

(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

<u>A</u>	For the	lpha 2019 calendar year, or tax year beginning $$ OCT $$ $$ 1 , $$ $$ $$ $$ $$ 2 $$ 0 $$ 1 $$ $$ and en	nding S	EP 30, 2020					
В	Check if applicable	C Name of organization		D Employer identifie	cation number				
	Addre	FRIENDS OF THE MINNESOTA SINFONIA							
	Name chang Initial		41-16495						
retur Final		Number and street (or P.O. box if mail is not delivered to street address) 901 N. THIRD STREET	oom/suite	m/suite E Telephone number (612) 871-1701					
	⊥lreturn/ termin ated	-		•	338,428.				
	ated Ameno return			G Gross receipts \$ H(a) Is this a group re					
	Applic			for subordinates					
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in					
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)				
		te: ► WWW.MNSINFONIA.ORG		H(c) Group exemptio					
		organization: X Corporation	L Year o		1 State of legal domicile: MN				
	art I	Summary	1		. State of regar dominator				
	1	Briefly describe the organization's mission or most significant activities: THE MI	ISSIO	N OF THE MIN	NESOTA				
Governance		SINFONIA IS TO SERVE THE MUSICAL AND EDUCA							
nar	2	Check this box if the organization discontinued its operations or disposed							
Ver	3			3	7				
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6				
ა თ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			4				
itie	6	Total number of volunteers (estimate if necessary)			50				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
ď	ь	Net unrelated business taxable income from Form 990-T, line 39			0.				
		·		Prior Year	Current Year				
4	8	Contributions and grants (Part VIII, line 1h)		456,291.	329,240.				
ž	9	Program service revenue (Part VIII, line 2g)		3,675.	9,175.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10.	13.				
ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		459,976.	338,428.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		63,243.	56,970.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 9,546	6.						
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		300,366.	256,806.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		363,609.	313,776.				
	19	Revenue less expenses. Subtract line 18 from line 12		96,367.	24,652.				
50	í,		Вед	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		378,006.	402,658.				
t As	21	Total liabilities (Part X, line 26)		0.	0.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		378,006.	402,658.				
P	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules ar			knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer l	has any knowledge.					
		N CLIENT COPY							
Sig	n	Signature of officer		Date					
Hei	re	TINA ENBERG, CHAIR							
		Type or print name and title	15	loto L =	DTIN				
		Print/Type preparer's name Preparer's signature		Pate Check C	PTIN				
Pai		MARC COLIN MARC COLIN		7/26/21 self-employ					
	parer	Firm's name CARPENTER, EVERT & ASSOCIATES, LT	עי.	Firm's EIN ▶	41-1534805				
Use	Only	Firm's address 7760 FRANCE AVE S, SUITE 940		, ,	EO) 021 022				
		BLOOMINGTON, MN 55435		Phone no. (9					
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

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	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	THE MISSION OF THE MINNESOTA SINFONIA IS TO SERVE THE MUSICAL AND	
	EDUCATIONAL NEEDS OF THE CITIZENS OF MINNESOTA, WITH PRIMARY EMPHASIS	
	GIVEN TO FAMILIES WITH YOUNG CHILDREN, INNER-CITY YOUTH, SENIORS AND	
	THOSE WITH LIMITED INCOMES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	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 \$ 284,642. including grants of \$) (Revenue \$)	5.)
	MUSIC PERFORMANCE AND EDUCATION -	
	WINTER CONCERT SERIES: PERFORMED 5 CHAMBER CONCERTS IN MINNEAPOLIS AND	
	ST. PAUL, FREE TO THE PUBLIC, FOR 5,000 MULTI-GENERATIONAL AUDIENCE	
	MEMBERS.	
	MUSIC IN THE SCHOOLS: SERVED 5,000 CHILDREN AT 10 SCHOOLS WITH A	
	CURRICULUM BASED LEARNING PROGRAM USING MUSIC TO TEACH CORE SUBJECTS	
	THAT INCLUDED THE PERFORMANCE OF IN-SCHOOL CONCERTS. THIS PROGRAM WAS	
	PROVIDED FREE TO THE STUDENTS AND SCHOOL DISTRICTS.	
	SUMMER CONCERT SERIES, COMMUNITY, AND CHILDREN'S CONCERTS: CANCELLED	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/ (LApprison y	— <i>'</i>
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 284,642.	

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	- °		122
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
.5		18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13		19		x
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b O4	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		$\Gamma \nabla$

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Form 990 (2019) FRIENDS OF THE MIN Part IV Checklist of Required Schedules (continued)

	- (sortenass)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
	, ,	25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
00	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		Х
31	contributions? If "Yes," complete Schedule M	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		30		
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2019) FRIENDS OF THE MINNESOTA SINFONIA 41-1649587 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	The state of the s				T			
20	Entar the number of employees reported an Earm W.2. Transmitted of Wage and Tay Statements	l I		Yes	No			
Zd	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 4						
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions							
За			За		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х			
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X			
С	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	e organization solicit						
			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		_		v			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X			
b			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wat to file Form 8282?	is required	70		Х			
d		7d	7c		25			
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g					
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h					
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	1 1						
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l						
40-	amounts due or received from them.)	11b	40-					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? 12b	12a					
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	120						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
u	Note: See the instructions for additional information the organization must report on Schedule O.		104					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.			000				
			Farm	990	(2010)			

Page 6 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			X					
Sec	tion 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 1a 7								
	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 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2		х					
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?	3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
, .	more members of the governing body?	7a		x					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	· · ·							
~	persons other than the governing body?	7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5							
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00							
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	(This occitor b requests information about policies not required by the internal nevenue code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion 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)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X 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, an	d finan	cial						
	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								
	THE ORGANIZATION - (612) 871-1701								
	901 N. THIRD STREET, MINNEAPOLIS, MN 55401-1022								

Form **990** (2019)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	Positio (do not check more box, unless person officer and a direct				than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TINA ENBERG	1.00								•	
CHAIR	1 00	Х		Х				0.	0.	0
(2) JOAQUIM CRETELLA	1.00								•	•
VICE-CHAIR	1 00	Х		Х				0.	0.	0
(3) JOHN HIGDON	1.00	3,7		7,7					0	
TREASURER	1 00	Х		Х				0.	0.	0
(4) EMILY COLE-JONES	1.00	v		х					0	^
SECRETARY (5) SUZANNE ABRAMS	1.00	Х		Λ				0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0
(6) MARY BUTLER	1.00	Λ						0.	0.	0
DIRECTOR	1.00	х						0.	0.	0
(7) NICHOLAS BLUHM	1.00							•		•
DIRECTOR		х						0.	0.	0
(8) THOMAS COOK	1.00									
DIRECTOR		Х						0.	0.	0
(9) BROOKE GEYEN	1.00									
DIRECTOR		Х						0.	0.	0
(10) AL HAGAR	1.00									
DIRECTOR		Х						0.	0.	0
(11) PATRICK LUNDY	1.00									
DIRECTOR		Х						0.	0.	0
(12) MARIE WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0
(13) JAY FISHMAN	20.00							_		_
EXECUTIVE DIR.				Х		_		0.	0.	0
		-								
			\vdash							
		1								
			\vdash							
		1								

Form 990 (2019)

	Section A. Officers, Directors, Trus	tees, Key Emp	PION	ees,	anc	<u>וחוג</u>	gnes	St C	ompensated Employee	s (continuea)	—				
	(A) Name and title	(B) Average	(-1-		Pos				(D) Reportable	(E) Reportable		(F) Estimate			
		hours per week	box,	(do not check mo oox, unless perso officer and a dired			s both	n an	compensation	compensation	- 1	an	nount (
		(list any							from the	from related organizations	- 1		other pensa	tion	
		hours for related	or dire	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		om the		
		organizations	trustee	nal trust		oyee	ompens		(W-2/1099-WISC)			_	anizati d relate		
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons	
			드	드	6	3	E E	꼰							
											\dashv				
											\neg				
											-				
											\dashv				
											\dashv				
											$ \bot $				
1b	Subtotal								0.		0.			0.	
	Total from continuation sheets to Part VI	, Section A							0.		0.			0.	
d 2	Total (add lines 1b and 1c) Total number of individuals (including but no							o re	0.	000 of reportable	0.			0.	
	compensation from the organization						,							0	
•	Did the experiention list only former officer	divactor to lot	aa l		mml	0.10		hi~	best sempenseted smal	lavaa an	ſ		Yes	No	
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i>	•		•	•	•		•		•		3		Х	
4	For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from the	ne organization					
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" CO	mple	ete S	Sche	dule	Jf	for such individual	fual for services		4		X	
	rendered to the organization? If "Yes." com											5		Х	
	tion B. Independent Contractors	-													
1	Complete this table for your five highest contribution the organization. Report compensation for the organization for the organization and the organization for the organization for the organization and the organization for the organization for the organization and the organization for the organization										ensat	ion fro	om		
	(A)						<u> </u>		(B)			(0			
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	C	ompe	nsation	1	
2	Total number of independent contractors (in	•	ot lin	nited	d to	_		ted	above) who received mo	ore than					
	\$100,000 of compensation from the organiz	zation >				(,					Form	990 (2	2019)	

Form 990 (2019) FRIENDS
Part VIII Statement of Revenue

			Check if Schedule O co	ntains a	response	or note to anv lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b					
ij g			Membership dues		1c					
fts, Ar			Fundraising events		1d					
ig ig			Related organizations			27,297.				
ns, Sim			Government grants (contribution		1e	41,491.				
utio er (Ť	All other contributions, gifts, gr			201 042				
현된			similar amounts not included at			301,943.				
ont od (-	Noncash contributions included in line		1g \$		200 040			
<u>ŏ</u> <u>ö</u>		h	Total. Add lines 1a-1f				329,240.			
					~	Business Code	0.455	0.455		
e S	2	а	PROGRAM SERVIC	E FE	ES	711130	9,175.	9,175.		
e Ķ		b								
Program Service Revenue		С								
am		d								
og B		е								
Ā		f	All other program service re-	venue .						
		g	Total. Add lines 2a-2f				9,175.			
	3		Investment income (includin							
			other similar amounts)				13.			13.
	4		Income from investment of t							
	5		Royalties		-					
					(i) Real	(ii) Personal				
	6	2	Gross rents		(-)	(-)				
				Sb						
			· · · · · ·							
			` ′ _	Sc						
			Net rental income or (loss)		······					
	7	а	Gross amount from sales of		Securities	(ii) Other				
			, F	7a						
-		b	Less: cost or other basis							
Jue			and sales expenses							
ķ		С	Gain or (loss)	7c						
her Revenue			Net gain or (loss)							
her	8	а	Gross income from fundraising	events (not					
ᅙ			including \$		_ of					
			contributions reported on lir	ne 1c). S	See					
			Part IV, line 18		8a					
		b	Less: direct expenses		8b					
		С	Net income or (loss) from fu	ndraisin	g events	>				
	9	а	Gross income from gaming	activitie	s. See					
			Part IV, line 19		9a					
		b	Less: direct expenses							
		С	Net income or (loss) from ga	ming a	ctivities					
	10	а	Gross sales of inventory, les	s returr	ns 🗔					
			and allowances		10a					
		b	Less: cost of goods sold							
			Net income or (loss) from sa							
					···-··,	Business Code				
sno	11	а								
nec	• •	b								
Miscellaneous Revenue		C								
Sce			All other revenue							
Σ			Total. Add lines 11a-11d							
	12	-	Total revenue. See instructions				338,428.	9,175.	0.	13.
	14		TOTAL LEVELINE. OUR HISH HULLOHS				JJU, 440.	, J, 1 J •	ı •	1 10.

Form 990 (2019) FRIENDS OF TH

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	52,563.	45,730.	5,782.	1,051
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,407.	3,834.	485.	88
11	Fees for services (nonemployees):				
а	Management	17,256.	5,370.	5,943.	5,943
b	Legal				
С	Accounting	3,212.		3,212.	
d	Lobbying				
е	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 Sch O.)	197,431.	197,431.		
12	Advertising and promotion	197,431. 2,602.	2,602.		
13	Office expenses	12,328.	10,725.	1,356.	247
14	Information technology				
15	Royalties				
16	Occupancy	4,526.	4,066.	389.	71
17	Travel	11,213.	11,213.		
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,219.	3,671.	464.	84
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 0.)				
а	OTHER EXPENSE	4,019.		1,957.	2,062
b		,		,	,
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	313,776.	284,642.	19,588.	9,546
<u>25</u> 26	Joint costs. Complete this line only if the organization	323,7731	201,012.		3,310
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2019)

Form 990 (2019)
Part X | Balance Sheet

Part)	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing			310,473.	1	400,229
2	2	Savings and temporary cash investments				2	
3	3	Pledges and grants receivable, net		63,882.	3	2,429	
4		Accounts receivable, net			4		
5	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, suk	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the		5			
6	6	Loans and other receivables from other disqua	onssons (as defined				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
က္ ြ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ž š	9	Prepaid expenses and deferred charges			3,651.	9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	1,149. 1,149.			
	b	Less: accumulated depreciation	0.	10c	0		
11	1	Investments - publicly traded securities		11			
12	2	Investments - other securities. See Part IV, line	e 11			12	
13	3	Investments - program-related. See Part IV, lin		13			
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11		15			
16	6	Total assets. Add lines 1 through 15 (must ed			378,006.	16	402,658
17	7	Accounts payable and accrued expenses $\ \dots$		17			
18	8	Grants payable		18			
19	9	Deferred revenue				19	
20	0	Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complet				21	
ဖ္မ 22	2	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
<u>a</u>		controlled entity or family member of any of the				22	
- 23	3	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
24		Unsecured notes and loans payable to unrela				24	
25	5	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
26	6	Total liabilities. Add lines 17 through 25			0.	26	0
တ္		Organizations that follow FASB ASC 958, c	heck her				
ဦ ္	_	and complete lines 27, 28, 32, and 33.			144,259.		244 020
<u>a</u> 27		Net assets without donor restrictions			233,747.	27	344,920 57,738
<u>18</u> 28	В	Net assets with donor restrictions			433,747.	28	31,130
<u> </u>		Organizations that do not follow FASB ASC	958, cne	ck here			
<u>,</u>	_	and complete lines 29 through 33.					
St 29		Capital stock or trust principal, or current fund				29	
8 30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated			270 006	31	400 KEO
_		Total net assets or fund balances			378,006.	32	402,658
33	3	Total liabilities and net assets/fund balances			378,006.	33	402,658 Form 990 (201

Form **990** (2019)

Form **990** (2019)

_					J-
Pa	rt 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		8, 4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	31	3,7	76.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>52.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	378	8,0	06.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	40	2,6	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	J	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

932012 01-20-20

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		FRIE	NDS OF THE	MINNESOTA S	INFON	ΓA		4	1-1649587
Pa	rt I	Reason for Public (Charity Status 🖟	All organizations must co	omplete th	is part.) Se	e instructions.		
Γhe	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck 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 secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from the	e general _l	public described in
	_	section 170(b)(1)(A)(vi). (C	•						
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a l	and-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of t	he college	eor
		university:							
10		An organization that norma							
		activities related to its exem	•	• •	٠,				· ·
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor					201 1141		
11	\mathbb{H}	An organization organized a							
12	Ш	An organization organized a	•	•	•		•	•	• •
		more publicly supported org	-						check the box in
_		lines 12a through 12d that	• •					-	air in a
а		Type I. A supporting orga the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	_			
		organization. You must o			i majority c	n the direc	itors or trustee:	s or trie st	аррогинд
b		Type II. A supporting org			tion with it	e sunnorte	nd organization	(s) hy hay	_d inα
		control or management o	· ·				-		-
		organization(s). You mus			атто регоо	110 11141 001	introl of manag	c the supp	Sortou
С		☐ Type III functionally inte			in connect	tion with. a	and functionally	/ integrate	ed with.
		its supported organization					-	· ···- J · -··-	,
d		Type III non-functionally		·				ed organi:	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orna	anization listed	(v) Amount of	monetani	(vi) Amount of other
	,	organization	(II) EIIV	(described on lines 1-10	in your governi	ng document?	support (see ins	,	support (see instructions)
	above (see instructions)) Yes No support (see instructions) s								
Γota	 al								

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

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

Sec	ction A. Public Support		·	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	` ,	` ,	`,
	membership fees received. (Do not						
	include any "unusual grants.")	403,607.	343,412.	467,930.	551,120.	329,240.	2095309.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	403,607.	343,412.	467,930.	551,120.	329,240.	2095309.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						503,080.
	Public support. Subtract line 5 from line 4.						1592229.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	403,607.	343,412.	467,930.	551,120.	329,240.	2095309.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4.4	1.0	1.0	1.0	4.5	- 4
	and income from similar sources	11.	10.	10.	10.	13.	54.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2095363.
	Total support. Add lines 7 through 10		`				72,047.
12	Gross receipts from related activities,	•	,			12	12,047.
13	First five years. If the Form 990 is for organization, check this box and stop				-		▶□
Sec	ction C. Computation of Publi		centage	•••••			
	Public support percentage for 2019 (li			olumn (f))		14	75.99 %
15	Public support percentage from 2018					15	79.00 %
	16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	. 33 1/3% support test - 2018. If the c		~				
	and stop here. The organization quali						
17a							
	17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						▶ □
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	· ·		*	•	. , . , .	
<u></u>	check this box and stop here						>
	ction C. Computation of Publi		<u>_</u>	. (5)		T .= I	
	Public support percentage for 2019 (I					15	<u>%</u>
<u>16</u> Se	Public support percentage from 2018 ction D. Computation of Inves					16	%
				no 10 notimen (6)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :					18	7 is not
198	a 33 1/3% support tests - 2019. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
_	line 18 is not more than 33 1/3%, che						>
·νn	Drivate foundation If the organization	in did not chack a	nov on line 14 10	a or 10h chock th	are how and coo inc	etructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
Tu		
4b		
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9b		
35		
0-		
9с		
10a		
10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
below, the governing body of a supported organization? 1 A family member of a person described in (a) above? 2. AS\$6 controlled entity of a person described in (a) or (b) above? 3. AS\$6 controlled entity of a person described in (a) or (b) above? 4. Yes 1 to a. b. or c. provide detail in Pert VI. 11b 11c Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No,' observible. If the organization directors or trustees at all times during the tax year? If 'No,' observible. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictors, if any, applied to supple powers during the tax year 2. Did the organization operate for the benefit of any supported organization other than the supported organization and what conditions or estrictors, if any, applied to supple powers during the tax year in Part VI how providing such benefit carried out the purposes of the supported organization (b) that operated, supervised, or controlled the supporting Organizations 1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees deach of the organizations apported organization (b) that operated, supervised, or controlled the supported organization (b) that operated organization (b) the supported organization (b) the supported organization (b) the supported organization (b) the supported organization or trustees of each of the organization is directors or trustees during the supported organization or the provided during the supported organization or the provided during the pr	11	Has the organization accepted a gift or contribution from any of the following persons?			
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	h		- Ju		
	~		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must o	omplete Sec	ctions A through E.	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations		
4		ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2019 from Section C, line 6			
10		B amount divided by line 9 amount			
		arround arrangement of arround	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrik	outions for 2019 from Section D,			
	line 7:	: \$			
а	Applie	ed to underdistributions of prior years			
		ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3			
	and 4	· · · · · · · · · · · · · · · · · · ·			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
		as from 2019			
_	し入し付き				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ECOLAB FND	90,000.	48,093.
MCKNIGHT FND	175,000.	133,093.
MCNEELY FND	100,000.	58,093.
TARGET FND	188,500.	146,593.
ESTATE OF LEE BORAH	71,022.	29,115.
FIREFLY SCIENTISTS' FOUNDATION	130,000.	88,093.
Total Excess Contributions to Schedule A, Part II, Line 5		503,080.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2019

FRIENDS OF THE MINNESOTA SINFONIA

Employer identification number

41-1649587

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

FRIENDS OF THE MINNESOTA SINFONIA

41-1649587

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	ANNA HEILMAIER FOUNDATION 101 EAST 5TH STREET ST. PAUL, MN 55101	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	MCKNIGHT FOUNDATION 710 SECOND STREET S MINNEAPOLIS, MN 55401	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	3M FOUNDATION 3M CENTER BLDG. 0225-01-S-23 ST. PAUL, MN 55144	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	ECOLAB 370 WABASHA STREET N. ST. PAUL, MN 55102	\$ 20,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	TARGET FOUNDATON PO BOX 1296 MINNEAPOLIS, MN 55440-1296	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	MN STATE ARTS BOARD 400 SIBLEY ST	\$16,194.	Person X Payroll Noncash (Complete Part II for			
	ST PAUL, MN 55101	Cabadula D /Farra	noncash contributions.)			

Name of organization Employer identification number

FRIENDS OF THE MINNESOTA SINFONIA

41-1649587

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JAY FISHMAN 64 BULLITT PARK PL COLUMBUS, OH 43209	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FIREFLY SCIENTIESTS' FOUNDATION 14101 EAST 5TH STREET ST PAUL, MN 55101	\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization Employer identification number

FRIENDS OF THE MINNESOTA SINFONIA

41-1649587

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** FRIENDS OF THE MINNESOTA SINFONIA 41-1649587 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF THE MINNESOTA SINFONIA

Employer identification number 41-1649587

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Simil	ar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	3.		
		(a) Donor advised fur	nds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in	donor advised fund	s
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant fu	ınds can be used or	nly
	for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for any oth	ner purpose conferri	ng
_	impermissible private benefit?			
Pai			Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (for example, recreation	n or education) Pre	eservation of a histo	rically important land area
	Protection of natural habitat	Pre	eservation of a certif	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution	in the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
a				2a
b				2b
С.	Number of conservation easements on a certified historic struct			2c
d	Number of conservation easements included in (c) acquired after			
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	sea, extinguisnea, or termii	nated by the organiz	zation during the tax
4	year	mont is lessted		
4	Number of states where property subject to conservation easer Does the organization have a written policy regarding the period		handling of	
5	violations, and enforcement of the conservation easements it has			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		forcing conservation	
Ü	Land volunteer riburs devoted to morntoning, inspecting, ria	inding of violations, and on	Torong conscivation	ricasements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforci	ng conservation eas	sements during the year
•	▶ \$	g or moranone, and orneren	ng comeditation cas	comercial during the year
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's finar	ncial statements tha	t describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of A	rt, Historical Treasu	res, or Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue	statement and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial	al statements that describe	s these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue stat	ement and balance	sheet works of
	art, historical treasures, or other similar assets held for public ex	xhibition, education, or rese	earch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	The state of the s			> \$
2	If the organization received or held works of art, historical treasures	ures, or other similar assets	s for financial gain, p	provide
	the following amounts required to be reported under FASB ASC	958 relating to these item	s:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for	or Form 990.		Schedule D (Form 990) 2019

		OF THE WIL							1958		age 2
Pai	rt III Organizations Maintaining Co	llections of Ar	t, Hist	orical Tre	asures, o	r Other	Similar As	ssets	(contir	nued)	
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):										
а	Public exhibition	d	·	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explair	n how th	ey further th	e organizatio	on's exen	npt purpose ir	Part >	KIII.		
5	During the year, did the organization solicit or i	receive donations of	of art, his	storical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be main								Yes		No
Pai	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, custodiar	n or other intermed	iary for o	contributions	s or other ass	sets not i	ncluded		_		_
	on Form 990, Part X?							. \square	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						. 1e				
f	Ending balance						1f				
2a	Did the organization include an amount on For	m 990, Part X, line	21, for 6	escrow or cu	istodial acco	unt liabili	ty?	\square	Yes		No
	If "Yes," explain the arrangement in Part XIII. C										
Pai	rt V Endowment Funds. Complete if t	he organization an	swered	"Yes" on Fo	rm 990, Part	: IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three years	back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiza	tion tha	t are held ar	nd administer	red for th	e organizatior	1	ſ		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the o		wment f	unds.							
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	, Part IV	ŕ		<u> </u>					
	Description of property	(a) Cost or o			or other		ccumulated		(d) Boo	k value	Э
		basis (investr	nent)	basis	(other)	de	oreciation	\bot			
1a	Land										
b	Buildings										
С	Leasehold improvements	I									
d	Equipment				1,149.		1,149	•			0.
е	Other										

Schedule D (Form 990) 2019

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes			
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
Financial derivatives			
Closely held equity interests			
		1	
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
rG)			
•			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	>		
art VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)			<u> </u>
(2)			
(3)			
• •		<u> </u>	
(4)		1	
(5)		 	
(6)			
(7)			
(8)			
(6)			
(9)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets.		11d See Form 990 Part X line 15	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15	i. (b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes (a)	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
(9) Al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Art IX Other Assets. Complete if the organization answered "Yes (a) (1)	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes (a) (1)	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
(9) Al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Art IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3)	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4)	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5)	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7)	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	s" on Form 990, Part IV, line a) Description	11d. See Form 990, Part X, line 15	
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The property of the organization answered "Yes" (a) (b) (c) (c) (d) (d) (d) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The property of the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes (a) Description of liability	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(a) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes (a) (a) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(a) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes (a) (a) (b) (c) (a) (c) (d) (d) (e) (f) (e) (f) (g) (a) (b) must equal Form 990, Part X, col. (B) line (g) (g) (g) (g) (h) (h) (h) (h)	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes (a) Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(a) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes (a) (a) (b) (c) (a) (c) (d) (d) (e) (f) (f	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The property of the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes (a) Description of liability	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) The art IX Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line (B) art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(a) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line (B) art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(a) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes (a) (a) (b) (c) (a) (c) (a) (d) (b) (c) (d) (d) (e) (e) (f) (g) (a) (g) (a) (g) (a) (g) (a) (g) (g	on Form 990, Part IV, line a) Description ne 15.)		(b) Book value
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line a) Description ine 15.) on Form 990, Part IV, line		(b) Book value

Par	t XI Reconciliation of Revenue per Audited Financial St			
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
_C	Add lines 4a and 4b			
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 T XII Reconciliation of Expenses per Audited Financial S	2.)tatamente With Evnans	5	
Fai		-	ses per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,		T . T	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С.	Other losses			
d	Other (Describe in Part XIII.)	•		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
	A 1115 A 1141		40	
С	Add lines 4a and 4b			
c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
c 5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line † XIII Supplemental Information.	18.)	5	+ YI
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line † XIII Supplemental Information.	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line Taxiii Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	t XI,
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF THE MINNESOTA SINFONIA

Employer identification number 41-1649587

I I I I I I I I I I I I I I I I I I I
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CITIZENS OF MINNESOTA, WITH PRIMARY EMPHASIS GIVEN TO FAMILIES WITH
YOUNG CHILDREN, INNER-CITY YOUTH, SENIORS AND THOSE WITH LIMITED
INCOMES.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
DUE TO THE EFFECTS OF COVID-19 WE HAVE NOT HAD ANY IN PERSON
PERFORMANCES SINCE MARCH 2020.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
DUE TO COVID-19.
FORM 990, PART VI, SECTION B, LINE 11B:
LINE 11B EXPLANATION - BOARD OF DIRECTORS REVIEWED THE FORM 990 AT PRIOR TO
IT'S FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH YEAR THE BOARD IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST
QUESTIONNAIRE AND ANY CONFLICTS ARE DISCLOSED TO THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION IS REVIEWED BY THE BOARD IN EACH YEAR'S BUDGETING PROCESS. THE
BOARD HAS GATHERED AND REVIEWED COMPARABILITY DATA FROM SIMILAR
ORGANIZATIONS AND USES THIS INFORMATION TO REVIEW COMPENSATION AMOUNTS.

FORM 990, PART VI, SECTION C, LINE 19:

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

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

Name of the organization FRIENDS OF THE MINNESOTA SINFONIA	Employer identification number 41–1649587
ALL POLICIES, FINANCIALS, AND TAX DOCUMENTS ARE PUBLIC KNO	WLEDGE AND
AVAILABLE ON OUR WEBSITE	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ARTISTIC CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	197,431.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	197,431.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	197,431.
	_

CLIENT COPY

Mail To:

Website Address:

www.ag.state.mn.us/charity

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

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

C2

SECTION A: Organization Information	
Legal Name of Organization FRIENDS OF THE MIN	NESOTA SINFONIA
Federal EIN: 41-1649587	Fiscal Year-End: 09302020
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address:	Physical Address: JAY FISHMAN
Contact Person	Contact Person
901 N. THIRD STREET Street Address	901 N. THIRD STREET Street Address
MINNEAPOLIS, MN 55401-1022	MINNEAPOLIS, MN 55401-1022
City, State, and ZIP Code (612) 871-1701	City, State, and ZIP Code (612) 871-1701
Phone Number	Phone Number
MNSINFONIA@MNSINFONIA.ORG Email Address	MNSINFONIA@MNSINFONIA.ORG Email Address
Organization's website: <u>WWW.MNSINFONIA.ORG</u> List all of the organization's alternate and former names (attach li	Alternate Former
3. List all names under which the organization solicits contributions FRIENDS OF THE MINNESOTA SINFONIA MN SINFONIA	
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A	A? X Yes No
5. Total amount of contributions the organization received from Min	nnesota donors: \$
6. Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation.	
7. Has the organization significantly changed its purpose(s) or progressing Yes X No If yes, attach explanation.	ram(s)?

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8.	Has the organization been denied the right to solicit contributions by any court or government agency? Yes X No If yes, attach explanation.					
9.	Does the organization use the services of a professional fundraiser (outside solicitor or a solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):	consultant) to				
	Name of Professional Fundraiser	Compensation				
	Street Address	City, State, and ZIP Cod	e			
	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached Note: An organization that has total revenue of more than \$750,000 is required to file a accordance with generally accepted accounting principles by an independent CPA or L donated food to a nonprofit food shelf may be excluded from the total revenue if the for subsequent distribution at no charge and is not resold. Do any directors, officers, or employees of the organization or its related organization(s) compensation* of more than \$100,000? Yes X No If yes, provide the following information for the five highest paid individuals:	PA. The value of od is donated for				
			.			
	Name and title	Compensation*	Other compensation			
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 10	099-MISC (Box 7)				

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

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCO	ME	
1.	Contributions Received	\$ 1
2.	Government Grants	\$ 2
3.	Program Service Revenue	\$ 3
4.	Other Revenue	\$ 4
5.	TOTAL INCOME	\$ 5
EXPE	NSES	
6.	Program Expenses	\$ 6
7.	Management & General Expenses	\$ 7
8.	Fund-raising Expenses	\$ 8
9.	TOTAL EXPENSES	9
10.	EXCESS or DEFICIT	\$ 10
	(Line 5 minus Line 9)	
ASSE	TS .	
11.	Cash	\$ 11
12.	Land, Buildings & Equipment	\$ 12
13.	Other Assets	\$ 13
14.	TOTAL ASSETS	\$ 14
LIABI	ILITIES	
15.	Accounts Payable	\$ 15
16.	Grants Payable	\$ 16
17.	Other Liabilities	\$
18.	TOTAL LIABILITIES	\$ 18
FUNE	BALANCE/NET WORTH	\$

(Line 14 minus Line 18)

Section B (continued): Statement of Functional Expenses

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

	, ,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
<u> </u>	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
_	trustees, and key employees				
6.	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
a.	Management				
b.	Legal				
c.	Accounting				
d.	Lobbying				
e.	Professional fundraising services				
f.	Investment management fees				
g.	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
	Other expenses. Itemize expenses not covered				
Γ	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.					
b.					
C.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
<u>25.</u> 26.	Joint costs. Check here Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

Section C: Board of Directors Signatures and Acknowledgment

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

(Title) and	(Title) respectively, and
that we execute this document on behalf of the organization pursua	ant to the resolution of the
	(Board of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the	e document, and do hereby certify that the
	(Board of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and have	ve supervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true,	correct and complete to the best of our knowledge.
TINA ENBERG	
Name (Print)	Name (Print)
CLIENT COPY	CLIENT COPY
Signature	Signature
CHAIR	
Title	Title
Date	 Date