

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

41-1633734

Dyslexia Institute of MN, Inc.

Net Asset / Fund Balance at Beginning of Year		<u>1,294,136</u>
Revenue		
Contributions	<u>1,934,438</u>	
Program service revenue	<u>648,631</u>	
Investment income	<u>9,698</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>3,072</u>	
Direct expenses	<u>5,932</u>	
Net income	<u>-2,860</u>	
Other income	<u>15,808</u>	
Total revenue		<u>2,605,715</u>
Expenses		
Program services	<u>813,073</u>	
Management and general	<u>173,266</u>	
Fundraising	<u>136,320</u>	
Total expenses		<u>1,122,659</u>
Excess / (deficit)		<u>1,483,056</u>
Changes		<u>-11,872</u>
Net Asset / Fund Balance at End of Year		<u>2,765,320</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,600,207</u>
Less:	
Unrealized gains	<u>-11,872</u>
Donated services	
Recoveries	
Other	<u>6,364</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>2,605,715</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,129,023</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>6,364</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>1,122,659</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,366,475</u>	<u>3,083,645</u>	
Liabilities	<u>72,339</u>	<u>318,325</u>	
Net assets	<u>1,294,136</u>	<u>2,765,320</u>	<u>1,471,184</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/19
Failure to file penalty _____

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2018
Open to Public Inspection

▶ 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.

A For the 2018 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.**
 Doing business as: **The Reading Center**
 Number and street (or P.O. box if mail is not delivered to street address): **847 5th Street NW**
 City or town, state or province, country, and ZIP or foreign postal code: **Rochester MN 55901**

D Employer identification number: **41-1633734**

E Telephone number: **507-288-5271**

G Gross receipts \$: **2,612,079**

F Name and address of principal officer:
Brittany Thompson
847 5th Street NW
Rochester, MN 55901

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**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1951** **M** State of legal domicile: **MN**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	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 DYSLLEXIA HOW TO READ, WRITE, AND SPELL USING EMPIRICALLY VALIDATED METHODS		
	2 Check this box <input type="checkbox"/> 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)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	48
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 38	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,133,800 Current Year: 1,934,438
	9	Program service revenue (Part VIII, line 2g)	574,451 648,631
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,173 9,698
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,044 12,948
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,714,468 2,605,715
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)	516,180 557,419
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 136,320	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	423,291 511,782
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	998,426 1,122,659	
19	Revenue less expenses. Subtract line 18 from line 12	716,042 1,483,056	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,366,475 End of Year: 3,083,645
	21	Total liabilities (Part X, line 26)	72,339 318,325
	22	Net assets or fund balances. Subtract line 21 from line 20	1,294,136 2,765,320

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: *Brittany Thompson* Date: **9-25-19**
Brittany Thompson Chair
 Type or print name and title

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: **08/22/19** Check if self-employed 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

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 \$ **528,957** including grants of \$ **39,352**) (Revenue \$ **515,336**)

ORTON GILLINGHAM THERAPY: ORTON GILLINGHAM THERAPY: 9,107 SESSIONS OF ORTON GILLINGHAM TUTORING FOR 189 STUDENTS WERE PROVIDED TO INCREASE THE STUDENTS' READING ABILITIES. THE READING CENTER CONDUCTED 107 NATIONALLY NORMED EDUCATIONAL EVALUATIONS AND 31 FREE READING READINESS SCREENINGS FOR STUDENTS WHO ARE STRUGGLING IN READING, PROVIDING NEEDED INSIGHT INTO THE NATURE OF THE READING DIFFICULTY. \$39,352 IN SCHOLARSHIPS FOR TUTORING AND TESTING WAS PROVIDED TO 15% OF STUDENTS IN NEED OF READING CENTER EXPERT EVALUATION AND INSTRUCTION.

4b (Code:) (Expenses \$ **82,066** including grants of \$ **1,246**) (Revenue \$ **37,850**)

SPECIALIZED CLASSES, INCLUDING BEST OF BASICS SUMMER PROGRAM: 47 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. 11 ADDITIONAL MIDDLE AND HIGH SCHOOL AGED STUDENTS BENEFITTED FROM WRITING OR STUDY SKILLS CLASSES, AND 24 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 \$ **168,566** including grants of \$ **12,860**) (Revenue \$ **95,446**)

EDUCATOR TRAINING: 48 EDUCATORS AND PARENTS LEARNED THE ORTON-GILLINGHAM (OG) APPROACH IN THE READING CENTER'S BASIC AND ADVANCED INSTITUTES, ACCREDITED BY THE ACADEMY OF ORTON GILLINGHAM PRACTITIONERS AND EDUCATORS. \$12,860 IN TRAINING SCHOLARSHIPS WAS GRANTED IN 2018. IN 2018, THE READING CENTER LAUNCHED AN ENTIRELY ONLINE VERSION OF BASIC OG INSTITUTE, ALLOWING PEOPLE THE CONVENIENCE OF TAKING THIS COURSE FROM THEIR HOMES, BUT WITH THE SAME RIGOR AS THE INPERSON COURSE. IN 2018, THE READING CENTER ALSO LAUNCHED A COMPLETELY ONLINE, 5 CLOCK HOUR COURSE, DYSLEXIA 101 FOR CLASSROOM EDUCATORS. 32 EDUCATORS TOOK THE COURSE.

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

(Expenses \$ **33,484** including grants of \$) (Revenue \$ **7,959**)

4e Total program service expenses **813,073**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		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? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
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?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36			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? If "Yes," complete Schedule R, Part VI		X
37			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	
38		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		
1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			

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	48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
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?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			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?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			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?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
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? <i>Note.</i> 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 in 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 4720, 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 in 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 in Schedule O.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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, or 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 in Schedule O		X
	g		

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?		
	10b		
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	
	12c		
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	
	15b		
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?		
	16b		

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 in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
Dyslexia Institute of MN, Inc. 847 5th Street 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.

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

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

(A) Name and Title	(B) 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) Paul Bucher	0.00									
Board Member	0.00	X					0	0	0	
(2) Danny Bucknell	0.00									
Treasurer	0.00	X		X			0	0	0	
(3) John Caldwell	0.00									
Board Member	0.00	X					0	0	0	
(4) Amy Davis	0.00									
Vice-Chair	0.00	X		X			0	0	0	
(5) Terri Edwards	0.00									
Board Member	0.00	X					0	0	0	
(6) Marcia Henry	0.00									
Board Member	0.00	X					0	0	0	
(7) Kirk Kottschade	0.00									
Past Chair	0.00	X					0	0	0	
(8) Jean Osman	0.00									
Board Member	0.00	X					0	0	0	
(9) Brittany Thompson	0.00									
Chair	0.00	X		X			0	0	0	
(10) Ginger Holmes	0.00									
Board Member	0.00	X					0	0	0	
(11) Charles Brust	0.00									
Secretary	0.00	X		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) Carl Anderson	0.00									
Board Member	0.00	X						0	0	0
(13) Dick Devlin	0.00									
Board Member	0.00	X						0	0	0
(14) Ilaya RomeHopkins	1.00									
Board Member	0.00	X						0	0	0
1b Sub-total										
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, or 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					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	1,934,438				
	g	Noncash contributions included in lines 1a-1f: \$	192,377				
	h	Total. Add lines 1a-1f	1,934,438				
Program Service Revenue			Busn. Code				
	2a	Tutoring	433,923	433,923			
	b	Training	95,446	95,446			
	c	Testing	81,412	81,412			
	d	Class Fees	37,850	37,850			
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	648,631				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	9,698			9,698	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
		Gross rents					
	b	Less: rental exps.					
	c	Rental inc. or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis & sales exps.					
	c	Gain or (loss)					
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	3,072					
b	Less: direct expenses	5,932					
c	Net income or (loss) from fundraising events	-2,860					
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances		4,887				
	Less: cost of goods sold		432				
	Net income or (loss) from sales of inventory		4,455	4,455			
Miscellaneous Revenue		Busn. Code					
11a	Miscellaneous Income		11,353			11,353	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		11,353				
12	Total revenue. See instructions.		2,605,715	653,086	0	21,051	

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	53,458	53,458		
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	479,055	287,432	119,764	71,859
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,742	6,445	2,686	1,611
9 Other employee benefits	18,092	10,856	4,523	2,713
10 Payroll taxes	49,530	29,719	12,382	7,429
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,788	1,697	5,091	
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.)	232,387	232,387		
12 Advertising and promotion	17,429	17,429		
13 Office expenses	7,321	5,490	1,831	
14 Information technology				
15 Royalties				
16 Occupancy	10,601	7,951	2,650	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,248	8,248		
20 Interest	3,963	2,972	991	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,825	5,867	1,958	
23 Insurance	6,845	1,711	5,134	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Class Expenses	100,116	100,116		
b Capital Campaign Expenses	42,625	21,313		21,312
c Special Events	31,396			31,396
d Repairs and Maintenance	9,858	7,394	2,464	
e All other expenses	26,380	12,588	13,792	
25 Total functional expenses. Add lines 1 through 24e	1,122,659	813,073	173,266	136,320
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	86,526	1	127,301
	2	Savings and temporary cash investments	647,924	2	1,751,575
	3	Pledges and grants receivable, net	272,190	3	268,506
	4	Accounts receivable, net	39,984	4	29,692
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,488	8	1,056
	9	Prepaid expenses and deferred charges	3,043	9	4,485
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	907,365		
		10a			
	b	Less: accumulated depreciation	144,685	10c	762,680
		10b			
	11	Investments—publicly traded securities	93,335	11	88,520
	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	43,867	15	49,830	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,366,475	16	3,083,645	
Liabilities	17	Accounts payable and accrued expenses	16,017	17	18,469
	18	Grants payable		18	
	19	Deferred revenue	38,695	19	36,715
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		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	17,627	25	19,141
	26	Total liabilities. Add lines 17 through 25	72,339	26	318,325
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	802,762	27	953,325
	28	Temporarily restricted net assets	491,374	28	1,811,995
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,294,136	33	2,765,320	
34	Total liabilities and net assets/fund balances	1,366,475	34	3,083,645	

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	2,605,715
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,122,659
3	Revenue less expenses. Subtract line 2 from line 1	3	1,483,056
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,294,136
5	Net unrealized gains (losses) on investments	5	-11,872
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,765,320

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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

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

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2018. 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 <input type="checkbox"/>		
b 33 1/3% support test—2017. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	239,577	332,109	656,213	1,133,800	1,934,438	4,296,137
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	465,414	489,770	560,973	584,299	656,590	2,757,046
3 Gross receipts from activities that are not an unrelated trade or business under section 513	3,024	4,735	1,827	2,973	11,353	23,912
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	708,015	826,614	1,219,013	1,721,072	2,602,381	7,077,095
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	44,669	86,903	40,698			172,270
c Add lines 7a and 7b	44,669	86,903	40,698			172,270
8 Public support. (Subtract line 7c from line 6.)						6,904,825

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	708,015	826,614	1,219,013	1,721,072	2,602,381	7,077,095
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,635	4,024	3,049	3,173	9,698	24,579
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,635	4,024	3,049	3,173	9,698	24,579
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.)	712,650	830,638	1,222,062	1,724,245	2,612,079	7,101,674
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 2018 (line 8, column (f), divided by line 13, column (f))	15	97.23%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	94.85%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2018.** 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—2017.** 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.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

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? <i>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.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
2		

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)? <i>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).</i>		
1		

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

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 <i>(see instructions)</i> .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
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? <i>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.</i>		
2a		
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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

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

Area with horizontal dotted lines for supplemental information.

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

Schedule of Contributors

OMB No. 1545-0047

2018

▶ 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	Dr. William Bardsley 769 Sierra Lane NE Rochester MN 55906	\$ 10,553	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Dorothy Callahan 211 2nd Street NW, Rochester MN 55901	\$ 6,658	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Carl & Verna Schmidt Foundation P.O. Box 638 Rochester MN 55901	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Sue Christenson 1010 West Lakwook Avenue Lake City MN 55041	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Terri B. Edwards MD 811 Fox Pointe Lane SW Rochester MN 55902	\$ 26,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Mayo Clinic 200 First Street SW Rochester MN 55905	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Dyslexia Institute of 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
7	Jean Osman 211 2nd Street NW Rochester MN 55901	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Otto Bremer Foundation 30 East 7th Street Suite 2900 St. Paul MN 55101	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Scottish Rite Children's Foundation 2002 Second Street SW Rochester MN 55902	\$ 58,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Becky Sperling 835 Fox Pointe Lane Rochester MN 55902	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Ginger and David Holmes 1122 21st Street NE Rochester MN 55904	\$ 11,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Rochester Plumbing and Heating Co. Greg Nesler 2840 Wilder Road NW Rochester MN 55901	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Dyslexia Institute of 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
13	Sharon & Jeff Rome 1556 Salem Court SW Rochester MN 55902	\$ 6,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Think Bank 5200 Members Parkway NW Rochester MN 55901	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Rochester Concrete Products 7200 N. Hwy 63 Rochester MN 55906	\$ 6,667	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Powers Venture Joe Powers 2112 2nd Street SW Rochester MN 55902	\$ 28,403	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Sloan Family Foundation 722 Northern Heights Drive NE Rochester MN 55906	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Golden Rule Family Foundations 5500 Preston Road Suite 290 Dallas TX 75205	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Dyslexia Institute of 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
19	Asimoula And Andreas Constantinou 12 Agiou Gabriel P.O. Box 8048 Tel Aviv	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	Crutchfield Dermatology Foundation 1185 Town Centre Drive Suite 101 St. Paul MN 55124	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	Harper Family Foundation 6625 State Street Omaha NE 68152	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Jean Jacobs 25560 W. Wildemess Road Brainerd MN 56401	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Ford & Catherine Nicholson 6 Fifth Street West Suite 200 St. Paul MN 55102	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Pat Noseworthy 821 8th Ave SW Rochester MN 55902	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **Dyslexia Institute of 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
25	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.)
26	Premier Banks 3145 Wellner Drive NE Rochester MN 55906	\$ 7,917	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	Marquerite K. Smith	\$ 12,436	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Nan & Gerry Snyder P.O. Box 270 Ely MN 55731	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Donn E. Sorensen 320 N Central Ave Clayton MO 63105	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Eileen Thorpe 2020 16th Street NE Rochester MN 55906	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Dyslexia Institute of 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
31	Sharon Tuntland 21228 Quit Haven Court Land O Lakes FL 34637	\$ 8,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	Fay VanVliet 3704 3rd Place NW Rochester MN 55901	\$ 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	Ellen & John Villa 5335 Falmouth Road Bethesda MD 20816	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	Northwest Investments LLC	\$ 168,230	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	Fox47 6301 Brandel Road NW Rochester MN 55901	\$ 16,823	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Dyslexia Institute of MN, Inc.	Employer identification number 41-1633734
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
34	Land	\$ 168,230	
35	Media Sponsors	\$ 16,823	
		\$	
		\$	
		\$	
		\$	

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

2018

Open to Public Inspection

Name of the organization

Employer identification number

Dyslexia Institute of MN, Inc.

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: 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part 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 are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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 Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (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	117,495	164,882
c Leasehold improvements				
d Equipment		27,601	27,190	411
e Other		193,765		193,765
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				762,680

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	19,141	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,600,207
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-11,872	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	6,364	
e	Add lines 2a through 2d		2e	-5,508
3	Subtract line 2e from line 1		3	2,605,715
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,605,715

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

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

1	Total expenses and losses per audited financial statements		1	1,129,023
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	6,364	
e	Add lines 2a through 2d		2e	6,364
3	Subtract line 2e from line 1		3	1,122,659
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,122,659

Part XIII Supplemental Information.

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Cost of Good Sold	\$	432
Special Event	\$	5,932

Part XII, Line 2d - Expense Amounts Included in Financials - Other

cost of Goods Sold	\$	432
Special Event	\$	5,932

Part XIII Supplemental Information *(continued)*

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (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
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

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

DAA

Schedule I (Form 990) (2018) **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		39,352			
2 Institute Scholarships		12,860			
3 Reading Club Scholarships		269			
4 Summer/Misc Scholarships		977			
5					
6					
7					

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

SCHOLARSHIPS ARE AWARDED ONLY FOR THE READING CENTER'S PROGRAMS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Dyslexia Institute of MN, Inc.

Employer identification number

41-1633734

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	3	192,377	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

	Yes	No
30a		X
31		X
32a		X

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

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

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

b If "Yes," describe in Part II.

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

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

2018

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: 71 PARENTS AND OTHERS ATTENDED ONE OF 22 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	\$ 232,387	\$ 0	\$ 0

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Cost of Good Sold		\$ 432
Special Event		\$ 5,932
cost of Goods Sold		\$ -432
Special Event		\$ -5,932

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2018

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	1,000,000
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	2,500,000
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 2017 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 2019. 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	7,825

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 2018	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 2018 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 2018 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	7,825
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** (2018)

There are no amounts for Page **2**

41-1633734

Federal Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Non-Residential Real Property:											
72	Building In Progress	6/01/18	193,765				193,765	39	MMS/L	0	0
			<u>193,765</u>				<u>193,765</u>			<u>0</u>	<u>0</u>
Prior MACRS:											
55	DataBase Software	8/31/06	3,595				3,595	3	HY 200DB	3,595	0
			<u>3,595</u>				<u>3,595</u>			<u>3,595</u>	<u>0</u>
Other Depreciation:											
1	Building	10/02/02	281,997				281,997	39	MO S/L	109,967	7,230
2	Tile	4/03/07	380				380	15	MO S/L	272	26
3	Bookshelves	5/19/92	300				300	5	MO S/L	300	0
4	Chairs	9/29/92	45				45	3	MO S/L	45	0
5	counter Materials	9/29/92	25				25	3	MO S/L	25	0
6	Bookshelves	11/30/93	255				255	3	MO S/L	255	0
7	Bookshelves Staining	4/30/94	160				160	3	MO S/L	160	0
8	Sign & Permit	10/31/94	405				405	7	MO S/L	405	0
9	TableTop Display	11/06/95	300				300	3	MO S/L	300	0
10	Work center	9/30/96	550				550	7	MO S/L	550	0
	Mass Sale: 10/18/18										
11	TV & VCR	1/01/01	350				350	5	MO S/L	350	0
	Mass Sale: 10/18/18										
12	Picnic Table	1/01/01	100				100	5	MO S/L	100	0
	Mass Sale: 10/18/18										
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	221	43
20	Chairs	8/09/13	330				330	7	MO S/L	208	47
21	Printer	6/14/91	423				423	3	MO S/L	423	0
	Mass Sale: 10/18/18										
22	Telephone	6/02/92	150				150	3	MO S/L	150	0
	Mass Sale: 10/18/18										
23	typewriter	6/02/92	5				5	3	MO S/L	5	0
	Mass Sale: 10/18/18										
24	Copier	6/11/92	1,995				1,995	3	MO S/L	1,995	0
	Mass Sale: 10/18/18										
25	Paradox Software	6/19/92	160				160	3	MO S/L	160	0
	Mass Sale: 10/18/18										
26	Work Perfect, lotus	6/22/92	703				703	3	MO S/L	703	0
	Mass Sale: 10/18/18										
27	Paradox Video	9/29/92	212				212	3	MO S/L	212	0
	Mass Sale: 10/18/18										
28	Calculator	11/01/92	61				61	3	MO S/L	61	0
29	Vacuum	12/14/92	100				100	3	MO S/L	100	0
	Mass Sale: 10/18/18										
30	Overhead Projector	2/01/93	105				105	3	MO S/L	105	0
31	Floppy Drive & Citizen	2/15/93	227				227	3	MO S/L	227	0
	Mass Sale: 10/18/18										
32	Answering Machine	4/01/93	56				56	3	MO S/L	56	0
	Mass Sale: 10/18/18										
33	Word Perfect	9/28/93	95				95	3	MO S/L	95	0
	Mass Sale: 10/18/18										
34	2 computers	1/31/94	1,800				1,800	3	MO S/L	1,800	0
	Mass Sale: 10/18/18										
35	VCR	3/07/94	130				130	3	MO S/L	130	0
	Mass Sale: 10/18/18										
36	Phone System	8/27/96	2,562				2,562	5	MO S/L	2,562	0
37	unilink	11/19/96	2,335				2,335	3	MO S/L	2,335	0
	Mass Sale: 10/18/18										
38	Copier	5/27/98	4,365				4,365	7	MO200DB	4,365	0
	Mass Sale: 10/18/18										
39	Printer	6/30/98	398				398	7	MO200DB	398	0

41-1633734

Federal Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
40	IBM Computer	Mass Sale: 10/18/18 6/30/98	1,352			1,352	3 MO200DB	1,352	0
41	IBM Computer	Mass Sale: 10/18/18 7/31/98	1,300			1,300	3 MO200DB	1,300	0
42	IBM Computer	Mass Sale: 10/18/18 10/31/98	1,647			1,647	3 MO200DB	1,647	0
43	Computer	Mass Sale: 10/18/18 1/01/00	650			650	3 MO200DB	650	0
44	Computer	Mass Sale: 10/18/18 1/01/01	1,000			1,000	3 MO S/L	1,000	0
45	IBM PC	Mass Sale: 10/18/18 1/01/01	1,400			1,400	3 MO S/L	1,400	0
46	LabTop IBM	Mass Sale: 10/18/18 1/01/01	2,000			2,000	3 MO S/L	2,000	0
47	5 pc's roch public schools	Mass Sale: 10/18/18 1/01/01	5,000			5,000	5 MO S/L	5,000	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
50	Software	1/01/01	100			100	3 MO S/L	100	0
51	Networking Computers	Mass Sale: 10/18/18 1/01/01	300			300	3 MO S/L	300	0
52	4 IBM Thinkpads	Mass Sale: 10/18/18 4/05/05	7,000			7,000	5 MO S/L	7,000	0
53	HP Laser Printer	Mass Sale: 10/18/18 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
56	2 IBM PC w/17 Flat Monitor	Mass Sale: 10/18/18 6/22/07	2,598			2,598	5 MO S/L	2,598	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
61	IBM Desktop & Labtop Comp	7/27/08	2,793			2,793	5 MO S/L	2,793	0
62	Computer	Mass Sale: 10/18/18 6/25/09	960			960	5 MO S/L	960	0
63	Tech Soup Equipment	Mass Sale: 10/18/18 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 MO200DB	780	0
68	2 labtops	2/28/13	1,808			1,808	5 MO S/L	1,748	60
69	Dell Computer	3/05/14	1,177			1,177	5 MO S/L	903	235
70	Dell Computer	5/31/15	922			922	5 MO S/L	477	184
71	Land	11/04/17	403,622			403,622	0 -- Land	0	0
Total Other Depreciation			<u>752,259</u>			<u>752,259</u>		<u>175,519</u>	<u>7,825</u>
Total ACRS and Other Depreciation			<u>752,259</u>			<u>752,259</u>		<u>175,519</u>	<u>7,825</u>
Grand Totals			949,619			949,619		179,114	7,825
Less: Dispositions and Transfers			42,254			42,254		42,254	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>907,365</u>			<u>907,365</u>		<u>136,860</u>	<u>7,825</u>

41-1633734

MN Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
<u>Non-Residential Real Property:</u>								
72	Building In Progress	6/01/18	193,765	193,765	0	0	0	0
			<u>193,765</u>	<u>193,765</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Prior MACRS:</u>								
55	DataBase Software	8/31/06	3,595	3,595	3,595	0	0	0
			<u>3,595</u>	<u>3,595</u>	<u>3,595</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Other Depreciation:</u>								
1	Building	10/02/02	281,997	281,997	109,967	7,230	7,230	0
2	Tile	4/03/07	380	380	272	26	26	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
10	Work center	9/30/96	550	550	550	0	0	0
	Mass Sale: 10/18/18							
11	TV & VCR	1/01/01	350	350	350	0	0	0
	Mass Sale: 10/18/18							
12	Picnic Table	1/01/01	100	100	100	0	0	0
	Mass Sale: 10/18/18							
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	221	43	43	0
20	Chairs	8/09/13	330	330	208	47	47	0
21	Printer	6/14/91	423	423	423	0	0	0
	Mass Sale: 10/18/18							
22	Telephone	6/02/92	150	150	150	0	0	0
	Mass Sale: 10/18/18							
23	typewriter	6/02/92	5	5	5	0	0	0
	Mass Sale: 10/18/18							
24	Copier	6/11/92	1,995	1,995	1,995	0	0	0
	Mass Sale: 10/18/18							
25	Paradox Software	6/19/92	160	160	160	0	0	0
	Mass Sale: 10/18/18							
26	Work Perfect, lotus	6/22/92	703	703	703	0	0	0
	Mass Sale: 10/18/18							
27	Paradox Video	9/29/92	212	212	212	0	0	0
	Mass Sale: 10/18/18							
28	Calculator	11/01/92	61	61	61	0	0	0
29	Vacuum	12/14/92	100	100	100	0	0	0
	Mass Sale: 10/18/18							
30	Overhead Projector	2/01/93	105	105	105	0	0	0
31	Floppy Drive & Citizen	2/15/93	227	227	227	0	0	0
	Mass Sale: 10/18/18							
32	Answering Machine	4/01/93	56	56	56	0	0	0
	Mass Sale: 10/18/18							
33	Word Perfect	9/28/93	95	95	95	0	0	0
	Mass Sale: 10/18/18							
34	2 computers	1/31/94	1,800	1,800	1,800	0	0	0
	Mass Sale: 10/18/18							
35	VCR	3/07/94	130	130	130	0	0	0
	Mass Sale: 10/18/18							
36	Phone System	8/27/96	2,562	2,562	2,562	0	0	0
37	unilink	11/19/96	2,335	2,335	2,335	0	0	0
	Mass Sale: 10/18/18							
38	Copier	5/27/98	4,365	4,365	4,365	0	0	0
	Mass Sale: 10/18/18							
39	Printer	6/30/98	398	398	398	0	0	0

41-1633734

MN Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
40	IBM Computer	6/30/98	1,352	1,352	1,352	0	0	0
	Mass Sale: 10/18/18							
41	IBM Computer	7/31/98	1,300	1,300	1,300	0	0	0
	Mass Sale: 10/18/18							
42	IBM Computer	10/31/98	1,647	1,647	1,647	0	0	0
	Mass Sale: 10/18/18							
43	Computer	1/01/00	650	650	650	0	0	0
	Mass Sale: 10/18/18							
44	Computer	1/01/01	1,000	1,000	1,000	0	0	0
	Mass Sale: 10/18/18							
45	IBM PC	1/01/01	1,400	1,400	1,400	0	0	0
	Mass Sale: 10/18/18							
46	LabTop IBM	1/01/01	2,000	2,000	2,000	0	0	0
	Mass Sale: 10/18/18							
47	5 pc's roch public schools	1/01/01	5,000	5,000	5,000	0	0	0
	Mass Sale: 10/18/18							
48	Video - Educational	1/01/01	100	100	100	0	0	0
49	Overhead Screen	1/01/01	300	300	300	0	0	0
50	Software	1/01/01	100	100	100	0	0	0
	Mass Sale: 10/18/18							
51	Networking Computers	1/01/01	300	300	300	0	0	0
	Mass Sale: 10/18/18							
52	4 IBM Thinkpads	4/05/05	7,000	7,000	7,000	0	0	0
	Mass Sale: 10/18/18							
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
56	2 IBM PC w/17 Flat Monitor	6/22/07	2,598	2,598	2,598	0	0	0
	Mass Sale: 10/18/18							
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
61	IBM Desktop & Labtop Comp	7/27/08	2,793	2,793	2,793	0	0	0
	Mass Sale: 10/18/18							
62	Computer	6/25/09	960	960	960	0	0	0
	Mass Sale: 10/18/18							
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	1,748	60	60	0
69	Dell Computer	3/05/14	1,177	1,177	903	235	235	0
70	Dell Computer	5/31/15	922	922	477	184	184	0
71	Land	11/04/17	403,622	403,622	0	0	0	0
	Total Other Depreciation		<u>752,259</u>	<u>752,259</u>	<u>175,519</u>	<u>7,825</u>	<u>7,825</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>752,259</u>	<u>752,259</u>	<u>175,519</u>	<u>7,825</u>	<u>7,825</u>	<u>0</u>
	Grand Totals		949,619	949,619	179,114	7,825	7,825	0
	Less: Dispositions		42,254	42,254	42,254	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>136,860</u>	<u>7,825</u>	<u>7,825</u>	<u>0</u>

41-1633734

AMT Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
45	IBM PC	1/01/01	0				0	0	HY	0	0
	Mass Sale: 10/18/18										
46	LabTop IBM	1/01/01	0				0	0	HY	0	0
	Mass Sale: 10/18/18										
47	5 pc's roch public schools	1/01/01	0				0	0	HY	0	0
	Mass Sale: 10/18/18										
48	Video - Educational	1/01/01	0				0	0	HY	0	0
49	Overhead Screen	1/01/01	0				0	0	HY	0	0
50	Software	1/01/01	0				0	0	HY	0	0
	Mass Sale: 10/18/18										
51	Networking Computers	1/01/01	0				0	0	HY	0	0
	Mass Sale: 10/18/18										
52	4 IBM Thinkpads	4/05/05	0				0	0	HY	0	0
	Mass Sale: 10/18/18										
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
56	2 IBM PC w/17 Flat Monitor	6/22/07	0				0	0	HY	0	0
	Mass Sale: 10/18/18										
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
61	IBM Desktop & Labtop Comp	7/27/08	0				0	0	HY	0	0
	Mass Sale: 10/18/18										
62	Computer	6/25/09	0				0	0	HY	0	0
	Mass Sale: 10/18/18										
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>

Depreciation Adjustment Report

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>
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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>
Prior MACRS:					
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>
Other Depreciation:					
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	36	0
20	Chairs	8/09/13	330	47	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	39	0
70	Dell Computer	5/31/15	922	185	0
71	Land	11/04/17	403,622	0	0
	Total Other Depreciation		<u>710,005</u>	<u>7,563</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>710,005</u>	<u>7,563</u>	<u>0</u>
	Grand Totals		<u>907,365</u>	<u>12,407</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MN</u>
Prior MACRS:				
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>
Other Depreciation:				
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	36
20	Chairs	8/09/13	330	47
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	39
70	Dell Computer	5/31/15	922	185
71	Land	11/04/17	403,622	0
	Total Other Depreciation		<u>710,005</u>	<u>7,563</u>
	Total ACRS and Other Depreciation		<u>710,005</u>	<u>7,563</u>
	Grand Totals		<u>907,365</u>	<u>12,407</u>

Form **990****Two Year Comparison Report****2017 & 2018**

For calendar year 2018, or tax year beginning

, ending

Name

Taxpayer Identification Number

Dyslexia Institute of MN, Inc.**41-1633734**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1,133,800	1,934,438	800,638
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	574,451	648,631	74,180
	5. Investment income	3,173	9,698	6,525
	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	-5,540	-2,860	2,680
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	5,611	4,455	-1,156
	11. Other revenue	2,973	11,353	8,380
	12. Total revenue. Add lines 1 through 11	1,714,468	2,605,715	891,247
Expenses	13. Grants and similar amounts paid	58,955	53,458	-5,497
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	516,180	557,419	41,239
	17. Professional fundraising fees			
	18. Other professional fees	208,593	239,175	30,582
	19. Occupancy, rent, utilities, and maintenance	9,140	10,601	1,461
	20. Depreciation and Depletion	8,203	7,825	-378
	21. Other expenses	197,355	254,181	56,826
	22. Total expenses. Add lines 13 through 21	998,426	1,122,659	124,233
	23. Excess or (Deficit). Subtract line 22 from line 12	716,042	1,483,056	767,014
Other Information	24. Total exempt revenue	1,714,468	2,605,715	891,247
	25. Total unrelated revenue			
	26. Total excludable revenue	586,208	674,137	87,929
	27. Total assets	1,366,475	3,083,645	1,717,170
	28. Total liabilities	72,339	318,325	245,986
	29. Retained earnings	1,294,136	2,765,320	1,471,184
	30. Number of voting members of governing body		14	
31. Number of independent voting members of governing body		14		
32. Number of employees	39	48		
33. Number of volunteers				

Form **990****Tax Return History****2018**

Name

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

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants			656,213	1,133,800	1,934,438	
Membership dues						
Program service revenue			541,649	574,451	648,631	
Capital gain or loss						
Investment income			3,049	3,173	9,698	
Fundraising revenue (income/loss)			8,416	-5,540	-2,860	
Gaming revenue (income/loss)						
Other revenue			7,876	8,584	15,808	
Total revenue			1,217,203	1,714,468	2,605,715	
Grants and similar amounts paid			73,907	58,955	53,458	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			447,351	516,180	557,419	
Professional fees			230,320	208,593	239,175	
Occupancy costs			8,706	9,140	10,601	
Depreciation and depletion			8,738	8,203	7,825	
Other expenses			266,082	197,355	254,181	
Total expenses			1,035,104	998,426	1,122,659	
Excess or (Deficit)			182,099	716,042	1,483,056	
Total exempt revenue			1,217,203	1,714,468	2,605,715	
Total unrelated revenue						
Total excludable revenue			552,574	586,208	674,137	
Total Assets			652,611	1,366,475	3,083,645	
Total Liabilities			84,417	72,339	318,325	
Net Fund Balances			568,194	1,294,136	2,765,320	

41-1633734

Federal Statements

FYE: 12/31/2018

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>
	\$ 9,698		14			
Total	\$ 9,698					

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	\$ 232,387	232,387	\$	\$
Total	<u>\$ 232,387</u>	<u>232,387</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Property Tax	\$ 8,367	6,275	2,092	\$
Miscellaneous	7,676	3,838	3,838	\$
Bank and Credit Card Fees	7,037	2,475	7,037	\$
Copier Expense	3,300	12,588	825	\$
Total	<u>\$ 26,380</u>	<u>12,588</u>	<u>\$ 13,792</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
Dr. William Bardsley Cash Contribution	\$ 161,151
Dorothy Callahan Cash Contribution	10,553
Carl & Verna Schmidt Foundation Cash Contribution	6,658
Sue Christenson Cash Contribution	50,000
Terri B. Edwards MD Cash Contribution	8,000
Mayo Clinic Cash Contribution	26,700
Jean Osman Cash Contribution	80,000
Otto Bremer Foundation Cash Contribution	5,000
Scottish Rite Children's Foundation Cash Contribution	125,000
Becky Sperling Cash Contribution	58,000
Ginger and David Holmes Cash Contribution	10,000
Sponsorship-Advertising Rochester Plumbing and Heating Co. Cash Contribution	11,100
Sharon & Jeff Rome Cash Contribution	6,000
Think Bank Cash Contribution	6,200
Rochester Concrete Products Cash Contribution	14,000
Powers Venture Cash Contribution	6,667
Sloan Family Foundation Cash Contribution	28,403
Golden Rule Family Foundations	5,000

Federal Statements

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
Cash Contribution	\$ 25,000
Asimoula And Andreas Constantinou	
Cash Contribution	5,000
Crutchfield Dermatology Foundation	
Cash Contribution	5,000
Harper Family Foundation	
Cash Contribution	1,000,000
Jean Jacobs	
Cash Contribution	6,000
Ford & Catherine Nicholson	
Cash Contribution	5,000
Pat Noseworthy	
Cash Contribution	20,000
Olmsted Medical Center	
Cash Contribution	5,000
Premier Banks	
Cash Contribution	7,917
Marguerite K. Smith	
Cash Contribution	12,436
Nan & Gerry Snyder	
Cash Contribution	11,000
Donn E. Sorensen	
Cash Contribution	5,000
Eileen Thorpe	
Cash Contribution	5,000
Sharon Tuntland	
Cash Contribution	8,500
Fay VanVliet	
Cash Contribution	5,100
Ellen & John Villa	
Cash Contribution	5,000
Northwest Investments LLC	
Land	168,230
Fox47	
Media Sponsors	16,823
Total	<u>\$ 1,934,438</u>

Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
Tutoring	\$ 433,923
Testing	81,412
Class Fees	37,850
Training	95,446
Unrealized Gain on Investment	4,887
Inventory Sales	3,072
Special Events	
Total	\$ 656,590

Schedule A, Part III, Line 3(e)

Description	Amount
Miscellaneous Income	\$ 11,353
Total	\$ 11,353

41-1633734

Federal Statements

FYE: 12/31/2018

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
2014	51,796	44,669
Total	\$ <u>199,924</u>	\$ <u>172,270</u>

Federal Statements

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

Description	Amount
Total	\$ 9,698
	\$ 9,698

Minnesota Return Summary

For calendar year 2018, or taxable period beginning _____, and ending _____

41-1633734

Dyslexia Institute of MN, Inc.

Income

Federal taxable income		
Additions		
Subtractions		
Income subject to apportionment		
Income apportionment factor		
Minnesota taxable net income		
Net operating loss		
Deductions		
Taxable income		

Tax Computation

Regular tax		
Proxy tax		
Credits against tax		
Nongame wildlife fund donation		
Total tax		

Payments / Refundable Credits / Penalties

Payments / refundable credits		
Failure to file penalty		
Failure to pay penalty		
Late filing interest		
M15NP penalty		
Total payments / penalties		

Overpayment credited to next year's estimated tax

Refund

Tax due

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return

Return / extended due date

Charitable Organization

Total revenue	<u>2,605,715</u>
Total expenses	<u>1,122,659</u>
Total Assets	<u>3,083,645</u>
Total liabilities	<u>318,325</u>

Amended return

Return / extended due date 11/15/19

Filing fee	25
Late filing fee	
Total	25

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information

Legal Name of Organization Dyslexia Institute of MN, Inc.

Federal EIN: 41-1633734

Fiscal Year-End: 12/31/2018

mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address:

Contact Person

847 5th Street NW

Street Address

Rochester MN 55901

City, State, and Zip Code

507-288-5271

Phone Number

ggrinnell@thereadingcenter.org

Email Address

Physical Address:

Contact Person

847 5th Street NW

Street Address

Rochester MN 55901

City, State, and Zip Code

Phone Number

Email Address

1. Organization's website: WWW.THEREADINGCENTER.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ _____

6. Has the organization's tax-exempt status with the IRS changed?

Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

Yes No If yes, attach explanation.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
 If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
Street Address	City, State, and Zip Code

10. Is the organization a food shelf? Yes No
 If yes, is the organization required to file an audit? Yes, audit attached No
Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
 If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ <u>1,934,438</u> 1
2. Government Grants	\$ _____ 2
3. Program Service Revenue	\$ <u>648,631</u> 3
4. Other Revenue	\$ <u>22,646</u> 4
5. TOTAL INCOME	\$ <u>2,605,715</u> 5

EXPENSES

6. Program Expenses	\$ <u>813,073</u> 6
7. Management & General Expenses	\$ <u>173,266</u> 7
8. Fund-raising Expenses	\$ <u>136,320</u> 8
9. TOTAL EXPENSES	\$ <u>1,122,659</u> 9
10. EXCESS or DEFICIT (Line 5 minus Line 9)	\$ <u>1,483,056</u> 10

ASSETS

11. Cash	\$ <u>1,878,876</u> 11
12. Land, Buildings & Equipment	\$ <u>762,680</u> 12
13. Other Assets	\$ <u>442,089</u> 13
14. TOTAL ASSETS	\$ <u>3,083,645</u> 14

LIABILITIES

15. Accounts Payable	\$ <u>18,469</u> 15
16. Grants Payable	\$ _____ 16
17. Other Liabilities	\$ <u>299,856</u> 17
18. TOTAL LIABILITIES	\$ <u>318,325</u> 18

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

\$ 2,765,320

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
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				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d.				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the chair (Title) and (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the (Board of Directors, Trustees, or Managing Group) adopted on the day of , 20 , approving the contents of the document, and do hereby certify that the (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Brittany Thompson

Name (Print)

Signature

Chair

Title

Date

Name (Print)

Signature

Title

Date