EXTENDED TO MAY 15, 2023

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury

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

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

Open to Public

JUL 1, 2021 and ending JUN 30, A For the 2021 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change MINNESOTA CHORALE Name change 23-7272193 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 612-333-4866 1200 MARQUETTE AVE, STE 100 termin-ated 456,064. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return MINNEAPOLIS, MN 55403 H(a) Is this a group return Applica-F Name and address of principal officer: BOB PESKIN Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.MNCHORALE.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1972 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: THE MINNESOTA CHORALE SINGS TO Activities & Governance UNITE PEOPLE AND AMPLIFY DIVERSE VOICES THROUGH RIGOROUS ARTISTIC Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 6 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 202 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 235,410. 348,986. Contributions and grants (Part VIII, line 1h) Revenue 1,170. 101,917. Program service revenue (Part VIII, line 2g) 534. 52. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,591. 8.647. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 245,761. 452,546. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 200,007. $29\overline{7,877}$ Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 62,222. 154,609. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 262,229. 452,486. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -16,468. 60. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 110,507. 156,197. 20 Total assets (Part X, line 16) <u>12,</u>793. 58,543. 21 Total liabilities (Part X, line 26) 97,654. 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 BOB PESKIN, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed DEAN RICHARDS DEAN RICHARDS 11/10/22 P00029984 Paid SMITH, SCHAFER & ASSOCIATES, LTD. Firm's EIN ▶ 41-1489071 Preparer Firm's name Firm's address > 7500 HIGHWAY 55, SUITE 350 Use Only Phone no. 952 - 920 - 1455 MINNEAPOLIS, MN 55427 May the IRS discuss this return with the preparer shown above? See instructions Yes No

MINNESOTA CHORALE

Pai	till Statement of Program Service Accomplishments	٦
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission: THE MINNESOTA CHORALE SINGS TO UNITE PEOPLE AND AMPLIFY DIVERSE VOICES	
	THROUGH RIGOROUS ARTISTIC PRACTICE AND JOYOUS COLLABORATION.	
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
_	prior Form 990 or 990-EZ?)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 expenses, and	
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 272,575 • including grants of \$) (Revenue \$ 107,026 •	_
4a	(Code:) (Expenses \$ 272,575 · including grants of \$) (Revenue \$ 107,026 · THE ORGANIZATION IS AN ACCLAIMED, PROFESSIONAL-CORE SYMPHONIC CHORUS ·)
	IT PERFORMS SOME 20 CONCERTS YEARLY WITH A VARIETY OF ENSEMBLES,	_
	INCLUDING PROFESSIONAL, AMATEUR AND YOUTH ORCHESTRAS, AS WELL AS OTHER	_
	CHOIRS. THE ORGANIZATION'S BRIDGES PROGRAM PROJECTS THE POWER OF SONG	_
	INTO THE COMMUNITY, DRAWING ON THE ENERGY OF MUSIC TO BRING PEOPLE	_
	TOGETHER AND ADDRESS SOCIAL PROBLEMS.	_
		_
		_
		_
		_
		_
4b	(Code:) (Expenses \$ 85 , 103 • including grants of \$) (Revenue \$)
	AMONG THE ORGANIZATION'S YOUTH EDUCATION PROGRAMS IS THE MINNEAPOLIS	
	YOUTH CHORUS AND PRELUDE CHOIR, WHICH COMPRISE NEARLY 100 STUDENTS IN	
	GRADES 3-10 ENROLLED IN MINNEAPOLIS PUBLIC SCHOOLS. THIS PROGRAM IS	
	OFFERED IN PARTNERSHIP WITH THE SCHOOL DISTRICT. THE ORGANIZATION'S	
	OTHER COMMUNITY-ENGAGEMENT EFFORTS INCLUDE THE INCHOIR PROGRAM FOR	
	ADULTS, EMERGING CONDUCTOR WORKSHOP, AND VOICES OF EXPERIENCE, A CHOIR	
	FOR OLDER SINGERS OFFERED IN PARTNERSHIP WITH MACPHAIL CENTER FOR	
	MUSIC.	
		_
		_
		_
_		_
4c	(Code:) (Expenses \$)
		_
		_
		_
		_
		_
		_
		-
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	_
·u	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses 357 - 678 -	_

Form 990 (2021) MINNESOTA CHORALE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			-
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	Х	
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ ₃₇
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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,			\ _{3,7}
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a		20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		-
۲۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	as as a second and the second a			

Form 990 (2021) MINNESOTA CHORALE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			╁
00	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		┢▔
UZ.	Cohodulo N. Dort II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		╁
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			├
5 7		34		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		 -
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		\vdash
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			┢▔
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_ 00		
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defided to define a response of flote to diff fille if the fact v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3		169	140
	Enter the number reported in box 3 of Form 1090. Enter -0- in not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	10		
	(garnoung) withings to prize withers:	1c		—

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

			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 6		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			Х
		3a		
		3b		
4a		4-		x
		4a		
D				
5 0		5a		Х
		5b		X
		5c		
		30		
ou		6a		x
h	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Cross income from members or shareholders			
		6b		
7				
		7a		х
	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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? To the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 7a 7b 7c 7c 7c 7c 7d 7d 7e 7e 7e 7f 7f 7g 1f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7g 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b			
		7с		Х
d				
е		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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				
а				
11				
D				
10-		12a		
		ıza		
	38 Did the organization have unrelated business gross income of \$1,000 or more during the year? bit "Yes," has it filed a Form 990T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) bit "Yes," enter the name of the foreign country to guide hear the security of the region of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). By Was the organization to a provide an explanation of any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? cit "Yes" to line See or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? cit "Yes" to line See or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? Organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? Organization receive a payment in excess of \$70 made party as a contribution and party for goods and services provided to the payor? bit "Yes," did the organization notity the donor of the value of the goods or services provided? bit the organization seeleve a payment in excess of \$70 made party as a contribution of any any and party and party for which it was required to file Form 8222? bit the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? bit the organi			
_		13a		
b				
С				
		14a		Х
b		14b		
15				
	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
		17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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 10									
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		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
-	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00								
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	tion Divided (This cooling Dioqueste information about periode not required by the internal riorente code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
·	on Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		х						
	Other officers or key employees of the organization	15b		X						
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130								
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
iua		16a		х						
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa								
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	and the state of t	16b								
<u>Sac</u>	exempt status with respect to such arrangements?tion C. Disclosure	IOD								
17	List the states with which a copy of this Form 990 is required to be filed ►MN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	e only) avail	ahla						
10	for public inspection. Indicate how you made these available. Check all that apply.	o or ny	, avalli	aDIC						
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	acial							
19	statements available to the public during the tax year.	u iiiial	ıcıdı							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	ROBERT PESKIN - 612-455-2298									
	1200 MARQUETTE AVENUE, SUITE 100, MINNEAPOLIS, MN 55403									

23-7272193

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

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average hours per week	box	Positi do not check m ox, unless pers officer and a dire			than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROBERT A PESKIN	40.00	1		,,				62 500	0	0
EXECUTIVE DIRECTOR	1 00			Х				63,500.	0.	0.
(2) ELIZABETH BARCHENGER	1.00	X		х				0.	0.	0.
TREASURER (3) ERIC BREECE	1.00	^		^				0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
(4) KATE BIEDERWOLF	1.00	┝						0.	0.	<u> </u>
REPRESENTATIVE	1.00	x						0.	0.	0.
(5) SCOTT CHAMBERLAIN	1.00	123							•	
DIRECTOR		x						0.	0.	0.
(6) MARIELLEN JACOBSON	5.00	 								
PRESIDENT		x		x				0.	0.	0.
(7) ELIZABETH PAULY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) PAIGE WINEBARGER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) STEVE HUGHES	1.00									
DIRECTOR	<u> </u>	Х						0.	0.	0.
(10) SUSAN TARNOWSKI	1.00	l								
DIRECTOR	1	Х						0.	0.	0.
-										
		_	_	_	_	_	_			

Form 990 (2021) MINNESOTA	A CHORAI	LΕ							23-7	27219	3 1	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more erson	than	th an	(D) Reportable compensation from	(E) Reportable compensatio from related	on a	(F) Estima amoun othe	ted t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 5/ 1099-NEC)		mpens from t rganiza and rela ganiza	sation he ation ated
										_		
										_		
1b Subtotal								63,500.		0.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							▶	63,500.		0.		0.
Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	,000 of reportab	le		0
											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		•		•		•		•	3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	the organization	4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-							X
Section B. Independent Contractors	picte dericaul		0/ 30	ucii	per	3011				<u>J</u>		
Complete this table for your five highest co the organization. Report compensation for										npensatio	1 from	
(A) Name and business			ONI			0		(B) Description of s			(C) pensati	on
		-11	J111									

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form	99	O (2	2021) MIN	INE	SOT	A CHO	RALE			23-7272	193 Page 9
Pai	rt V	/	Statement of Re	ven	iue						
			Check if Schedule O	conta	ains a ı	response	or note to any li	ne in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f g h a b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f PERFORMANCE F	ributi grant abov lines	ions) is, and i/e la-1f		14,205. 173,715. 161,066. Business Code 711130		101,917.		
Proc 		e f	All other program service	rovo	nua						
			Total. Add lines 2a-2f					101,917.			
	3	9	Investment income (include other similar amounts)	ding	divider	nds, inter	est, and	52.			52.
	4		Income from investment of								
	5		Royalties	<u></u>			. <u></u>				
		b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	6a 6b 6c	(i)	Real	(ii) Personal				
			Gross amount from sales of assets other than inventory	7a	(i) Se	ecurities	(ii) Other	_			
/enne			Less: cost or other basis and sales expenses Gain or (loss)	7b				-			
Re			Net gain or (loss)				>				
Other Re			Gross income from fundraisir including \$ 14 contributions reported on Part IV, line 18	line	05. 1c). Se	of ee 8a					
			Less: direct expenses				3,518.	2 542			2 540
			Net income or (loss) from		-		_	-3,518.			-3,518.
	9	а	Gross income from gamin	-							
		L	Part IV, line 19				<u> </u>	-			
			Less: direct expenses Net income or (loss) from				<u>'I</u>				
	10		Gross sales of inventory, I								
			and allowances			10		-			
			Net income or (loss) from				>				
s							Business Code				
اه و	11	а	OTHER REVENUE	:			711130	5,109.	5,109.		

5,109. 452,546.

107,026.

0.

b c

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

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

-	Check if Schedule O contains a respon			· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	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,	62 500	62 500		
	trustees, and key employees	63,500.	63,500.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	214,081.	160,075.	25 020	20 070
7	Other salaries and wages	414,UO1.	100,073.	25,928.	28,078.
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)	6,451.	3,973.	1,239.	1 230
	Other employee benefits	13,845.	10,971.	1,297.	1,239. 1,577.
10 11	Payroll taxes Fees for services (nonemployees):	13,013.	10,3710	1,257.	1,3111
'' a	Management				
b					
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	//(!) 44				
_	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	4,990.			4,990.
13	Office expenses	16,708.	9,315.	2,827.	4,566.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	220.	110.	110.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1 150		1 150	
20	Interest	1,152.		1,152.	
21	Payments to affiliates	400.	220.	140.	40.
22	Depreciation, depletion, and amortization	3,684.	1,842.	1,842.	40.
23	Other expanses Itamize expanses not severed	3,004.	1,042.	1,042.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) CONTRACT SINGERS	74,470.	74,470.		
a h	PRODUCTION COST	31,384.	31,384.		
C	OTHER CONTRACT SERVICES	18,601.	266.	18,322.	13.
d	TELEPHONE	2,380.	1,428.	476.	476.
	All other expenses	620.	124.	248.	248.
25	Total functional expenses. Add lines 1 through 24e	452,486.	357,678.	53,581.	41,227.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (0004)

Form 990 (2021)
Part X Balance Sheet

Pa	πλ	Balance Sheet					
		Check if Schedule O contains a response or	note to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			144,677.	1	76,918.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,682.	3	23,001
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8,638.	8	9,788
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,637.			
	b	Less: accumulated depreciation	10b	4,837.	1,200.	10c	800
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	156,197.	16	110,507
	17	Accounts payable and accrued expenses			16,443.	17	12,793
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer off	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
jab		controlled entity or family member of any of t	hese per	ons		22	
_	23	Secured mortgages and notes payable to un		F	42,100.	23	0
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			FO F42	25	10 702
	26	Total liabilities. Add lines 17 through 25			58,543.	26	12,793
S		Organizations that follow FASB ASC 958, or	check he	re ▶ 🔼			
nce		and complete lines 27, 28, 32, and 33.			07 (54		77 714
ala	27	Net assets without donor restrictions			97,654.	27	77,714
B B	28	Net assets with donor restrictions				28	20,000
<u>.</u>		Organizations that do not follow FASB ASC	C 958, ch	eck here 🕨 📖			
P		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fun				29	
.SS(30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			07 654	31	07 711
ž	32	Total net assets or fund balances			97,654.	32	97,714.
	33	Total liabilities and net assets/fund balances			156,197.	33	110,507.

Form **990** (2021)

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			2,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		45	2,4	86.
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>60.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9	7,6	54.
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)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII						14.
Pa	rt XII Financial Statements and Reporting					
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other						
					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	e O.				
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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
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						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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:					
	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	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

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.

► 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 MINNESOTA CHORALE 23-7272193 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	71	•	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	,	,	,	,	,	()
	membership fees received. (Do not						
	include any "unusual grants.")	242,642.	205,137.	375,800.	191,086.	307,645.	1,322,310.
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	0.40 6.40	005 105	200	101 006	205 645	
	Total. Add lines 1 through 3	242,642.	205,137.	375,800.	191,086.	307,645.	1,322,310.
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,						123,088.
	column (f)						
	Public support. Subtract line 5 from line 4.						1,199,222.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Amounts from line 4	242,642.	(b) 2018 205,137.	(c) 2019 375,800.	(d) 2020 191,086.	(e) 2021 307,645.	1,322,310.
	Gross income from interest,	212,0120	200,20,0	3,3,337		30770231	1,022,020.
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	8.	410.		534.	52.	1,004.
9	Net income from unrelated business	-	-			-	,
_	activities, whether or not the						
	business is regularly carried on	14,652.	19,484.	10,134.			44,270.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	5,546.	9,798.	573.	52,702.	46,450.	115,069.
11	Total support. Add lines 7 through 10						1,482,653.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	535,650.
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						<u></u> ▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (I					14	80.88 %
	Public support percentage from 2020					15	75.65 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
t	33 1/3% support test - 2020. If the c	-					
4-	and stop here. The organization qual						
1/2	10% -facts-and-circumstances test	_					
	and if the organization meets the fact			=	•	-	
L	meets the facts-and-circumstances te	-		* * * * * * * * * * * * * * * * * * * *	-	17a, and line 15 is	
r.	 10% -facts-and-circumstances test more, and if the organization meets the 	_					1070 UI
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization		-				s

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2021 (line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	: III, line 15			16	%
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and line	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2020. If the						and
line 18 is not more than 33 1/3%, che	•			•	·	
20 Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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
	1		
	2		
	3a		
	3b		
	_		
	3с		
	4a		
	-1 a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	6		
	8		
	9a		
	01-		
	9b		
	9c		
	10a		
lula	10b		2021

Par	t IV	Supporting Organizations (continued)			<u> </u>
		1. Commody		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
-		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	prized organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		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		100	110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (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 in	structio	ns).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ting Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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-function	nally integra	ted Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

	dule A (Form 990) 2021 MINNESOTA CHO				3-/2/2193 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which to	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	-	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ns	Distributable
			Pre-2021		Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
h	Excess from 2018				

Schedule A (Form 990) 2021

c Excess from 2019 d Excess from 2020 e Excess from 2021

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

MINNESOTA CHORALE 23-7272193

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
TARGET FOUNDATION	37,500.	7,847.
MCKNIGHT FOUNDATION	45,000.	15,347.
TOM KNABEL	50,500.	20,847.
JOHN BASSETT ESTATE	108,700.	79,047.
Total Excess Contributions to Schedule A, Part II, Line 5		123,088.

Schedule B

Department of the Treasury Internal Revenue Service

MINNESOTA CHORALE

Schedule of Contributors

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

23-7272193

OMB No. 1545-0047

Name of the organization Employer identification number

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

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

MINNESOTA CHORALE

23-7272193

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS KNABEL 1605 NORTHROP LANE MINNEAPOLIS, MN 55403	\$ 15,294.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM AND MARCELYN SMALE 3216 CLINTON AVE. MINNEAPOLIS, MN 55408	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LAUREL DREVLOW 11421 50TH ST N LAKE ELMO, MN 55042	\$ 6,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PAIGE WINEBARGER 9325 QUINN RD BLOOMINGTON, MN 55437	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SUE & GARY SCHIESS 12641 RIVERVIEW RD EDEN PRAIRIE, MN 55347	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	IVY & MARK BERNHARDSON 117 PORTLAND AVE, APT 705 MINNEAPOLIS, MN 55401	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MINNESOTA CHORALE

23-7272193

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

Name of organization **Employer identification number**

23-7272193 MINNESOTA CHORALE Part III

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MINNESOTA CHORALE

Employer identification number 23-7272193

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		•
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
			-	Yes No
Pa	rt II Conservation Easements. Complete if the or			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea		a historically	important land area
	Protection of natural habitat	Preservation of		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conserv	ation 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				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d				
	listed in the National Register		I	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170((h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement a	and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that de	scribes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections o		ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	· ·		
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of	f public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 95	•		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	l gain, provid	de
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part Y		_	¢

a Public exhibition d Loan or exchange program	Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tı	easures, o	or Othe	r Similar A	sset	S (contii	nued)	- J -
a Public exhibition d	3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the	following tha	at make si	ignificant use	of its			
b Scholarly research c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Description of the organization of the organization scillaction? Ves No		collection items (check all that apply):										
c	а	Public exhibition	d	ι 🗆 ι	oan or exc	hange progra	am					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, xine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, xine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, xine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, xine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, xine 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 2 Beginning balance 2 Both the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 3 Yes No 5 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions 1c Not investment earnings, gains, and losses of Complete if the organization answered and administered for the organization and programs 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment \(\) \	b	Scholarly research	е	. 🗌	Other							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, xine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, xine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, xine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, xine 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, xine 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 2 Beginning balance 2 Both the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 3 Yes No 5 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions 1c Not investment earnings, gains, and losses of Complete if the organization answered and administered for the organization and programs 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment \(\) \	С	Preservation for future generations										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 21. 1 Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 11. 2 Beginning balance Id Amount Id Amount Id Amount Id Id Id Id Id Id Id I	4	_	llections and explai	n how th	ey further t	he organizati	on's exer	npt purpose ir	n Part 2	XIII.		
Description Totale funds rather than to be maintained as part of the organization's collection?	5											
reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XY b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1b it is a possible of the current year of the current year end balance in the standard programs 1c grants or scholarships d Seginning of year balance 1c years back it is a possible or the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment 96. Terme endowment Purds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (iii) Related organizations (ive in Part XIII the intended uses of the organizations is informed. D Escription of property (a) Cost or other 2 Possible in Part XIII the intended uses of the organization such that are held and administered for the organization by: (b) Unrelated organizations (iii) Related organizations (ive in Part XIII the intended uses of the organization sendownent funds. D Escription of property (b) Cost or other 2 Description of property (c) Cost or other (c) Cost or other (d) Book value be Buildings c Leasehold improvements (d) Book value D Buildings c Leasehold improvements 5 7, 637. 4 7, 837. 800.										Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par		•	ete if the	organizatio	n answered	"Yes" on	Form 990, Par	rt IV, lir	ne 9, oı		
on Form 990, Part X? b if "Yes," explain the arrangement in Part XIII and complete the following table: Amount Complete Comp												
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a											1
d Additions during the year e Distributions during the year 1									Ш	Yes		No
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Iwo years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment Imes 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (ives in the related organizations is endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value basis (investment) (e) Other (b) Cost or other basis (other) (d) Book value (e) Bouldings (e) Leasehold improvements (e) Equipment (f) Cost or other basis (other) (f) Book value	b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing t	able:							
d Additions during the year Distributions during the year Distributions during the year Ending balance It									/	Amoun	t	
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Incompared Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Incompared Yes' on Form 990, Part IV, line 10. Part V	С	Beginning balance						. 1c				
f Ending balance	d	Additions during the year						. 1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year						. 1e				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part V Endowment Ive interests in the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Ive interests in the organization has been provided on Part XIII Interests in the possess back (e) Four years back (e) Four yea	f	Ending balance						. 1f				
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or c	ustodial acco	ount liabili	ty?	Ш	Yes		No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (f) Three years back (g) Four years back (g)	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has beer	n provided on	Part XIII					
1a Beginning of year balance	Par	t V Endowment Funds. Complete if	the organization ar	nswered	"Yes" on F							
b Contributions			(a) Current year	(b) Pi	rior year	(c) Two year	rs back ((d) Three years	back	(e) Fou	years	back
b Contributions	1a	Beginning of year balance										
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment	d											
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		T										
a Board designated or quasi-endowment ▶		-	ent vear end haland	l Se (line 1)	r column (a)) beld as:						
b Permanent endowment ▶			one year end balane	•	y, coluitii (ajj ricia as.						
c Term endowment ▶	a	_	0.4									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 5 , 637 4 4, 837 800 6	D											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 5,637. 4,837. 800.	C		=									
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations	0-		•	-4' 41	4 le el el e				_			
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment Other	Зa		ssion of the organiz	ation tha	t are neid a	and administe	erea for tr	ne organization	1	ı	Voc	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other		-								- ·	162	INO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other										<u> </u>		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment o Other Other		(II) Related organizations										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment o Other										3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other				owment f	unds.							
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	Par			0 D-+ N		D F 000	D+ V	li 40				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other		· · · · · · · · · · · · · · · · · · ·	_						1			
b Buildings c Leasehold improvements d Equipment 5,637. 4,837. 800.		Description of property	1 ' '						(d) Boo	k value	9
b Buildings c Leasehold improvements d Equipment 5,637. 4,837. 800.	1a	Land										
c Leasehold improvements 5,637. 4,837. 800. e Other 300.	_											
d Equipment 5,637. 4,837. 800.	С											
e Other						5,637.		4,837.			8	00.
	е											
				X, colum	nn (B), line	10c.))			8	00.

Schedule D (Form 990) 2021 MINNESOTA C	HORALE	23	-7272193 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
<u>(1)</u>			
(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"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)	- 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 900 Part IV line	110 or 11f Soo Form 900 Part V line 25	•
(15)	on Form 990, Fart IV, line	The of Thi. See Form 990, Part X, line 23	(b) Book value
			(b) Dook value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

X

(9)

456,004.

-3,518.

452,486.

4c

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	dule D (Form 990) 2021 MINNESOTA CHORALE	manua With	Davanua nas F		272193 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State		Revenue per F	teturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			C10 F10
1	Total revenue, gains, and other support per audited financial statements			1	612,510
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	156,446.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	<u>-</u>		2e	156,446
3	Subtract line 2e from line 1			3	456,064
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		-3,518.		
С	Add lines 4a and 4b			4c	-3,518
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	452,546
Pai	t XII Reconciliation of Expenses per Audited Financial State				n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	612,450
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	156,446.		
b	Prior year adjustments				
С	Other losses	_			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	156,446

Part XIII Supplemental Information.

c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Subtract line 2e from line 1

b Other (Describe in Part XIII.)

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

PART X, LINE 2:

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT NONPROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED AND CONTRIBUTIONS ARE GENERALLY DEDUCTIBLE FOR INCOME TAX PURPOSES BY CONTRIBUTORS.

MANAGEMENT HAS DETERMINED THAT THE COMPANY DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES.

THE ORGANIZATION'S FEDERAL INFORMATIONAL INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number MINNESOTA CHORALE 23-7272193 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

23-7272193 Page 2 Schedule G (Form 990) 2021 MINNESOTA CHORALE 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 NONE (add col. (a) through ANNUAL GALA col. (c)) (event type) (total number) (event type) Revenue 14,205. 14,205 1 Gross receipts 14,205. 14,205. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 3,518. 3,518 9 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) Part III | 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 (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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)

Schedule	G (Form	990)	2021
Concadio	G (1 O1 111		

No

b If "No," explain:

b If "Yes," explain:

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?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

Sch	nedule G (Form 990) 2021 MINNESOTA CHORALE 23-7	272	193	Pag	e 3
11	Does the organization conduct gaming activities with nonmembers?		Yes		No
	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:				
á	a The organization's facility	13a			%
	o 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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes		No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party > \$				
(If "Yes," enter name and address of the third party:				
	Name ▶				
	Address				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation > \$				
	Description of services provided				
	Description of services provided P				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?	.Ш	Yes		No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				
Da	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	.4 111 13	0	05 10) h
Г	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, II	nes 9,	90, 10	JD,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule C	G (Form 990)	MINNESOTA CHORALE	23-7272193 Page 4
Part IV	G (Form 990) Supplemental Inf	ormation (continued)	
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SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MINNESOTA CHORALE

Employer identification number 23-7272193

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PRACTICE AND JOYOUS COLLABORATION.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT IS PREPARED BY THE ORGANIZATION'S AUDIT FIRM. THE DRAFT IS
REVIEWED BY CHORALE STAFF AND BOARD OF DIRECTORS AND ANY ERRORS ARE
CORRECTED. REVISED AND FINAL DRAFT IS PRESENTED TO BOARD OF DIRECTORS FOR
ITS APPROVAL AT THE ANNUAL MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE ENCOURAGED TO DISCLOSE ANY CONFLICTS AT BOARD MEETINGS.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE POSTED ON CHORALE'S WEBSITE.