013,234</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,384,573</u>
Less:	
Unrealized gains	<u>12,669</u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>2,371,904</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,136,659</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>1,136,659</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>3,083,645</u>	<u>4,597,639</u>	
Liabilities	<u>318,325</u>	<u>584,405</u>	
Net assets	<u>2,765,320</u>	<u>4,013,234</u>	<u>1,247,914</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/16/20
 Failure to file penalty _____

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Dyslexia Institute of MN, Inc.

D Employer identification number
41-1633734

Doing business as **The Reading Center**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2010 Scott RD NW

City or town, state or province, country, and ZIP or foreign postal code
Rochester MN 55901

E Telephone number
507-288-5271

G Gross receipts \$ **2,373,233**

F Name and address of principal officer:
Amy Davis

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.THEREADINGCENTER.ORG** **H(e)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1951** **M** State of legal domicile: **MN**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE READING CENTER IS A NONPROFIT EDUCATIONAL ORGANIZATION THAT TEACHES CHILDREN AND INDIVIDUALS WITH DYSLEXIA HOW TO READ, WRITE, AND SPELL USING EMPIRICALLY VALIDATED ORTON GILLINGHAM APPROACH.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **15**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **15**

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) **5** **40**

6 Total number of volunteers (estimate if necessary) **6** **35**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

7b Net unrelated business taxable income from Form 990-T, line 39 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,934,438	1,658,217
9 Program service revenue (Part VIII, line 2g)	648,631	680,409
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,698	29,093
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,948	4,185
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,605,715	2,371,904
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53,458	57,480
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	557,419	568,918
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,459		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	511,782	510,261
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,122,659	1,136,659
19 Revenue less expenses. Subtract line 18 from line 12	1,483,056	1,235,245
20 Total assets (Part X, line 16)	Beginning of Current Year 3,083,645	End of Year 4,597,639
21 Total liabilities (Part X, line 26)	318,325	584,405
22 Net assets or fund balances. Subtract line 21 from line 20	2,765,320	4,013,234

Part II Signature Block

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

Sign Here Signature of officer *Amy Davis* Date **9/25/20**
 Type or print name and title **Amy Davis Chair**

Paid Preparer Use Only

Print/Type preparer's name **Joseph M. Mahoney C.P.A.** Preparer's signature **Joseph M. Mahoney C.P.A.** Date **09/23/20** Check if self-employed if PTIN **P01262726**

Firm's name ▶ **Joseph M Mahoney C.P.A** Firm's EIN ▶ **31-1565996**

Firm's address ▶ **3265 19th St NW Ste 380 Rochester, MN 55901-6786** Phone no. **507-281-3061**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE READING CENTER IS A NONPROFIT EDUCATIONAL ORGANIZATION THAT TEACHES CHILDREN AND INDIVIDUALS WITH DYSLEXIA HOW TO READ, WRITE, AND SPELL USING EMPIRICALLY VALIDATED ORTON GILLINGHAM APPROACH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **605,357** including grants of \$ **49,503**) (Revenue \$ **541,540**)

ORTON GILLINGHAM THERAPY: ORTON GILLINGHAM THERAPY: 9,822 SESSIONS OF ORTON GILLINGHAM TUTORING FOR 199 STUDENTS WERE PROVIDED TO INCREASE THE STUDENTS' READING ABILITIES. THE READING CENTER CONDUCTED 152 NATIONALLY NORMED EDUCATIONAL EVALUATIONS AND 39 FREE READING READINESS SCREENINGS FOR STUDENTS WHO ARE STRUGGLING IN READING, PROVIDING NEEDED INSIGHT INTO THE NATURE OF THE READING DIFFICULTY. \$49,502 IN SCHOLARSHIPS FOR TUTORING AND TESTING WAS PROVIDED TO 18% OF STUDENTS IN NEED OF READING CENTER EXPERT EVALUATION AND INSTRUCTION.

4b (Code:) (Expenses \$ **57,886** including grants of \$ **2,565**) (Revenue \$ **28,705**)

SPECIALIZED CLASSES, INCLUDING BEST OF BASICS SUMMER PROGRAM: 56 STUDENTS WERE ENROLLED IN CLASSES WHERE CHILDREN ENGAGED THEIR MINDS EVERYDAY FOR A MONTH IN ORDER TO REINFORCE THE SKILLS THEY NEED FOR SUCCESS DURING THE SCHOOL YEAR. 8 ADDITIONAL MIDDLE AND HIGH SCHOOL AGED STUDENTS BENEFITTED FROM WRITING OR STUDY SKILLS CLASSES, AND 35 K-1ST GRADE STUDENTS LEARNED CRITICAL PRE-READING SKILLS IN PARENT/CHILD READING CLUBS, HELPING THEM TO ENTER GRADE SCHOOL READY TO READ.

4c (Code:) (Expenses \$ **141,165** including grants of \$ **5,131**) (Revenue \$ **98,577**)

EDUCATOR TRAINING: 52 EDUCATORS AND PARENTS LEARNED THE ORTON-GILLINGHAM (OG) APPROACH IN THE READING CENTER'S BASIC AND ADVANCED INSTITUTES (ONLINE AND INPERSON), ACCREDITED BY THE ORTON GILLINGHAM ACADEMY. \$5,131 IN TRAINING SCHOLARSHIPS WAS GRANTED IN 2019. THE READING CENTER PROVIDED 67 TEACHERS A 5 CLOCK HOUR ONLINE COURSE, DYSLEXIA 101 FOR THE CLASSROOM EDUCATOR, 48 PROFESSIONAL MEMBERSHIPS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ **33,275** including grants of \$ **281**) (Revenue \$ **11,587**)

4e Total program service expenses **837,683**

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

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	42
1b	

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 40		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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 Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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 contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
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.	15	
b	Enter the number of voting members included on line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MN**
- 18 Section 6104 requires an organization to make its Forms 1023 (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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 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.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **Dyslexia Institute of MN, Inc. 2010 Scott Rd. NW Rochester MN 55901 507-288-5271**

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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Carl Anderson	1.00									
Board Member	0.00	X					0	0	0	
(2) Elaine Bauman	1.00									
Board Member	0.00	X					0	0	0	
(3) Charles Brust	2.00									
Vice Chair	0.00	X		X			0	0	0	
(4) Paul Bucher	1.50									
Board Member	0.00	X					0	0	0	
(5) Danny Bucknell	1.00									
Treasurer	0.00	X		X			0	0	0	
(6) Marla Burhart	1.00									
Board Member	0.00	X					0	0	0	
(7) John Caldwell	1.00									
Board Member	0.00	X					0	0	0	
(8) Amy Davis	2.00									
Chair	0.00	X		X			0	0	0	
(9) Terri Edwards	3.50									
Board Member	0.00	X					0	0	0	
(10) Marcia Henry	1.50									
Board Member	0.00	X					0	0	0	
(11) Ginger Holmes	2.50									
Board Member	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Jean Osman	1.00									
Board Member	0.00	X					0	0	0	
(13) Joselyn Raymundo	1.00									
Board member	0.00	X					0	0	0	
(14) Ilaya RomeHopkins	2.00									
Secretary	0.00	X		X			0	0	0	
(15) Brittany Thompson	1.50									
past chair	0.00			X			0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	1,184,509		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	473,708		
	g Noncash contributions included in lines 1a-1f	1g	\$ 10,997		
	h Total. Add lines 1a-1f		1,658,217		
	Program Service Revenue	Business Code			
2a Tutoring			462,827	462,827	
b Training			100,302	100,302	
c Testing			78,713	78,713	
d Class Fees			38,567	38,567	
e					
f All other program service revenue					
g Total. Add lines 2a-2f		680,409			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		29,093		29,093
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real			
		(ii) Personal			
	b Less: rental expenses	6b			
	c Rental inc. or (loss)	6c			
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities			
		(ii) Other			
	b Less: cost or other basis and sales exps.	7b			
	c Gain or (loss)	7c			
	d Net gain or (loss)				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		944			
	b Less: direct expenses	8b	1,329		
	c Net income or (loss) from fundraising events		-385		
9a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances					
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	Business Code				
	11a Miscellaneous Income		4,570		4,570
	b				
	c				
	d All other revenue				
e Total. Add lines 11a-11d		4,570			
12 Total revenue. See instructions		2,371,904	680,409	0	33,663

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	57,480	57,480		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	485,572	291,342	121,393	72,837
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,300	6,780	2,825	1,695
9 Other employee benefits	19,565	11,740	4,892	2,933
10 Payroll taxes	52,481	31,489	13,120	7,872
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,988	1,747	5,241	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	231,616	231,616		
12 Advertising and promotion	17,574	17,574		
13 Office expenses	9,075	6,806	2,269	
14 Information technology				
15 Royalties				
16 Occupancy	10,265	7,699	2,566	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,924	7,924		
20 Interest	4,329	3,247	1,082	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,563	5,672	1,891	
23 Insurance	7,489	1,872	5,617	
24 Other expenses. Itemize expenses not covered 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.)				
a Class Expenses	108,015	108,015		
b Capital Campaign Expenses	52,215	26,108		26,107
c Miscellaneous	16,834	8,417	8,417	
d Repairs and Maintenance	10,989	8,242	2,747	
e All other expenses	19,385	3,913	8,457	7,015
25 Total functional expenses. Add lines 1 through 24e	1,136,659	837,683	180,517	118,459
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	127,301	1	81,593
	2	Savings and temporary cash investments	1,751,575	2	465,755
	3	Pledges and grants receivable, net	268,506	3	129,947
	4	Accounts receivable, net	29,692	4	40,314
	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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,056	8	1,056
	9	Prepaid expenses and deferred charges	4,485	9	4,172
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,880,246		
		10a			
	b	Less: accumulated depreciation	152,249	10c	3,727,997
		10b			
	11	Investments—publicly traded securities	762,680	11	96,573
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	49,830	15	50,232	
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,083,645	16	4,597,639	
Liabilities	17	Accounts payable and accrued expenses	18,469	17	38,099
	18	Grants payable		18	
	19	Deferred revenue	36,715	19	282,622
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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		22	
	23	Secured mortgages and notes payable to unrelated third parties	244,000	23	244,000
	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	19,141	25	19,684
	26	Total liabilities. Add lines 17 through 25	318,325	26	584,405
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	953,325	27	3,879,995
	28	Net assets with donor restrictions	1,811,995	28	133,239
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,765,320	32	4,013,234
33	Total liabilities and net assets/fund balances	3,083,645	33	4,597,639	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,371,904
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,136,659
3	Revenue less expenses. Subtract line 2 from line 1	3	1,235,245
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,765,320
5	Net unrealized gains (losses) on investments	5	12,669
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,013,234

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

Dyslexia Institute of MN, Inc.

Employer identification number

41-1633734

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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 university:
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2018 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	332,109	656,213	1,133,800	1,934,438	1,658,217	5,714,777
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	489,770	560,973	584,299	656,590	681,353	2,972,985
3 Gross receipts from activities that are not an unrelated trade or business under section 513	4,735	1,827	2,973	11,353	4,570	25,458
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	826,614	1,219,013	1,721,072	2,602,381	2,344,140	8,713,220
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	86,903	40,698				127,601
c Add lines 7a and 7b	86,903	40,698				127,601
8 Public support. (Subtract line 7c from line 6.)						8,585,619

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	826,614	1,219,013	1,721,072	2,602,381	2,344,140	8,713,220
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,024	3,049	3,173	9,698	29,093	49,037
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,024	3,049	3,173	9,698	29,093	49,037
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	830,638	1,222,062	1,724,245	2,612,079	2,373,233	8,762,257
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	97.98 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	97.23 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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.		
3b	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.		
3c	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.		
4b	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.		
4c	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).		
5b	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?		
5c	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 .		
9b	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 .		
9c	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.		
10b	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.)		

Part IV Supporting Organizations (continued)

	Yes	No
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 a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in 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

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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 organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
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 exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year.

Table with 4 columns: Section E - Distribution Allocations (lines 1-30), (i) Excess Distributions, (ii) Underdistributions Pre-2019, and (iii) Distributable Amount for 2019.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization Dyslexia Institute of MN, Inc.	Employer identification number 41-1633734
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Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 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 33¹/₃% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **Dyslexia Institute of MN, 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
1	Ginger and David Holmes 1122 21st Street NE Rochester MN 55904	\$ 16,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Mayo Clinic 2001st Street SW Rochester MN 55905	\$ 90,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Olmsted Medical Center 210 9th Street SE Rochester MN 55904	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Scottish Rite Childrens Foundation 2002 2nd St SW Rochester MN 55902	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Rochester Home Infusion 4404 Salem Road SW Rochester MN 55902	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Anna Mary, and Terry Peterson 1296 Windbreak Court NE Rochester MN 55906	\$ 22,222	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2019

Open to Public Inspection

Name of the organization

Dyslexia Institute of MN, 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (sub-rows 2a-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?, 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)?, 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - 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 |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance
- 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 XIII Yes No

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 end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ %
 - c Term 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:
- (i) Unrelated organizations
 - (ii) Related organizations
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		403,622		403,622
b Buildings		282,377	124,751	157,626
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				561,248

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)	
(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) Accrued Payroll Liabilities	19,684
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	19,684

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE I (Form 990)

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.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization

Dyslexia Institute of MN, 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? [X] 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.

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-9 are empty.

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

Schedule I (Form 990) (2019) **Dyslexia Institute of MN, Inc.** **41-1633734**
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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Tutor/Test Scholarships	46	49,503			
2 Institute Scholarships	8	5,131			
3 Reading Club Scholarships	2	281			
4 Summer/Misc Scholarships	3	2,565			
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 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.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Dyslexia Institute of MN, Inc.

Employer identification number

41-1633734

Form 990, Part III, Line 4d - All Other Accomplishments

OUTREACH: 4,810 PARENTS AND OTHERS ATTENDED ONE OF 15 FREE OUTREACH
EDUCATIONAL PRESENTATIONS AND DISPLAYS OFFERED BY THE READING CENTER.

Form 990, Part VI, 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

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Organizational documents will be made available upon request, subject to

Name of the organization

Employer identification number

Dyslexia Institute of MN, Inc.

41-1633734

approval by the Board of Directors

Form 990, Part IX, Line 11g - Other Fees for Services

Description

Tot/Prog Service

Mgt & General

Fundraising

Tutors/Evaluators

\$ 231,616

\$ 0

\$ 0

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

Dyslexia Institute of MN, 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)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,563

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2019 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	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	7,563
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

41-1633734

Federal Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
55	DataBase Software	8/31/06	3,595			3,595	3 HY 200DB	3,595	0
72	Building In Progress	6/01/18	193,765			193,765	39 MMS/L	0	0
			<u>197,360</u>			<u>197,360</u>		<u>3,595</u>	<u>0</u>
Other Depreciation:									
1	Building	10/02/02	281,997			281,997	39 MO S/L	117,197	7,231
2	Tile	4/03/07	380			380	15 MO S/L	298	25
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
13	Art	1/01/01	500			500	10 MO S/L	500	0
14	Childrens 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 Table	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	Filing Cabinets	7/21/09	1,943			1,943	7 MO S/L	1,943	0
19	Bookshelf	11/08/12	300			300	7 MO S/L	264	36
20	Chairs	8/09/13	330			330	7 MO S/L	255	47
28	Calculator	11/01/92	61			61	3 MO S/L	61	0
30	Overhead Projector	2/01/93	105			105	3 MO S/L	105	0
36	Phone System	8/27/96	2,562			2,562	5 MO S/L	2,562	0
48	Video - Educational	1/01/01	100			100	5 MO S/L	100	0
49	Overhead Screen	1/01/01	300			300	3 MO S/L	300	0
53	HP Laser Printer	4/05/05	795			795	5 MO S/L	795	0
54	Equipment	12/31/03	2,300			2,300	7 MO S/L	2,300	0
57	TV/VCR/DVD	2/14/07	246			246	5 MO S/L	246	0
58	Printer	6/06/07	231			231	5 MO S/L	231	0
59	MetaFile Info Systems	4/03/07	629			629	5 MO S/L	629	0
60	Camera	3/18/08	635			635	5 MO S/L	635	0
63	Tech Soup Equipment	7/20/10	531			531	5 MO S/L	531	0
64	Dell Computer	12/15/10	989			989	5 MO S/L	989	0
65	LabTop	1/20/12	952			952	5 MO S/L	952	0
66	Labtop	1/20/12	847			847	5 MO S/L	847	0
67	LabTop	2/01/12	780			780	5 MO 200DB	780	0
68	2 labtops	2/28/13	1,808			1,808	5 MO S/L	1,808	0
69	Dell Computer	3/05/14	1,177			1,177	5 MO S/L	1,138	39
70	Dell Computer	5/31/15	922			922	5 MO S/L	661	185
71	Land	11/04/17	403,622			403,622	0 -- Land	0	0
	Total Other Depreciation		<u>710,005</u>			<u>710,005</u>		<u>141,090</u>	<u>7,563</u>
	Total ACRS and Other Depreciation		<u>710,005</u>			<u>710,005</u>		<u>141,090</u>	<u>7,563</u>
	Grand Totals		907,365			907,365		144,685	7,563
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>907,365</u>			<u>907,365</u>		<u>144,685</u>	<u>7,563</u>

41-1633734

MN Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
Prior MACRS:								
55	DataBase Software	8/31/06	3,595	3,595	3,595	0	0	0
72	Building In Progress	6/01/18	193,765	193,765	0	0	0	0
			<u>197,360</u>	<u>197,360</u>	<u>3,595</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
1	Building	10/02/02	281,997	281,997	117,197	7,231	7,231	0
2	Tile	4/03/07	380	380	298	25	25	0
3	Bookshelves	5/19/92	300	300	300	0	0	0
4	Chairs	9/29/92	45	45	45	0	0	0
5	counter Materials	9/29/92	25	25	25	0	0	0
6	Bookshelves	11/30/93	255	255	255	0	0	0
7	Bookshelves Staining	4/30/94	160	160	160	0	0	0
8	Sign & Permit	10/31/94	405	405	405	0	0	0
9	TableTop Display	11/06/95	300	300	300	0	0	0
13	Art	1/01/01	500	500	500	0	0	0
14	Childrens Furniture	1/01/01	100	100	100	0	0	0
15	Equipment	12/31/06	870	870	870	0	0	0
16	Kidney Table	3/12/07	620	620	620	0	0	0
17	Room Dividers	11/12/07	1,883	1,883	1,883	0	0	0
18	Filing Cabinets	7/21/09	1,943	1,943	1,943	0	0	0
19	Bookshelf	11/08/12	300	300	264	36	36	0
20	Chairs	8/09/13	330	330	255	47	47	0
28	Calculator	11/01/92	61	61	61	0	0	0
30	Overhead Projector	2/01/93	105	105	105	0	0	0
36	Phone System	8/27/96	2,562	2,562	2,562	0	0	0
48	Video - Educational	1/01/01	100	100	100	0	0	0
49	Overhead Screen	1/01/01	300	300	300	0	0	0
53	HP Laser Printer	4/05/05	795	795	795	0	0	0
54	Equipment	12/31/03	2,300	2,300	2,300	0	0	0
57	TV/VCR/DVD	2/14/07	246	246	246	0	0	0
58	Printer	6/06/07	231	231	231	0	0	0
59	MetaFile Info Systems	4/03/07	629	629	629	0	0	0
60	Camera	3/18/08	635	635	635	0	0	0
63	Tech Soup Equipment	7/20/10	531	531	531	0	0	0
64	Dell Computer	12/15/10	989	989	989	0	0	0
65	LabTop	1/20/12	952	952	952	0	0	0
66	Labtop	1/20/12	847	847	847	0	0	0
67	LabTop	2/01/12	780	780	780	0	0	0
68	2 labtops	2/28/13	1,808	1,808	1,808	0	0	0
69	Dell Computer	3/05/14	1,177	1,177	1,138	39	39	0
70	Dell Computer	5/31/15	922	922	661	185	185	0
71	Land	11/04/17	403,622	403,622	0	0	0	0
	Total Other Depreciation		<u>710,005</u>	<u>710,005</u>	<u>141,090</u>	<u>7,563</u>	<u>7,563</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>710,005</u>	<u>710,005</u>	<u>141,090</u>	<u>7,563</u>	<u>7,563</u>	<u>0</u>
	Grand Totals		907,365	907,365	144,685	7,563	7,563	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>907,365</u>	<u>907,365</u>	<u>144,685</u>	<u>7,563</u>	<u>7,563</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Building	10/02/02	0				0	0	HY	0	0
2	Tile	4/03/07	0				0	0	HY	0	0
3	Bookshelves	5/19/92	0				0	0	HY	0	0
4	Chairs	9/29/92	0				0	0	HY	0	0
5	counter Materials	9/29/92	0				0	0	HY	0	0
6	Bookshelves	11/30/93	0				0	0	HY	0	0
7	Bookshelves Staining	4/30/94	0				0	0	HY	0	0
8	Sign & Permit	10/31/94	0				0	0	HY	0	0
9	TableTop Display	11/06/95	0				0	0	HY	0	0
13	Art	1/01/01	0				0	0	HY	0	0
14	Childrens Furniture	1/01/01	0				0	0	HY	0	0
15	Equipment	12/31/06	0				0	0	HY	0	0
16	Kidney Table	3/12/07	0				0	0	HY	0	0
17	Room Dividers	11/12/07	0				0	0	HY	0	0
18	Filing Cabinets	7/21/09	0				0	0	HY	0	0
19	Bookshelf	11/08/12	0				0	0	HY	0	0
20	Chairs	8/09/13	0				0	0	HY	0	0
28	Calculator	11/01/92	0				0	0	HY	0	0
30	Overhead Projector	2/01/93	0				0	0	HY	0	0
36	Phone System	8/27/96	0				0	0	HY	0	0
48	Video - Educational	1/01/01	0				0	0	HY	0	0
49	Overhead Screen	1/01/01	0				0	0	HY	0	0
53	HP Laser Printer	4/05/05	0				0	0	HY	0	0
54	Equipment	12/31/03	0				0	0	HY	0	0
55	DataBase Software	8/31/06	0				0	0	HY	0	0
57	TV/VCR/DVD	2/14/07	0				0	0	HY	0	0
58	Printer	6/06/07	0				0	0	HY	0	0
59	MetaFile Info Systems	4/03/07	0				0	0	HY	0	0
60	Camera	3/18/08	0				0	0	HY	0	0
63	Tech Soup Equipment	7/20/10	0				0	0	HY	0	0
64	Dell Computer	12/15/10	0				0	0	HY	0	0
65	LabTop	1/20/12	0				0	0	HY	0	0
66	Labtop	1/20/12	0				0	0	HY	0	0
67	LabTop	2/01/12	0				0	0	HY	0	0
68	2 labtops	2/28/13	0				0	0	HY	0	0
69	Dell Computer	3/05/14	0				0	0	HY	0	0
70	Dell Computer	5/31/15	0				0	0	HY	0	0
71	Land	11/04/17	0				0	0	HY	0	0
72	Building In Progress	6/01/18	0				0	0	HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		0				0			0	0
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

D130 Dyslexia Institute of MN, Inc.

09/23/2020 2:26 PM

41-1633734

Depreciation Adjustment Report

FYE: 12/31/2019

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
55	DataBase Software	8/31/06	3,595	0	0
72	Building In Progress	6/01/18	193,765	4,844	0
			<u>197,360</u>	<u>4,844</u>	<u>0</u>
<u>Other Depreciation:</u>					
1	Building	10/02/02	281,997	7,231	0
2	Tile	4/03/07	380	25	0
3	Bookshelves	5/19/92	300	0	0
4	Chairs	9/29/92	45	0	0
5	counter Materials	9/29/92	25	0	0
6	Bookshelves	11/30/93	255	0	0
7	Bookshelves Staining	4/30/94	160	0	0
8	Sign & Permit	10/31/94	405	0	0
9	TableTop Display	11/06/95	300	0	0
13	Art	1/01/01	500	0	0
14	Childrens Furniture	1/01/01	100	0	0
15	Equipment	12/31/06	870	0	0
16	Kidney Table	3/12/07	620	0	0
17	Room Dividers	11/12/07	1,883	0	0
18	Filing Cabinets	7/21/09	1,943	0	0
19	Bookshelf	11/08/12	300	0	0
20	Chairs	8/09/13	330	28	0
28	Calculator	11/01/92	61	0	0
30	Overhead Projector	2/01/93	105	0	0
36	Phone System	8/27/96	2,562	0	0
48	Video - Educational	1/01/01	100	0	0
49	Overhead Screen	1/01/01	300	0	0
53	HP Laser Printer	4/05/05	795	0	0
54	Equipment	12/31/03	2,300	0	0
57	TV/VCR/DVD	2/14/07	246	0	0
58	Printer	6/06/07	231	0	0
59	MetaFile Info Systems	4/03/07	629	0	0
60	Camera	3/18/08	635	0	0
63	Tech Soup Equipment	7/20/10	531	0	0
64	Dell Computer	12/15/10	989	0	0
65	LabTop	1/20/12	952	0	0
66	Labtop	1/20/12	847	0	0
67	LabTop	2/01/12	780	0	0
68	2 labtops	2/28/13	1,808	0	0
69	Dell Computer	3/05/14	1,177	0	0
70	Dell Computer	5/31/15	922	76	0
71	Land	11/04/17	403,622	0	0
	Total Other Depreciation		<u>710,005</u>	<u>7,360</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>710,005</u>	<u>7,360</u>	<u>0</u>
	Grand Totals		<u>907,365</u>	<u>12,204</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MN</u>
<u>Prior MACRS:</u>				
55	DataBase Software	8/31/06	3,595	0
72	Building In Progress	6/01/18	193,765	4,844
			<u>197,360</u>	<u>4,844</u>
<u>Other Depreciation:</u>				
1	Building	10/02/02	281,997	7,231
2	Tile	4/03/07	380	25
3	Bookshelves	5/19/92	300	0
4	Chairs	9/29/92	45	0
5	counter Materials	9/29/92	25	0
6	Bookshelves	11/30/93	255	0
7	Bookshelves Staining	4/30/94	160	0
8	Sign & Permit	10/31/94	405	0
9	TableTop Display	11/06/95	300	0
13	Art	1/01/01	500	0
14	Childrens Furniture	1/01/01	100	0
15	Equipment	12/31/06	870	0
16	Kidney Table	3/12/07	620	0
17	Room Dividers	11/12/07	1,883	0
18	Filing Cabinets	7/21/09	1,943	0
19	Bookshelf	11/08/12	300	0
20	Chairs	8/09/13	330	28
28	Calculator	11/01/92	61	0
30	Overhead Projector	2/01/93	105	0
36	Phone System	8/27/96	2,562	0
48	Video - Educational	1/01/01	100	0
49	Overhead Screen	1/01/01	300	0
53	HP Laser Printer	4/05/05	795	0
54	Equipment	12/31/03	2,300	0
57	TV/VCR/DVD	2/14/07	246	0
58	Printer	6/06/07	231	0
59	MetaFile Info Systems	4/03/07	629	0
60	Camera	3/18/08	635	0
63	Tech Soup Equipment	7/20/10	531	0
64	Dell Computer	12/15/10	989	0
65	LabTop	1/20/12	952	0
66	Labtop	1/20/12	847	0
67	LabTop	2/01/12	780	0
68	2 labtops	2/28/13	1,808	0
69	Dell Computer	3/05/14	1,177	0
70	Dell Computer	5/31/15	922	76
71	Land	11/04/17	403,622	0
	Total Other Depreciation		<u>710,005</u>	<u>7,360</u>
	Total ACRS and Other Depreciation		<u>710,005</u>	<u>7,360</u>
	Grand Totals		<u>907,365</u>	<u>12,204</u>

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning _____, ending _____		

Name **Dyslexia Institute of MN, Inc.** Taxpayer Identification Number **41-1633734**

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	1,934,438	473,708	-1,460,730
	2. Membership dues and assessments			
	3. Government contributions and grants		1,184,509	1,184,509
	4. Program service revenue	648,631	680,409	31,778
	5. Investment income	9,698	29,093	19,395
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	-2,860	-385	2,475
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	4,455		-4,455
	11. Other revenue	11,353	4,570	-6,783
	12. Total revenue. Add lines 1 through 11	2,605,715	2,371,904	-233,811
Expenses	13. Grants and similar amounts paid	53,458	57,480	4,022
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	557,419	568,918	11,499
	17. Professional fundraising fees			
	18. Other professional fees	239,175	238,604	-571
	19. Occupancy, rent, utilities, and maintenance	10,601	10,265	-336
	20. Depreciation and Depletion	7,825	7,563	-262
	21. Other expenses	254,181	253,829	-352
	22. Total expenses. Add lines 13 through 21	1,122,659	1,136,659	14,000
	23. Excess or (Deficit). Subtract line 22 from line 12	1,483,056	1,235,245	-247,811
Other Information	24. Total exempt revenue	2,605,715	2,371,904	-233,811
	25. Total unrelated revenue			
	26. Total excludable revenue	674,137	714,072	39,935
	27. Total assets	3,083,645	4,597,639	1,513,994
	28. Total liabilities	318,325	584,405	266,080
	29. Retained earnings	2,765,320	4,013,234	1,247,914
	30. Number of voting members of governing body	14	15	
	31. Number of independent voting members of governing body	14	15	
	32. Number of employees	48	40	
	33. Number of volunteers		35	

Form 990 Tax Return History 2019

Name **Dyslexia Institute of MN, Inc.** Employer Identification Number **41-1633734**

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants		656,213	1,133,800	1,934,438	1,658,217	
Membership dues						
Program service revenue		541,649	574,451	648,631	680,409	
Capital gain or loss						
Investment income		3,049	3,173	9,698	29,093	
Fundraising revenue (income/loss)		8,416	-5,540	-2,860	-385	
Gaming revenue (income/loss)						
Other revenue		7,876	8,584	15,808	4,570	
Total revenue		1,217,203	1,714,468	2,605,715	2,371,904	
Grants and similar amounts paid		73,907	58,955	53,458	57,480	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		447,351	516,180	557,419	568,918	
Professional fees		230,320	208,593	239,175	238,604	
Occupancy costs		8,706	9,140	10,601	10,265	
Depreciation and depletion		8,738	8,203	7,825	7,563	
Other expenses		266,082	197,355	254,181	253,829	
Total expenses		1,035,104	998,426	1,122,659	1,136,659	
Excess or (Deficit)		182,099	716,042	1,483,056	1,235,245	
Total exempt revenue		1,217,203	1,714,468	2,605,715	2,371,904	
Total unrelated revenue						
Total excludable revenue		552,574	586,208	674,137	714,072	
Total Assets		652,611	1,366,475	3,083,645	4,597,639	
Total Liabilities		84,417	72,339	318,325	584,405	
Net Fund Balances		568,194	1,294,136	2,765,320	4,013,234	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 29,093					
Total	\$ 29,093			14		

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Tutors/Evaluators	\$ 231,616	231,616	\$	\$
Total	\$ 231,616	231,616	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Bank and Credit Card Fees	\$ 7,554	\$	7,554	\$
Special Events	7,015	2,709	903	7,015
Copier Expense	3,612	1,204		
Inventory	1,204			
Total	\$ 19,385	3,913	\$ 8,457	\$ 7,015

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
Olmsted County Grant/ State Bond	\$ 1,184,509
Ginger and David Holmes Cash Contribution	285,386
Mayo Clinic	16,100
Cash Contribution	90,000
Olmsted Medical Center Cash Contribution	5,000
Scottish Rite Childrens Foundation Cash Contribution	30,000
Rochester Home Infusion Cash Contribution	25,000
Anna Mary, and Terry Peterson Cash Contribution	22,222
Total	<u>\$ 1,658,217</u>

Schedule A, Part III, Line 2(e)

Description	Amount
Tutoring	\$ 462,827
Testing	78,713
Class Fees	38,567
Training	100,302
Unrealized Gain on Investment	944
Inventory Sales	681,353
Special Events	944
Total	<u>\$ 681,353</u>

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Federal Statements

Schedule A, Part III, Line 3(e)

Description	Amount
Miscellaneous Income	\$ 4,570
Total	\$ 4,570

Federal Statements**Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
2016	\$ 52,919	\$ 40,698
2015	95,209	86,903
Total	\$ <u>148,128</u>	\$ <u>127,601</u>

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Federal Statements

Schedule A, Part III, Line 10a(e)

Description	Amount
Total	\$ 29,093
	\$ 29,093