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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change MinnPost Name change 26-0573427 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 635 9th St SE 220 612-455-6950 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 55414 Minneapolis, MN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Peter Hutchinson for subordinates? Yes X No same as C above **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: www.minnpost.com H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2007 M State of legal domicile: MN Trust Part I Summary Briefly describe the organization's mission or most significant activities: MinnPost produces independent Activities & Governance journalism to serve as a trusted guide for Minnesotans exploring the if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 274,064. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 1,552,823. 1,333,163. Contributions and grants (Part VIII, line 1h) 294,846. 274,064. Program service revenue (Part VIII, line 2g) 270. 2,374. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 106,447. 89,672. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,954,386. ,699,273**.** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,131,775. 1,323,140. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 589,059. 526,552. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,720,834. 1,849,692. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 233,552. -150,419. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,303,702. 1,269,517. Total assets (Part X, line 16) 51,109. 167,343 21 Total liabilities (Part X, line 26) 三年 252,593. 102,174 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Peter Hutchinson, Board Chair Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name Steven D. Anseth,CPA Steven D. Anseth, CPA 09/28/23 self-employed P00552219 Paid Firm's name Abdo LLP Firm's EIN 41-1397419 Preparer

Firm's address 5201 Eden Ave,

Edina, MN 55436

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

X Yes

Phone no. 952.835.9090

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Form 990 (2022) MinnPost
Part III | Statement of Program Service Accomplishments 26-0573427 Page 2

Га	Otatement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	L
1	Briefly describe the organization's mission: MinnPost produces independent journalism to serve as a trusted	anido
	for Minnesotans exploring the critical issues, challenges and	guiue
	opportunities facing our state.	
	opportunities racing our state.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	103 [22] 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X 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 experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others.	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 355, 979. including grants of \$) (Revenue \$	274,064.)
	MinnPost produces thoughtful, in-depth journalism about civic a	ınd
	cultural affairs impacting Minnesota. We publish this coverage	
	it available for free to readers through our website and offer	
	re-publication to any member of the Minnesota Newspaper Associa	
	Through our reporting, we take readers beyond the headlines and	
	into the issues that matter through our public-service journali	
	empowering them to engage in the politics and policy-making sha	ping
	Minnesota's future.	
41.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,355,979.	·
		Form 990 (2022)

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Form 990 (2022) MinnPost 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		х
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		х
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
0	Schedule D, Part III	-		
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
40	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		<u> X</u>
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		<u> X</u>
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	Х	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	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		Х
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		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <i>''</i>		_
.5		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		\vdash
19	,	40		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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MinnPost 26-0573427 Form 990 (2022) Part IV Checklist of Required Schedules (continued) Yes No 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	encer if concedic o contains a response of note to any line in this fact v						,
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	22				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			1c		X	

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Form	990 (2022) MinnPost 26-057	3427	Р	age 5
Par	TtV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٠,,
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱.,		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	,		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			<u>├</u> ^
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			X
لم ما	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		1
u	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/		
Ū	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			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			177
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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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.

	· · · · · · · · · · · · · · · · · · ·					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	24			
	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	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t 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 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, 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	r by th	e following:			
а	The governing body?			8a	X	
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 read	ched a	at the			
	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 Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,			
	· · · · · · · · · · · · · · · · · · ·			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H = Y$,			7.7	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official			15a	Х	v
b	Other officers or key employees of the organization			15b		X
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		vitle o			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entitly during the year?			16-		Х
	taxable entity during the year?			16a		Λ
O	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in init yent we arrangements under applicable federal tox low, and take stone to define the organization.					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17 18	List the states with which a copy of this Form 990 is required to be filed MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 000)-T (section 501(a)(2)a	only	availal	
10	for public inspection. Indicate how you made these available. Check all that apply.	เน ฮฮเ)- 1 (SECTION SOLIC)(3)S	Orliy)	avalldi	Л С
			abadula O			
10	X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			finan	ادند	
19	statements available to the public during the tax year.	mict	or interest policy, and	midii	vial	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ike an	d records			
20	The Organization - 612-455-6950	ns all	a records			
	635 9th St SE 220 Minneapolis MN 55414					

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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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(do box	not c	Posi heck i ss per	ition	l than (s both	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Tanner Curl	40.00	_						01 044	•	6 246
Executive Director	1 00	₩	_	Х				91,344.	0.	6,316.
(2) Peter Hutchinson	1.00	┨							•	
Board Chair	1 00	Х	_	Х				0.	0.	0.
(3) Rebecca Shavlik	1.00								•	
Past Chair/Treasurer	1 00	Х		X				0.	0.	0.
(4) John Satorius	1.00	_							•	
Secretary	1 00	—		X				0.	0.	0.
(5) Kevin Armstrong	1.00								•	
Director	1	Х						0.	0.	0.
(6) Katie Cole	1.00	┦								
Director	1	Х						0.	0.	0.
(7) A.J. Colianni	1.00	_								_
Director		Х						0.	0.	0.
(8) Fran Davis	1.00	_								_
Director		Х						0.	0.	0.
(9) Jack Dempsey	1.00									
Director		Х						0.	0.	0.
(10) Jim Erickson	1.00	_								
Director		Х						0.	0.	0.
(11) Nancy Feldman	1.00									
Director		Х						0.	0.	0.
(12) Diane Hofstede	1.00									
Director		Х						0.	0.	0.
(13) Tom Horner	1.00									
Director		Х						0.	0.	0.
(14) Jonathan Kealing	1.00									
Director		Х						0.	0.	0.
(15) P. Jay Kiedrowski	1.00									
Director		Х				L		0.	0.	0.
(16) Barbara Klaas	1.00									
Director		Х	L		L	L		0.	0.	0.
(17) Joel Kramer	1.00									
Director		х							0.	

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	jH b	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	(do	not c	Pos heck	C) sition more		one	(D) Reportable compensation	(E) Reportable compensation		Estin	F) mated unt o	
	week (list any hours for related organizations below line)	tee or director	cer ar lustitutional trustee	Officer		Highest compensated cmployee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	/	compe	n the nization related	on d
(18) Laurie Kramer Director	1.00	Х						0.	,	١.			0.
(19) Glenn Miller	1.00	^						0.		' +			<u> </u>
Director		х						0.		۱. د			0.
(20) Adair Mosley	1.00									\top	-		
Director		Х						0.	().			0.
(21) Max Musicant	1.00												
Director		Х						0.	().			0.
(22) Ann Possis	1.00												
Director		Х						0.	(١.			0.
(23) Kari Ruth	1.00												_
Director	1 00	Х				<u> </u>		0.	(١.			0.
(24) Karen Schanfield Director	1.00	Х						0.		۱.			0.
bilector		^				\vdash		0.		'`			<u>.</u>
		1											
										\dashv			
1b Subtotal								91,344.	() .	6	, 31	6.
c Total from continuation sheets to Part VI								0.	(٥.			0.
d Total (add lines 1b and 1c)								91,344.	().	6	,31	6.
2 Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	,000 of reportable				0
											Y	'es	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s										.	3		X
4 For any individual listed on line 1a, is the su										ŀ			х
and related organizations greater than \$150											4		^
5 Did any person listed on line 1a receive or a											5		х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedule	e J 10	or st	ICII Į	oers	OH				<u> </u>			
Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than §	\$100,000 of comper	nsat ⁱ	ion from	1	
the organization. Report compensation for t	•	-							· · · · · · · · · · · · · · · · · · ·				
(A)								(B)			(C)		
Name and business	address	NC	ONE	3				Description of s	services	C	ompens	ation	
2 Total number of independent contractors (in	ncluding but n	ot lin	nited	d to	thos	se lis	ted	above) who received me	ore than				

Form **990** (2022)

\$100,000 of compensation from the organization

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Form 990 (2022) MinnPost
Part VIII Statement of Revenue

			Check if Schedule O co	onta	ins a respor	ise (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						
ant			Membership dues								
S S			Fundraising events				60,160.				
fts,			Related organizations				00,100.				
Contributions, Gifts, Grants and Other Similar Amounts											
ons,			Government grants (contrib								
utic		T	All other contributions, gifts, g			1	272 002				
ĕ			similar amounts not included a				273,003. 24,223.				
ont		•	Noncash contributions included in lin					1 222 162			
O g		n	Total. Add lines 1a-1f				Business Code	1,333,163.			
	_	2 a Advertising						274 064		274 064	
ice						_	541800	274,064.		274,064.	
erv		b				_					
n S		С				_					
ran 3ev		d				_					
Program Service Revenue		е				_					
Δ			All other program service re					074 064			
		g	Total. Add lines 2a-2f					274,064.			
	3		Investment income (includi	ing d	dividends, in	tere	st, and				
		other similar amounts)					2,374.			2,374.	
	4		Income from investment of	tax-	exempt bor	nd p	roceeds				
	5		Royalties								
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of	L	(i) Securiti	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
her Revenue		С	Gain or (loss)								
Pe		d	Net gain or (loss)								
ē			Gross income from fundraising								
퉏			including \$60								
			contributions reported on I								
			Part IV, line 18			8a	124,017.				
		b	Less: direct expenses				34,345.				
			Net income or (loss) from fi					89,672.			89,672.
			Gross income from gaming					,			
			Part IV, line 19	-		9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from g				l				
			Gross sales of inventory, le			Г.,					
		u	and allowances			10a					
		h	Less: cost of goods sold			10b					
			Net income or (loss) from s								
			THE INCOME OF 10000 HOLLS	دنانی	or miveritory		Business Code				
ns	11	•					Buomess sous				
Miscellaneous Revenue	• •	a b									
lla ven											
Sce Be		G C	All other revenue								
Ξ			All other revenue								
		ਦ	Total. Add lines 11a-11d					1,699,273.	0.	274,064.	92,046.
	12		Total revenue. See instruction	15 .				<u> </u>	ı	4/4,004•	<u> </u>

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Form 990 (2022) MinnPost Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	er organizations must con	nplete column (A).	
<u> </u>	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	156,038.	112,157.	10,154.	33,727.
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	985,031.	708,019.	64,102.	212,910.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	100 010		5 500	01 501
9	Other employee benefits	100,319.	72,107.	6,528.	21,684.
10	Payroll taxes	81,752.	58,762.	5,320.	17,670.
11	Fees for services (nonemployees):				
а	Management		2 24 7	100	
b	<u> </u>	3,550.	3,017.	420.	113.
	Accounting	33,572.	28,535.	3,970.	1,067.
	, , , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	066 404	006 500	21 514	0 465
	column (A), amount, list line 11g expenses on Sch 0.)	266,484.	226,503.	31,514.	8,467. 4,372.
12	Advertising and promotion	4,672.	300.	100	4,3/2.
13	Office expenses	21,662.	20,998.	108.	556.
14	Information technology	16,811.	11,990.	1,710.	3,111.
15	Royalties	75 157	F.C. 010	4 060	15 270
16	Occupancy	75,457.	56,010.	4,069.	15,378.
17	Travel	10,229.	9,351.	30/•	511.
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	26,162.	21,621.	1,297.	3,244.
23	Other expenses, Itemize expenses not covered	40,104.	21,021.	1,431.	3,444.
24	utner expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Other Expense	35,852.	8,427.	24,957.	2,468.
a b	Dues and Subscriptions	12,697.	7,279.	1,709.	3,709.
C	Equipment Rental and Ma	11,610.	9,835.	330.	1,445.
d	Printing and Publicatio	4,549.	2,000	3334	4,549.
	All other expenses	3,245.	1,068.	207.	1,970.
25	Total functional expenses. Add lines 1 through 24e	1,849,692.	1,355,979.	156,762.	336,951.
26	Joint costs. Complete this line only if the organization	_, -, -, -, -, -, -, -, -, -, -, -, -, -,	_, , _ , _ , _ ,		223,2324
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

26-0573427 Page **11** Form 990 (2022)
Part X Balance Sheet MinnPost

art X	Balance Sneet				
	Check if Schedule O contains a response or	note to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1,235,634.	1	528,217
2	Savings and temporary cash investments			2	550,635
3	Pledges and grants receivable, net			3	75,000
4	Accounts receivable, net		28,162.	4	61,136
5	Loans and other receivables from any currer				
	trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
	controlled entity or family member of any of	these persons		5	
6	Loans and other receivables from other disq				
	under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	5		38,381.	9	16,260
10a	Land, buildings, and equipment: cost or other	er			
	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	10b		10c	
11	Investments - publicly traded securities		11		
12	Investments - other securities. See Part IV, li		12		
13	Investments - program-related. See Part IV, li		13		
14	Intangible assets		14		
15	Other assets. See Part IV, line 11		1,525.	15	38,26
16	Total assets. Add lines 1 through 15 (must e		1,303,702.	16	1,269,51
17	Accounts payable and accrued expenses		51,109.	17	30,04
18	Grants payable			18	
19	Deferred revenue		19	100,00	
20	Tax-exempt bond liabilities		20		
21	Escrow or custodial account liability. Comple			21	
22	Loans and other payables to any current or f				
	trustee, key employee, creator or founder, su				
22	controlled entity or family member of any of			22	
23	Secured mortgages and notes payable to un			23	
24	Unsecured notes and loans payable to unrel			24	
25	Other liabilities (including federal income tax				
	parties, and other liabilities not included on I				
	of Schedule D		0.	25	37,29
26	Total liabilities. Add lines 17 through 25		51,109.	26	167,34
	Organizations that follow FASB ASC 958,	check here X			
	and complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions		846,403.	27	871,46
28	Net assets with donor restrictions		406,190.	28	230,70
	Organizations that do not follow FASB AS				
	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current fur	nds		29	
30	Paid-in or capital surplus, or land, building, o			30	
31	Retained earnings, endowment, accumulated			31	
27 28 29 30 31 32	Total net assets or fund balances		1,252,593.	32	1,102,174
33	Total liabilities and net assets/fund balances		1,303,702.	33	1,269,51

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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	1,69							
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,84 -15							
3	Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
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	1,10	2,1	74.					
Pa	rt XIII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				X					
				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 on Schedule	Ο.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,								
	consolidated basis, or both:									
	X 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									
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	225						
			Form	990	(2022)					

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization 26-0573427 MinnPost Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 MinnPost 26-0573427 Page 2

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1149382.	977,903.	2034592.	1552823.	1330964.	7045664.
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	1149382.	977,903.	2034592.	1552823.	1330964.	7045664.
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)						298,074.
6	Public support. Subtract line 5 from line 4.						6747590.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1149382.	977,903.	2034592.	1552823.	1330964.	7045664.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,155.	6,932.	3,041.	270.	2,374.	17,772.
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.)	535.	335.	121.	552.	2,199.	3,742.
11	Total support. Add lines 7 through 10						7067178.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	95 .4 8 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	96.11 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	t op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 2022

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	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per-						
	formed, 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 bus-						
	iness 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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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	г	_	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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 on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	-		•			
Se	check this box and stop herection C. Computation of Publi	c Support Per					
	Public support percentage for 2022 (I			oolumn (f)\		15	%
	Public support percentage from 2021					16	/ 6
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (f))		17	%
	Investment income percentage from 2			10, 00141111 (1))		18	%
	a 33 1/3% support tests - 2022. If the						
.00	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						ınd
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
4		
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
00		
10a		
10b		

	11 3 3 (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	ns)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If #Vee # describe in Part VI the relegions by the agreement in this record	3h		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

	dule A (Form 990) 2022 MinnPost TV Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}		6-0573427 Page 7
	on D - Distributions	a)(o) capporting orga	THE CONTINU	eu)	Current Year
	Amounts paid to supported organizations to accomplish exer	mnt nurnaga		1	Current fear
_1		<u> </u>			
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	n purposes or supported		2	
3		os of supported organizations		3	
	Administrative expenses paid to accomplish exempt purpose	es or supported organizations)	4	
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		5	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		6	
<u>6</u>	Other distributions (describe in Part VI). See instructions.			7	
7	Total annual distributions. Add lines 1 through 6.	a arganization is responsive			
8	Distributions to attentive supported organizations to which the	ie organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(2)	(**)	10	(····)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
-	line 7:				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	LAGOGG HOTH LULL				

Schedule A (Form 990) 2022

MinnPost 26-0573427

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
Otto Bremer Trust	314,800.	173,456.
Joel and Laurie Kramer	265,962.	124,618.
Total Excess Contributions to Schedule A, Part II, Line 5		298,074.

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.

Employer identification number

Name of the organization

MinnPost 26-0573427

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(h) Funds and other accounts
	Takah manah ang di afanan	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in w	liting that the accept held in department	and friends
5	-	_	
6	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or impermissible private benefit?		
Par		anization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization		Tarety, into 7.
•	Preservation of land for public use (for example, recreation)		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	-		0.
С	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff	ter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserve	tion accoments during the year
•	Amount of expenses incurred in monitoring, inspecting, nariding	ing of violations, and emorcing conserva	mon easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	•	
	organization's accounting for conservation easements.	-	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furt	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under FASB AS	•	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

(d) Book value

e Other

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

(a) Cost or other

basis (investment)

Land, Buildings, and Equipment.

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

Description of property

b Buildingsc Leasehold improvementsd Equipment

(b) Cost or other

basis (other)

(c) Accumulated

depreciation

Part VII Investments - Other Securities.		20	-U5/342/ Page •
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(Is) Dealers les
··	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
. (a) Description of liability	on i onli ooo, i aitiv, iiile	THE COLUMN SECTION SEC	(b) Book value
., , , , , , , , , , , , , , , , , , ,			(b) DOOK value
			37,296.
			31,430
(3)			
(4) (5)			
(6)			
(7)			
(7)			
• • •			
(0)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		37,296.

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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

vame of the organization MinnPos	t				1	mployer ide 6 – 0 5 7 3	ntification number 427
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. F	orm 990-EZ	filers are not
required to complete this part	l						
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individuals 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
compensated at least \$5,000 by the							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (or re	nount paid etained by) draiser in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exe	mpt from re	gistration

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events MinnPost (add col. (a) through Festival Anniversary col. (c)) (event type) (event type) (total number) 139,221. 34,700. 10,256. 184,177. Gross receipts 10,000. 60,160. 2 Less: Contributions 50,160. 89,061. 34,700. 256. 124,017. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 30,446. 3,742. 156. 34,344. 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 MINIPOST 26-	05/344/	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	of If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ are the same and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of continuous annials of		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, ,
			-
			-

Schedule G	G (Form 990)	MinnPost	26-0573427	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)		

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MinnPost

Employer identification number 26-0573427

Form 990, Part I, Line 1, Description of Organization Mission:
critical issues, challenges and opportunities facing our state.
Form 990, Part VI, Section A, line 2:
One board member is married to another (Laurie & Joel Kramer).
Form 990, Part VI, Section B, line 11b:
The Form 990 will be reviewed by management, the Finance Committee, and the
Board prior to filing.
Form 990, Part VI, Section B, Line 12c:
The board discloses possible conflicts of interest annually by submitting
and signing a form with those disclosures documented.
Form 990, Part VI, Section B, Line 15a:
The Executive Director's pay is determined by the board's executive review
and compensation committee.
Form 990, Part VI, Section C, Line 19:
The Organization makes its governing documents, conflict of interest
policy, and financial statements available upon request.
Form 990, Part IX, Line 11g, Other Fees:
Writers:
Program service expenses 168,825.
Management and general expenses 23,489. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 202

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022 Name of the organization MinnPost	Employer identification number 26-0573427
Fundraising expenses	6,311.
Total expenses	198,625.
Photographers:	
Program service expenses	19,636.
Management and general expenses	2,732.
Fundraising expenses	734.
Total expenses	23,102.
IT Support:	
Program service expenses	23,632.
Management and general expenses	3,288.
Fundraising expenses	883.
Total expenses	27,803.
Payroll Processing Fees:	
Program service expenses	14,281.
Management and general expenses	1,987.
Fundraising expenses	534.
Total expenses	16,802.
Other:	
Program service expenses	129.
Management and general expenses	18.
Fundraising expenses	5.
Total expenses	152.
Total Other Fees on Form 990, Part IX, line 11g, Col A	266,484.

Name of the organization	Employer identification number
MinnPost	26-0573427
Form 990, Part XII, Line 2c:	
The process has not changed from prior year.	

THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization	n
for a Tax Exempt Entity	

For calendar year 2022, or fiscal year beginning , 2022, and ending

Department of the Treasury

Form 8879-TF

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN 26-0573427 MinnPost Peter Hutchinson Name and title of officer or person subject to tax Board Chair Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 56950 X Lauthorize Abdo LLP to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 41321600062 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 09/28/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print MinnPost 26-0573427 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 635 9th St SE, 220 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Minneapolis, MN 55414 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) The Organization • The books are in the care of ▶ 635 9th St SE, 220 - Minneapolis, MN 55414 Telephone No. ► 612-455-6950 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until November 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form	990-T	E	Exempt Organization Business Income Tax Returnation (and proxy tax under section 6033(e))	rn		0. 1545-0047
		For cal	lendar year 2022 or other tax year beginning and ending		2	022
Depart Interna	ment of the Treasury I Revenue Service	ſ	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3	·).	Open to Pu	ublic Inspection for rganizations Only
Α 🗌	Check box if address changed.		Name of organization (ication number
<u>——</u>	empt under section	Print	MinnPost	2	6-05	73427
] 501(c)(3)] 408(e)220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 635 9th St SE, 220		p exemption instructions	
] 408A		City or town, state or province, country, and ZIP or foreign postal code Minneapolis, MN 55414	F	Check	s box if
		С Во	ok value of all assets at end of year		an am	ended return.
G C	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/i	university
H C	Check if filing only to)	Claim credit from Form 8941 Claim a refund shown on Form 2439			
l c	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation			
J E	nter the number of	attach	ed Schedules A (Form 990-T)		1	
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? didentifying number of the parent corporation.		Yes	X No
	he books are in car		The Organization Telephone number	612-	455-	6950
Par	rt I Total Unr	elate	d Business Taxable Income			
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see			
	instructions)			. 1		0.
2	Reserved			. 2		
3	Add lines 1 and 2			. 3		
4			see instructions for limitation rules)			0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5		
6	Deduction for net	operati	ng loss. See instructions	. 6		
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.			
	Subtract line 6 from	m line 5	5	. 7		
8	Specific deduction	ı (genei	rally \$1,000, but see instructions for exceptions)	8		1,000.
9	Trusts. Section 19	99A dec	duction. See instructions	9		
10	Total deductions.	. Add lii	nes 8 and 9	. 10		1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,			_
Da	enter zero			. 11		0.
Pai	rt II Tax Com				I	
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1		0.
2			ates. See instructions for tax computation. Income tax on the amount on			
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)			
3	Proxy tax. See ins					
4	Other tax amounts			_		
5	Alternative minimu					
6	-		cility income. See instructions			
7			h 6 to line 1 or 2, whichever applies	7	<u> </u>	0.
LHA	For Paperwork F	reauct	ion Act Notice, see instructions.		⊦orm	990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022) Page 2

Part	<u>_</u> `	Tax and Payments							<u>'</u>	age Z
1a			ch Form 1118; trusts attach Form 1116)		1a					
b	•	· · · · · · · · · · · · · · · · · · ·	•		4.					
c			m 3800 (see instructions)							
d			tach Form 8801 or 8827)							
e			1d				1e			
2							2			0.
3		amounts due. Check if from:					\ <u></u>	1		
	oo.						3			
4	Total	tax Add lines 2 and 3 (see ins	structions). Check if includes							
•		on 1294. Enter tax amount here		-	•	arraor	4			0.
5			n Form 965-A, Part II, column (k)			-		1		0.
6a			dited to 2022							
b	-	• •	k if section 643(g) election applies		¬ 					
c										
d			vithheld at source (see instructions)							
e			s)							
f			urance premiums (attach Form 8941)							
g			ments: Form 2439							
3		Form 4136	Other		6g					
7			 gh 6g				7	1		
8			\ o] 8			
9		. , ,	total of lines 4, 5, and 8, enter amount of				9			
10			the total of lines 4, 5, and 8, enter amou							
11			t: Credited to 2023 estimated tax	•		Refunded	- 1			
Part	IV S	Statements Regarding (Certain Activities and Other In	formati	on (see instru	uctions)				
1	At an	y time during the 2022 calenda	ar year, did the organization have an inte	rest in or	a signature or	other authority	/		Yes	No
	over a	a financial account (bank, secu	rities, or other) in a foreign country? If "Y	es," the	organization ma	ay have to file				
	FinCE	N Form 114, Report of Foreigr	n Bank and Financial Accounts. If "Yes,"	enter the	name of the fo	reign country				
	here									Х
2	Durin	g the tax year, did the organiza	ation receive a distribution from, or was i	t the gran	tor of, or transf	feror to, a				
	foreig	n trust?								Х
			orms the organization may have to file.							
3	Enter	the amount of tax-exempt inte	rest received or accrued during the tax y	year		\$				
4		available pre-2018 NOL carryo		Do not i	nclude any pos	t-2017 NOL c	arryov	er		
	show	n on Schedule A (Form 990-T).	Don't reduce the NOL carryover shown							
5	Post-2	2017 NOL carryovers. Enter the	e Business Activity Code and available p	ost-2017	NOL carryover	s. Don't reduc	e			
	the ar	mounts shown below by any N	OL claimed on any Schedule A, Part II, li	ine 17 for	the tax year. S	ee instruction	S.			
		Busir	ness Activity Code		Available p	ost-2017 NOL	carryc	ver		
				\$	i					
				\$	i					
6a	Did th	e organization change its meth	nod of accounting? (see instructions)							X
b	If 6a i	s "Yes," has the organization o	described the change on Form 990, 990-	EZ, 990-P	F, or Form 112	8? If "No,"				
Part	V :	Supplemental Informati	on							
Provide	e the ex	xplanation required by Part IV,	line 6b. Also, provide any other additiona	al informa	tion. See instru	uctions.				
0:			ave examined this return, including accompanying sch urer (other than taxpayer) is based on all information of				ledge and	d belief, it is tr	ue,	
Sign		, , ,					May the	IRS discuss th	nis return v	vith
Here	_			oard (<u>Chair</u>		the prepa	arer shown bel	low (see	
	S	gnature of officer	Date Title				instructio	ons)? X	Yes	No
		Print/Type preparer's name	Preparer's signature	D	ate	Check	if P	TIN		
Paid		Steven D.	Steven D.			self- employe				
Prepa	arer	Anseth, CPA	Anseth, CPA	0	9/28/23	1		P00552		
Use C		Firm's name Abdo LL				Firm's EIN		41-139	9741	9
	-		Eden Ave, Ste 250							
		Firm's address Edina	., MN 55436			Phone no.	952			
223711 0	1-16-23							Form 🤄	990-T	(2022)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information.

	ment of the Treasury Il Revenue Service Do not enter SSN numbers on this form as it	may be m	ade public if your organiza	ation is a 501(c)(3).			olic Inspection for ganizations Only
A 1	lame of the organization MinnPost				oyer identification number 0 5 7 3 4 2 7		
<u>c</u> ւ	Unrelated business activity code (see instructions) 54180	0		D Sequence:		1 of	1
	Adventiging						
	Describe the unrelated trade or business Advertising					Τ	
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C	C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a							
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11	274,064.	135,07	78.	1	38,986.
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	274,064.	135,07	78.	1	38,986.
	Deductions Not Taken Elsewhere See instruct directly connected with the unrelated business in	ncome		T		ıs must b	oe
1	Compensation of officers, directors, and trustees (Part X)			1	1	 	
2	Salaries and wages				2	 	
3	Repairs and maintenance			1	3		
4	Bad debts				<u>4</u> 5	-	
5	Interest (attach statement). See instructions				<u> </u>	-	
6	Taxes and licenses		1 _ 1		6		
7	Depreciation (attach Form 4562). See instructions				OI-	1	
8	Less depreciation claimed in Part III and elsewhere on return				8b	\vdash	
9	Depletion Contributions to defend a support of the second				9	 	
10	Contributions to deferred compensation plans				10	 	
11	Employee benefit programs				11	 	
12	Excess exempt expenses (Part VIII)				12	1	30 00 <i>6</i>
13	Excess readership costs (Part IX)				13	 	38,986.
14	Other deductions (attach statement)				14	1	20 00 <i>6</i>
15					15	 	38,986.
16	Unrelated business income before net operating loss deduction. S	ubtract li	ne 15 trom Part I. line 13	3. l		1	

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

16

17

17

Deduction for net operating loss. See instructions

Pac	ıe	4

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	on		Page 2
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	•			Van Na
9 Part	Do the rules of section 263A (with respect to property p IV Rent Income (From Real Property and				Yes No
	, , , ,	•	-		
1	Description of property (property street address, city, st	ate, ZIP code). Check i	t a dual-use. See instru	ictions.	
	В				
	c \square				
	D				
		Α	В	С	D
2	Rent received or accrued	7			
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	through D. Enter here a	and on Part I, line 6, co	olumn (A)	0.
5	Total deductions. Add line 4 columns A through D. Ent	ter here and on Part I. I	ine 6. column (B)		0.
Part		e instructions)	, , , , , , , , , , , , , , , , , , , ,		
1	Description of debt-financed property (street address, c	ity, state, ZIP code). Ch	neck if a dual-use. See	instructions.	
	A				
	В 🔲				
	c				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
^	financed property (attach statement)			2.1	-
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	Fatanbarran 1 - 5 - 1	1 Bas 7 bas (A)		0.
8	Total gross income (add line 7, columns A through D).	Enter nere and on Part	i, line /, column (A)		U •
9	Allocable deductions Multiply line 2s by line 6				
10	Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A thro	Jugh D. Enter here and	on Part I line 7 colum	nn (R)	0.
11	Total dividends-received deductions included in line				0.

Part	VI Interest, Annu	ities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (se	e instruct	tions)		Page 3
	·					E	Exempt Contro	<u> </u>				
	Name of controlled organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Pathat is control	ort of colur included olling orga gross inc	mn 4 in the aniza-	6. Deductions connected income in col	with
(1)												
(2)												
(3)												
(4)				<u> </u>		<u> </u>						
	Tavabla la sans			1	Controlled Or	-		-£ l	0		Dadi atiana di	
,	. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	luded i	n the ation's		Deductions dir connected with come in column	h
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and on	Part I,	Ente	I columns 6 and or here and on F ine 8, column (Part I,
Totals									0.			0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee insti	ructions)			
		cription of			2. Amou incon	nt of	3. Deduction directly connected (attach states	ons ected		asides tatemer	5. Total dec and set-a (add cols 3	asides
(1)												
(2)												
(3)												
(4)					A -1-1						0 dd	
					Add amou column 2.						Add amou	
					here and or	n Part I,					here and or	n Part I,
T-4-1-					line 9, colu						line 9, colu	. ,
Totals Part	VIII Evaluited E	vemnt A	Activity Income	Other 1	 [han ∆dye	0.	n Income	ooo ino	tw.otiono\			0.
1	Description of exploite			, Other i	IIIIII Auve	i uəni	g income (see ins	structions)) 		
2	Gross unrelated busine	•		ness Ente	r here and o	n Part I	line 10. colum	n (Δ)		2		
3	Expenses directly con						•					
-	line 10, column (B)		•					,		3		
4	Net income (loss) from											
	,					•	, ,			4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expens											
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2022

	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or more per	iodicals on a c	onsolidated basis		
	A Website					
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in the	corresponding col	umn.			
	F		Α	В	С	D
2	Gross advertising income	2'	74,064.	_		
	Add columns A through D. Enter here and on					274,064.
а	Ç	, ,				-
3	Direct advertising costs by periodical	1:	35,078.			
а	Add columns A through D. Enter here and on		umn (B)			135,078.
		<u></u>				
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8	1	38,986. 13,654.			
5	Readership costs	2	13,654.			
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
	than line 6, enter zero	2:	13,654.			
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of					
	line 4, enter the lesser of line 4 or line 7		38,986.			
а	Add line 8, columns A through D. Enter the g	reater of the line 8a	a, columns tota	al or zero here and	d on	120 006
Part	X Compensation of Officers, Dir	rootore and T				138,986.
Part	Compensation of Officers, Dif	rectors, and in	iusiees (se	e instructions)		
	A Name		O T'11-		3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
1)					to business	unrelated business
1)					% %	
2)						
2) 3)					%	
2) 3)						
2) 3) 4)	Enter here and on Part II, line 1				%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1	oo instructions)			%	0.
2) 3) 4)		ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	. Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.
2) 3) 4) Total	Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			%	0.