

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

Dyslexia Institute of MN, Inc.

-*3734

Net Asset / Fund Balance at Beginning of Year		<u>4,811,817</u>
Revenue		
Contributions	<u>445,207</u>	
Program service revenue	<u>853,282</u>	
Investment income	<u>12,197</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>149,072</u>	
Total revenue		<u>1,459,758</u>
Expenses		
Program services	<u>1,098,348</u>	
Management and general	<u>265,052</u>	
Fundraising	<u>102,456</u>	
Total expenses		<u>1,465,856</u>
Excess / (deficit)		<u>-6,098</u>
Changes		<u>12,752</u>
Net Asset / Fund Balance at End of Year		<u><u>4,818,471</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,472,510</u>
Less:	
Unrealized gains	<u>12,752</u>
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>1,459,758</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,465,856</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>1,465,856</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>4,900,812</u>	<u>4,892,470</u>	
Liabilities	<u>88,995</u>	<u>73,999</u>	
Net assets	<u><u>4,811,817</u></u>	<u><u>4,818,471</u></u>	<u>6,654</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/22
 Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filer

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20 _____

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

2021

Name and title of officer or person subject to tax
Dyslexia Institute of MN, Inc.
Charles Brust
Chair

EIN or SSN
****-***3734**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,459,758</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Joseph M Mahoney C.P.A. to enter my PIN 20212 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 08/31/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Joseph M. Mahoney C.P.A.

Date ▶ 08/31/22

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2021 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) Room/suite
2010 Scott RD NW

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

D Employer identification number
****-***3734**

E Telephone number
507-288-5271

G Gross receipts \$ **1,459,758**

F Name and address of principal officer:
Charles Brust

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 ▶

H(c) Group exemption number ▶

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

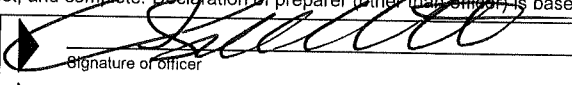
Part I Summary

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 DYSLEXIA HOW TO READ, WRITE, AND SPELL USING THE ORTON GILLINGHAM APPROACH, WHICH ALIGNS WITH THE SCIENCE OF READING.				
	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)			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			
	6	Total number of volunteers (estimate if necessary)			
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
	Revenue			Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)	956,570	445,207
9		Program service revenue (Part VIII, line 2g)	757,783	853,282	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	229,060	12,197	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174,010	149,072	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,117,423	1,459,758	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
		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)	612,406	631,339
		16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	102,456		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	713,785	834,517	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,326,191	1,465,856	
	19	Revenue less expenses. Subtract line 18 from line 12	791,232	-6,098	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,900,812	4,892,470
		21	Total liabilities (Part X, line 26)	88,995	73,999
22		Net assets or fund balances. Subtract line 21 from line 20	4,811,817	4,818,471	

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:  Date: **9/28/22**

Charles Brust 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: **09/22/22**

Check if PTIN self-employed *****

Firm's name ▶ **Joseph M Mahoney C.P.A** Firm's EIN ▶ **** - ***5996**

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

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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 THE ORTON GILLINGHAM APPROACH, WHICH ALIGNS WITH THE SCIENCE OF READING

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 \$ **727,567** including grants of \$ **85,497**) (Revenue \$ **674,728**)

ORTON GILLINGHAM THERAPY: 13030 SESSIONS OF ORTON GILLINGHAM TUTORING FOR 206 STUDENTS WERE PROVIDED TO INCREASE THE STUDENTS' READING ABILITIES. THE READING CENTER CONDUCTED 111 NATIONALLY NORMED EDUCATIONAL EVALUATIONS AND 24 FREE READING READINESS SCREENINGS FOR STUDENTS WHO ARE STRUGGLING IN READING, PROVIDING NEEDED INSIGHT INTO THE NATURE OF THE READING DIFFICULTY. \$85,497 IN SCHOLARSHIPS FOR TUTORING AND TESTING WAS PROVIDED TO 18% OF STUDENTS IN NEED OF READING CENTER EXPERT EVALUATION AND INSTRUCTION.

4b (Code:) (Expenses \$ **49,152** including grants of \$ **315**) (Revenue \$ **26,647**)

SPECIALIZED CLASSES, INCLUDING BEST OF BASICS SUMMER PROGRAM: 60 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 8 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 \$ **219,345** including grants of \$ **15,592**) (Revenue \$ **151,907**)

EDUCATOR TRAINING: 53 EDUCATORS AND PARENTS LEARNED THE ORTON-GILLINGHAM (OG) APPROACH IN THE READING CENTER'S BASIC AND ADVANCED INSTITUTES (ONLINE), ACCREDITED BY THE ORTON GILLINGHAM ACADEMY. \$15,592 IN TRAINING SCHOLARSHIPS WAS GRANTED IN 2021. THE READING CENTER PROVIDED 2,817 TEACHERS A 5 CLOCK HOUR ONLINE COURSE, DYSLEXIA 101 FOR THE CLASSROOM EDUCATOR, 61 PROFESSIONAL MEMBERSHIPS AND 118 OG LESSON PLANNING HUB SUBSCRIPTION.

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

(Expenses \$ **102,284** including grants of \$) (Revenue \$)

4e Total program service expenses **1,098,348**

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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		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
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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
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
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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
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
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	46		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</i>	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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 ▶ <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</i>				
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: See the instructions for additional information the organization must report on Schedule O.</i>	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? <i>If "No," provide an explanation on Schedule O</i>	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? <i>If "Yes," see instructions and file Form 4720, Schedule N.</i>	15		X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16		X	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
b	Describe on 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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MN**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **Dyslexia Institute of MN, Inc. 2010 Scott Rd. NW Rochester MN 55901**

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) Anna Mary Peterson	0.00									
Board Member	0.00	X						0	0	
(13) Joselyn Raymundo	0.00									
Board member	0.00	X						0	0	
(14) Joel Traver	0.00									
Board Member	0.00	X						0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	445,207				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,551				
	h Total. Add lines 1a-1f		445,207				
Program Service Revenue	2a Tutoring	Business Code	594,783	594,783			
	b Training		151,907	151,907			
	c Testing		79,945	79,945			
	d Class Fees		26,647	26,647			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		853,282				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,197			12,197	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real (ii) Personal				
		b Less: rental expenses	6b				
		c Rental inc. or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
		b Less: cost or other basis and sales exps.	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
		c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a PPP Forgiveness	Business Code	144,145	144,145			
	b Miscellaneous Income		3,952			3,952	
	c Special Event 70th Anniversary		975	975			
	d All other revenue						
	e Total. Add lines 11a-11d		149,072				
12 Total revenue. See instructions		1,459,758	998,402	0	16,149		

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				
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	542,382	325,428	135,596	81,358
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,202	7,321	3,051	1,830
9 Other employee benefits	20,545	12,328	5,137	3,080
10 Payroll taxes	56,210	33,727	14,052	8,431
11 Fees for services (nonemployees):				
a Management	16,276	4,069	12,207	
b Legal				
c Accounting	8,329	2,082	6,247	
d Lobbying	6,000	1,499	4,501	
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.)	300,740	300,740		
12 Advertising and promotion	15,548	15,548		
13 Office expenses	31,181	23,384	7,797	
14 Information technology				
15 Royalties				
16 Occupancy	13,679	10,259	3,420	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,302	5,302		
20 Interest	1,045	784	261	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	121,405	91,049	30,356	
23 Insurance	17,889	4,472	13,417	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Class Expenses	126,709	126,709		
b Scholarship	101,403	101,403		
c Miscellaneous	30,230	15,115	15,115	
d Repairs and Maintenance	18,994	14,246	4,748	
e All other expenses	19,787	2,883	9,147	7,757
25 Total functional expenses. Add lines 1 through 24e	1,465,856	1,098,348	265,052	102,456
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	161,407	1	201,181	
	2	Savings and temporary cash investments	747,279	2	467,673	
	3	Pledges and grants receivable, net	34,454	3	15,000	
	4	Accounts receivable, net	40,191	4	37,167	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	1,080	8	1,080	
	9	Prepaid expenses and deferred charges	12,821	9	14,821	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,937,967		
	b	Less: accumulated depreciation	10b	250,319	10c	3,687,648
	11	Investments—publicly traded securities	101,605	11	407,766	
	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	55,050	15	60,134	
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,900,812	16	4,892,470		
Liabilities	17	Accounts payable and accrued expenses	39,138	17	26,203	
	18	Grants payable		18		
	19	Deferred revenue	28,295	19	26,249	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	21,562	25	21,547	
	26	Total liabilities. Add lines 17 through 25	88,995	26	73,999	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	4,790,031	27	4,818,471	
	28	Net assets with donor restrictions	21,786	28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	4,811,817	32	4,818,471	
33	Total liabilities and net assets/fund balances	4,900,812	33	4,892,470		

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	1,459,758
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,465,856
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,098
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,811,817
5	Net unrealized gains (losses) on investments	5	12,752
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,818,471

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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Dyslexia Institute of MN, Inc.

Employer identification number

****-***3734**

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test—2021; 16b 33 1/3% support test—2020; 17a 10%-facts-and-circumstances test—2021; 17b 10%-facts-and-circumstances test—2020; 18 Private foundation.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,133,800	1,934,438	1,658,217	956,570	445,207	6,128,232
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	584,299	656,590	681,353	921,719	998,402	3,842,363
3 Gross receipts from activities that are not an unrelated trade or business under section 513	2,973	11,353	4,570	10,074	3,952	32,922
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	1,721,072	2,602,381	2,344,140	1,888,363	1,447,561	10,003,517
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						10,003,517

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	1,721,072	2,602,381	2,344,140	1,888,363	1,447,561	10,003,517
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,173	9,698	29,093	7,574	12,197	61,735
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,173	9,698	29,093	7,574	12,197	61,735
11 Net income from unrelated business activities not included on 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.)	1,724,245	2,612,079	2,373,233	1,895,937	1,459,758	10,065,252

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.39%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.05%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	1%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	1%

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2 regarding governing body and supported organizations.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1 regarding directors/trustees.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding support provided and relationships.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a [] The organization satisfied the Activities Test. Complete line 2 below.
b [] The organization is the parent of each of its supported organizations. Complete line 3 below.
c [] The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 3a, 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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—provide details in Part VI)	
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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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 input.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021

Name of the organization: Dyslexia Institute of MN, Inc. Employer identification number: **-***3734

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization

Dyslexia Institute of MN, Inc.

Employer identification number

-*3734

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ginger and David Holmes 1122 21st Street NE Rochester MN 55904	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Mayo Clinic 2001st Street SW Rochester MN 55905	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Olmsted Medical Center 210 9th Street SE Rochester MN 55904	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Scottish Rite Childrens Foundation 2002 2nd St SW Rochester MN 55902	\$ 35,425	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Anna Mary and Terry Peterson 1296 Windbreak Court NE Rochester MN 55906	\$ 32,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Mike and Joy Fogarty 211 2nd Street NW Apt 1703 Rochester MN 55901	\$ 8,100	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

-*3734

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	Joselyn Raymundo & Sean McCauley 4404 Salem Road SW Rochester MN 55902	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Rochester Plumbing and Heating Co 2840 Wilder Road NW Rochester MN 55901	\$ 31,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Steve and Shelley Sperling 6910 Buckthorn Drive NW Rochester MN 55901	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Eugene Keller 4514 20th Street SE Rochester MN 55904	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Don & Barb Prow 2033 Glendale Hills Drive NE Rochester MN 55906	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	John & Mary Ann Remick 1710 Industrial Drive 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.)

Name of organization

Dyslexia Institute of MN, Inc.

Employer identification number

-*3734

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	Judy Sloan 722 Northern Heights Drive NE Rochester MN 55906	\$ 5,500	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	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Donn E Sorensen 320 North Central Avenue Clayton MO 63105	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Thrivent Financial Rochester 116 Elton Hills Lane NW Suite #200 Rochester MN 55901	\$ 5,568	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Otto Bremer Trust 30 East 7th Street Suite #2900 St. Paul MN 55101	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2021

Open to Public Inspection

Name of the organization

Dyslexia Institute of MN, Inc.

Employer identification number

-*3734

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? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 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? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- 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 Term endowment ▶ %

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

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

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		403,622		403,622
b Buildings		3,403,170	239,736	3,163,434
c Leasehold improvements				
d Equipment		7,506	7,506	
e Other		123,669	3,077	120,592
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,687,648

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	21,547
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,547

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Dyslexia Institute of MN, Inc.

Employer identification number

-*3734

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

OUTREACH: 1,132 PARENTS AND OTHERS ATTENDED ONE OF 9 FREE OUTREACH
EDUCATIONAL PRESENTATIONS AND DISPLAYS OFFERED BY THE READING CENTER. 782
INDIVIDUALS WERE PROVIDED CUSTOMIZED INFORMATION ABOUT DYSLEXIA & THE
READING CENTER SERVICES BY PROGRAMS NAGIVATORS.

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

Name of the organization

Employer identification number

Dyslexia Institute of MN, Inc.

-*3734

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

Organizational documents will be made available upon request, subject to approval by the Board of Directors

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

Description

	Tot/Prog Service	Mgt & General	Fundraising
Tutors/Evaluators	\$ 300,740	\$ 0	\$ 0

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

2021

Attachment Sequence No. **179**

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

Name(s) shown on return

Dyslexia Institute of MN, Inc.

Identifying number
**** - *** 3734**

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	1,050,000
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	2,620,000
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 2020 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 2022. 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	121,405

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 2021	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		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2021 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	121,405
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.

DAA

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Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
7-year GDS Property:								
96	Work in Progress Hall of Fame	12/31/21	62,129	X	62,129	7 MQ200DB	0	0
			<u>62,129</u>		<u>62,129</u>		<u>0</u>	<u>0</u>
Other Depreciation:								
3	Bookshelves	5/19/92	300		300	5 MO S/L	300	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
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	300	0
28	Calculator	11/01/92	61		61	3 MO S/L	61	0
48	Video - Educational	1/01/01	100		100	5 MO S/L	100	0
69	Dell Computer	3/05/14	1,177		1,177	5 MO S/L	1,177	0
70	Dell Computer	5/31/15	922		922	5 MO S/L	922	0
71	Land	11/04/17	403,622		403,622	0 -- Land	0	0
73	Earthwork-Excavation	1/01/20	154,574		154,574	40 MO S/L	3,864	3,865
74	Building	1/01/20	1,444,317		1,444,317	40 MO S/L	36,108	36,108
75	Concrete Work-Building	1/01/20	133,751		133,751	40 MO S/L	3,344	3,344
76	Concrete Work-Exterior	1/01/20	33,693		33,693	25 MO S/L	1,348	1,347
77	Insulation	1/01/20	19,667		19,667	25 MO S/L	787	786
78	Blinds	1/01/20	13,702		13,702	15 MO S/L	913	914
79	Casework	1/01/20	7,593		7,593	20 MO S/L	380	379
80	Sinage	1/01/20	26,214		26,214	15 MO S/L	1,748	1,747
81	Roofing	1/01/20	519,054		519,054	40 MO S/L	12,976	12,977
82	Doors	1/01/20	76,872		76,872	20 MO S/L	3,844	3,843
83	Flooring	1/01/20	48,887		48,887	15 MO S/L	3,259	3,259
84	Painting	1/01/20	39,670		39,670	10 MO S/L	3,967	3,967
85	Elavator	1/01/20	69,900		69,900	20 MO S/L	3,495	3,495
86	Fire Suppression System	1/01/20	24,900		24,900	40 MO S/L	623	622
87	HVAC	1/01/20	203,000		203,000	20 MO S/L	10,150	10,150
88	Electrical Systems	1/01/20	278,133		278,133	40 MO S/L	6,953	6,954
89	Asphalt	1/01/20	40,519		40,519	15 MO S/L	2,701	2,702
90	Pavers	1/01/20	23,029		23,029	20 MO S/L	1,151	1,152
91	Playground	1/01/20	6,750		6,750	15 MO S/L	450	450
92	Sod Work	1/01/20	17,783		17,783	15 MO S/L	1,186	1,185
93	IT Systems	1/01/20	176,327		176,327	10 MO S/L	17,633	17,632
94	Sound Mitigation	1/01/20	44,835		44,835	15 MO S/L	2,989	2,989
95	Consulting on building	1/01/20	61,540		61,540	40 MO S/L	1,539	1,538
	Total Other Depreciation		<u>3,875,838</u>		<u>3,875,838</u>		<u>128,914</u>	<u>121,405</u>
	Total ACRS and Other Depreciation		<u>3,875,838</u>		<u>3,875,838</u>		<u>128,914</u>	<u>121,405</u>
	Grand Totals		3,937,967		3,937,967		128,914	121,405
	Less: Dispositions and Transfers		0		0		0	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals		<u>3,937,967</u>		<u>3,937,967</u>		<u>128,914</u>	<u>121,405</u>

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MN Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
7-year GDS Property:								
96	Work in Progress Hall of Fame	12/31/21	62,129	62,129	0	0	0	0
			<u>62,129</u>	<u>62,129</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
3	Bookshelves	5/19/92	300	300	300	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
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	300	0	0	0
28	Calculator	11/01/92	61	61	61	0	0	0
48	Video - Educational	1/01/01	100	100	100	0	0	0
69	Dell Computer	3/05/14	1,177	1,177	1,177	0	0	0
70	Dell Computer	5/31/15	922	922	922	0	0	0
71	Land	11/04/17	403,622	403,622	0	0	0	0
73	Earthwork-Excavation	1/01/20	154,574	154,574	3,864	3,865	3,865	0
74	Building	1/01/20	1,444,317	1,444,317	36,108	36,108	36,108	0
75	Concrete Work-Building	1/01/20	133,751	133,751	3,344	3,344	3,344	0
76	Concrete Work-Exterior	1/01/20	33,693	33,693	1,348	1,347	1,347	0
77	Insulation	1/01/20	19,667	19,667	787	786	786	0
78	Blinds	1/01/20	13,702	13,702	913	914	914	0
79	Casework	1/01/20	7,593	7,593	380	379	379	0
80	Sinage	1/01/20	26,214	26,214	1,748	1,747	1,747	0
81	Roofing	1/01/20	519,054	519,054	12,976	12,977	12,977	0
82	Doors	1/01/20	76,872	76,872	3,844	3,843	3,843	0
83	Flooring	1/01/20	48,887	48,887	3,259	3,259	3,259	0
84	Painting	1/01/20	39,670	39,670	3,967	3,967	3,967	0
85	Elavator	1/01/20	69,900	69,900	3,495	3,495	3,495	0
86	Fire Suppression System	1/01/20	24,900	24,900	623	622	622	0
87	HVAC	1/01/20	203,000	203,000	10,150	10,150	10,150	0
88	Electrical Systems	1/01/20	278,133	278,133	6,953	6,954	6,954	0
89	Asphalt	1/01/20	40,519	40,519	2,701	2,702	2,702	0
90	Pavers	1/01/20	23,029	23,029	1,151	1,152	1,152	0
91	Playground	1/01/20	6,750	6,750	450	450	450	0
92	Sod Work	1/01/20	17,783	17,783	1,186	1,185	1,185	0
93	IT Systems	1/01/20	176,327	176,327	17,633	17,632	17,632	0
94	Sound Mitigation	1/01/20	44,835	44,835	2,989	2,989	2,989	0
95	Consulting on building	1/01/20	61,540	61,540	1,539	1,538	1,538	0
	Total Other Depreciation		<u>3,875,838</u>	<u>3,875,838</u>	<u>128,914</u>	<u>121,405</u>	<u>121,405</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>3,875,838</u>	<u>3,875,838</u>	<u>128,914</u>	<u>121,405</u>	<u>121,405</u>	<u>0</u>
	Grand Totals		3,937,967	3,937,967	128,914	121,405	121,405	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>3,937,967</u>	<u>3,937,967</u>	<u>128,914</u>	<u>121,405</u>	<u>121,405</u>	<u>0</u>

_*3734

AMT Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
7-year GDS Property:								
96	Work in Progress Hall of Fame	12/31/21	62,129	X	62,129	7 MQ200DB	0	0
			<u>62,129</u>		<u>62,129</u>		<u>0</u>	<u>0</u>
Other Depreciation:								
3	Bookshelves	5/19/92	0		0	0 HY	0	0
6	Bookshelves	11/30/93	0		0	0 HY	0	0
7	Bookshelves Staining	4/30/94	0		0	0 HY	0	0
8	Sign & Permit	10/31/94	0		0	0 HY	0	0
17	Room Dividers	11/12/07	0		0	0 HY	0	0
18	Filing Cabinets	7/21/09	0		0	0 HY	0	0
19	Bookshelf	11/08/12	0		0	0 HY	0	0
28	Calculator	11/01/92	0		0	0 HY	0	0
48	Video - Educational	1/01/01	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
73	Earthwork-Excavation	1/01/20	0		0	0 HY	0	0
74	Building	1/01/20	0		0	0 HY	0	0
75	Concrete Work-Building	1/01/20	0		0	0 HY	0	0
76	Concrete Work-Exterior	1/01/20	0		0	0 HY	0	0
77	Insulation	1/01/20	0		0	0 HY	0	0
78	Blinds	1/01/20	0		0	0 HY	0	0
79	Casework	1/01/20	0		0	0 HY	0	0
80	Sinage	1/01/20	0		0	0 HY	0	0
81	Roofing	1/01/20	0		0	0 HY	0	0
82	Doors	1/01/20	0		0	0 HY	0	0
83	Flooring	1/01/20	0		0	0 HY	0	0
84	Painting	1/01/20	0		0	0 HY	0	0
85	Elavator	1/01/20	0		0	0 HY	0	0
86	Fire Suppression System	1/01/20	0		0	0 HY	0	0
87	HVAC	1/01/20	0		0	0 HY	0	0
88	Electrical Systems	1/01/20	0		0	0 HY	0	0
89	Asphalt	1/01/20	0		0	0 HY	0	0
90	Pavers	1/01/20	0		0	0 HY	0	0
91	Playground	1/01/20	0		0	0 HY	0	0
92	Sod Work	1/01/20	0		0	0 HY	0	0
93	IT Systems	1/01/20	0		0	0 HY	0	0
94	Sound Mitigation	1/01/20	0		0	0 HY	0	0
95	Consulting on building	1/01/20	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		62,129		62,129		0	0
	Less: Dispositions and Transfers		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>62,129</u>		<u>62,129</u>		<u>0</u>	<u>0</u>

_*3734

Bonus Depreciation Report

FYE: 12/31/2021

Form 990, Page 1

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
96	Work in Progress Hall of Fame	12/31/21	62,129		0	0	0	62,129
Grand Total			<u>62,129</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>62,129</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>
MACRS Adjustments:						
Page 1	1	96	Work in Progress Hall of Fame	<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

Future Depreciation Report **FYE: 12/31/22**

FYE: 12/31/2021

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
96	Work in Progress Hall of Fame	12/31/21	62,129	17,751	17,751
			<u>62,129</u>	<u>17,751</u>	<u>17,751</u>
Other Depreciation:					
3	Bookshelves	5/19/92	300	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
17	Room Dividers	11/12/07	1,883	0	0
18	Filing Cabinets	7/21/09	1,943	0	0
19	Bookshelf	11/08/12	300	0	0
28	Calculator	11/01/92	61	0	0
48	Video - Educational	1/01/01	100	0	0
69	Dell Computer	3/05/14	1,177	0	0
70	Dell Computer	5/31/15	922	0	0
71	Land	11/04/17	403,622	0	0
73	Earthwork-Excavation	1/01/20	154,574	3,864	0
74	Building	1/01/20	1,444,317	36,108	0
75	Concrete Work-Building	1/01/20	133,751	3,343	0
76	Concrete Work-Exterior	1/01/20	33,693	1,348	0
77	Insulation	1/01/20	19,667	787	0
78	Blinds	1/01/20	13,702	913	0
79	Casework	1/01/20	7,593	380	0
80	Sinage	1/01/20	26,214	1,748	0
81	Roofing	1/01/20	519,054	12,976	0
82	Doors	1/01/20	76,872	3,844	0
83	Flooring	1/01/20	48,887	3,259	0
84	Painting	1/01/20	39,670	3,967	0
85	Elavator	1/01/20	69,900	3,495	0
86	Fire Suppression System	1/01/20	24,900	623	0
87	HVAC	1/01/20	203,000	10,150	0
88	Electrical Systems	1/01/20	278,133	6,953	0
89	Asphalt	1/01/20	40,519	2,701	0
90	Pavers	1/01/20	23,029	1,151	0
91	Playground	1/01/20	6,750	450	0
92	Sod Work	1/01/20	17,783	1,186	0
93	IT Systems	1/01/20	176,327	17,633	0
94	Sound Mitigation	1/01/20	44,835	2,989	0
95	Consulting on building	1/01/20	61,540	1,539	0
	Total Other Depreciation		<u>3,875,838</u>	<u>121,407</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>3,875,838</u>	<u>121,407</u>	<u>0</u>
	Grand Totals		<u>3,937,967</u>	<u>139,158</u>	<u>17,751</u>

Asset	Description	Date In Service	Cost	MN
Prior MACRS:				
96	Work in Progress Hall of Fame	12/31/21	62,129	17,751
			<u>62,129</u>	<u>17,751</u>
Other Depreciation:				
3	Bookshelves	5/19/92	300	0
6	Bookshelves	11/30/93	255	0
7	Bookshelves Staining	4/30/94	160	0
8	Sign & Permit	10/31/94	405	0
17	Room Dividers	11/12/07	1,883	0
18	Filing Cabinets	7/21/09	1,943	0
19	Bookshelf	11/08/12	300	0
28	Calculator	11/01/92	61	0
48	Video - Educational	1/01/01	100	0
69	Dell Computer	3/05/14	1,177	0
70	Dell Computer	5/31/15	922	0
71	Land	11/04/17	403,622	0
73	Earthwork-Excavation	1/01/20	154,574	3,864
74	Building	1/01/20	1,444,317	36,108
75	Concrete Work-Building	1/01/20	133,751	3,343
76	Concrete Work-Exterior	1/01/20	33,693	1,348
77	Insulation	1/01/20	19,667	787
78	Blinds	1/01/20	13,702	913
79	Casework	1/01/20	7,593	380
80	Sinage	1/01/20	26,214	1,748
81	Roofing	1/01/20	519,054	12,976
82	Doors	1/01/20	76,872	3,844
83	Flooring	1/01/20	48,887	3,259
84	Painting	1/01/20	39,670	3,967
85	Elavator	1/01/20	69,900	3,495
86	Fire Suppression System	1/01/20	24,900	623
87	HVAC	1/01/20	203,000	10,150
88	Electrical Systems	1/01/20	278,133	6,953
89	Asphalt	1/01/20	40,519	2,701
90	Pavers	1/01/20	23,029	1,151
91	Playground	1/01/20	6,750	450
92	Sod Work	1/01/20	17,783	1,186
93	IT Systems	1/01/20	176,327	17,633
94	Sound Mitigation	1/01/20	44,835	2,989
95	Consulting on building	1/01/20	61,540	1,539
	Total Other Depreciation		<u>3,875,838</u>	<u>121,407</u>
	Total ACRS and Other Depreciation		<u>3,875,838</u>	<u>121,407</u>
	Grand Totals		<u>3,937,967</u>	<u>139,158</u>

Form 990	Two Year Comparison Report	2020 & 2021
Name _____ For calendar year 2021, or tax year beginning _____, ending _____		Taxpayer Identification Number _____

Name **Dyslexia Institute of MN, Inc.** Taxpayer Identification Number ****-***3734**

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	641,079	445,207	-195,872
	2. Membership dues and assessments			
	3. Government contributions and grants	315,491		-315,491
	4. Program service revenue	757,783	853,282	95,499
	5. Investment income	7,574	12,197	4,623
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	221,486		-221,486
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	174,010	149,072	-24,938
	12. Total revenue. Add lines 1 through 11	2,117,423	1,459,758	-657,665
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	612,406	631,339	18,933
	17. Professional fundraising fees			
	18. Other professional fees	271,135	331,345	60,210
	19. Occupancy, rent, utilities, and maintenance	13,834	13,679	-155
	20. Depreciation and Depletion	122,693	121,405	-1,288
	21. Other expenses	306,123	368,088	61,965
	22. Total expenses. Add lines 13 through 21	1,326,191	1,465,856	139,665
	23. Excess or (Deficit). Subtract line 22 from line 12	791,232	-6,098	-797,330
Other Information	24. Total exempt revenue	2,117,423	1,459,758	-657,665
	25. Total unrelated revenue			
	26. Total excludable revenue	1,160,853	1,014,551	-146,302
	27. Total assets	4,900,812	4,892,470	-8,342
	28. Total liabilities	88,995	73,999	-14,996
	29. Retained earnings	4,811,817	4,818,471	6,654
	30. Number of voting members of governing body	15	14	
	31. Number of independent voting members of governing body	15	14	
	32. Number of employees	39	46	
33. Number of volunteers	35	37		

Form **990**

Tax Return History

2021

Name

Dyslexia Institute of MN, Inc.

Employer Identification Number
****-***3734**

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	1,133,800	1,934,438	1,658,217	956,570	445,207	
Membership dues						
Program service revenue	574,451	648,631	680,409	757,783	853,282	
Capital gain or loss				221,486		
Investment income	3,173	9,698	29,093	7,574	12,197	
Fundraising revenue (income/loss)	-5,540	-2,860	-385			
Gaming revenue (income/loss)						
Other revenue	8,584	15,808	4,570	174,010	149,072	
Total revenue	1,714,468	2,605,715	2,371,904	2,117,423	1,459,758	
Grants and similar amounts paid	58,955	53,458	57,480			
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	516,180	557,419	568,918	612,406	631,339	
Professional fees	208,593	239,175	238,604	271,135	331,345	
Occupancy costs	9,140	10,601	10,265	13,834	13,679	
Depreciation and depletion	8,203	7,825	7,563	122,693	121,405	
Other expenses	197,355	254,181	253,829	306,123	368,088	
Total expenses	998,426	1,122,659	1,136,659	1,326,191	1,465,856	
Excess or (Deficit)	716,042	1,483,056	1,235,245	791,232	-6,098	
Total exempt revenue	1,714,468	2,605,715	2,371,904	2,117,423	1,459,758	
Total unrelated revenue						
Total excludable revenue	586,208	674,137	714,072	1,160,853	1,014,551	
Total Assets	1,366,475	3,083,645	4,597,639	4,900,812	4,892,470	
Total Liabilities	72,339	318,325	584,405	88,995	73,999	
Net Fund Balances	1,294,136	2,765,320	4,013,234	4,811,817	4,818,471	

_*3734

Federal Statements

FYE: 12/31/2021

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>
	\$ <u>12,197</u>			15		
Total	\$ <u><u>12,197</u></u>					

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	\$ 300,740	300,740	\$	\$
Total	<u>\$ 300,740</u>	<u>300,740</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
Bank and Credit Card Fees	\$ 8,317	\$	8,317	\$
Special Events	7,691			7,691
Copier Expense	3,319	2,489	830	
Inventory	328	328		
Capital Campaign Expenses	132	66		66
Total	<u>\$ 19,787</u>	<u>\$ 2,883</u>	<u>\$ 9,147</u>	<u>\$ 7,757</u>

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
Olmsted County Grant / State Bond	\$
Ginger and David Holmes Cash Contribution	118,964
Mayo Clinic	10,000
Olmsted Medical Center Cash Contribution	25,000
Scottish Rite Childrens Foundation Cash Contribution	5,000
Anna Mary and Terry Peterson Cash Contribution	35,425
Mike and Joy Fogarty Cash Contribution	32,650
Joselyn Raymundo & Sean McCauley Cash Contribution	8,100
Rochester Plumbing and Heating Co Cash Contribution	9,000
Steve and Shelley Sperling Cash Contribution	31,000
Eugene Keller Cash Contribution	7,000
Don & Barb Prow Cash Contribution	7,000
John & Mary Ann Remick Cash Contribution	50,000
Judy Sloan Cash Contribution	5,000
Think Bank Cash Contribution	5,500
Donn E Sorensen Cash Contribution	5,000
Thrivent Financial Rochester Cash Contribution	10,000
Otto Bremer Trust Cash Contribution	5,568
Cash Contribution	75,000

Federal Statements

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

Description	Amount
Total	\$ 445,207

Schedule A, Part III, Line 2(e)

Description	Amount
Tutoring	\$ 594,783
Testing	79,945
Class Fees	26,647
Training	151,907
Unrealized Gain on Investment	
PPP Forgiveness	144,145
Special Event 70th Anniversary	975
Inventory Sales	
Special Events	
Total	\$ 998,402

Schedule A, Part III, Line 3(e)

Description	Amount
Miscellaneous Income	\$ 3,952
Total	\$ 3,952

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

Description	Amount
Total	\$ 12,197
	\$ 12,197