## MINNESOTA STREETCAR MUSEUM

#### **AGENDA**

Board of Directors Meeting 7:00 PM – Thursday – November 7, 2024 Computer Tele-Conference using Zoom Application Minneapolis, MN

**Directors Present:** David Downs John Dillery Dave French

Aaron Isaacs Karen Kertzman Jim Vaitkunas

Directors Absent:Ben FranskeDarel LeipoldElaine LoveOthers Present:Todd BenderPat CosgroveBrian Long

The meeting was called to order at 7:02 PM.

Secretary **Jim Vaitkunas** reported that with six directors present at this meeting, there is a quorum to conduct business.

The agenda was approved with no changes.

The minutes for the Board of Directors meeting held on August 10, 2024 were approved with no changes or objections.

Approval of Electronic Votes taken since the last Board meeting.

**MOTION:** Made by Dave French; Seconded by Jim Vaitkunas

The e-mail motion and vote held on October 16, 2024 to amend the FY 2024 MSM budget to reflect the final cost estimates to build the platform canopy at the Como-Harriet Streetcar Line is affirmed and approved

VOTE: Yes -6; No -0 Motion carried.

**Board Chair's Report.** Board Chair **Aaron Isaacs** began his report by stating that he has only a few items that he has personally been working on in the last few months. These are listed and discussed as follows.

The Linden Hills platform canopy project is coming along slowly. **Isaacs** continued to work with the City of Minneapolis to obtain the necessary permits to allow the project to proceed. The latest snag was regarding the review process. The city's rep said that until all materials are submitted, the city won't go forward with the review process and tell us what more is required. The main requirement was a survey of the Linden Hills station area which has now been done and sent to the architect. Once the survey information is inserted into the architectural drawings, they will be submitted to the city. There was another issue with the city's building code but that was resolved with the help of the city council member **Linea Palmisano** and her staff person. Once MSM gets the city permit, the concrete contractor is ready to go and the footings will get poured hopefully before it gets cold. Once the footings are in the ground, the work on the canopy itself can be done over the winter.

- **Isaacs** reported that General Superintendent **Bruce Gustafson** just informed him that **Katie Barron** has agreed to assume the duties of special events coordinator replacing **Pat Cosgrove** who has done an excellent job in 2024. **Isaacs** was also pleased to announce that **Brian Long** is now appointed to be MSM Historian.
- On the engineering side, the run-off at the Lakewood Cemetery end of CHSL is on hold right now. Also, the project to replace two-hundred ties has been completed.

**Treasurer's Report.** Treasurer **Dave Downs** began his comments by stating that he was not going to render his usual financial report as he has for most board meetings. The focus of his report will be on two major topics: 1) the federal IRS Form 990 annual tax return; and, 2) the annual report to the State of Minnesota Attorney General. The two reports were sent to the directors several days ago and the directors will need to approve the reports.

- **Downs** then described what he had done over the last several months to make the IRS 990 (attached to these minutes) as accurate as possible. In a detailed review of past reports submitted to the IRS and to the Minnesota Attorney General, MSM accurately reported the financial assets of the museum, e.g., funds in the bank, but did not report the physical assets. **Downs** stated that he consulted with several other streetcar museums and reviewed their federal tax returns as well. It was clear that the physical asset information is required on the federal and state reports. Collecting the physical asset information was the reason why MSM requested an extension for filing the tax year 2023 IRS 990 and the state AG's report.
- Using the information from the other museums, **Downs** then referred to the assessment of our three buildings done in February 2024 which resulted in a replacement value for each building. **Downs** then consulted with Chief Engineer **Keith Anderson** and got the value of our track and overhead contact system infrastructure. The final task was to determine the value of the museum's rolling stock. **Downs** assigned an arbitrary value of \$10,000 for each streetcar in the IRS 990. The TY 2023 IRS 990 was then prepared by the museum's accountant, who specializes in non-profit organizations, based on the information described above.

Chair **Isaacs** asked the directors if they had any questions or comments. Secretary **Vaitkunas** responded that the museum's official name was incorrect on the 990 and state AG reports in that the two words "Street" and "Car" in the name should be one word. **Isaacs** commented that in his capacity as HeritageRail Alliance's journal editor he has reviewed the 990s from many museums and he's satisfied that MSM, and specifically **Dave Downs** as Treasurer, has done an excellent and good faith job in making our report as accurate as possible. There being no further discussion, **Isaacs** then called for the motion to approve the tax year 2023 IRS Form 990 for the Minnesota Streetcar Museum.

**MOTION:** Made by Dave Downs; Seconded by Dave French
The tax year 2023 IRS Form 990 for the Minnesota Streetcar Museum is approved as to form and content.

VOTE: Yes -6; No -0 Motion carried.

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Treasurer **Downs** then began the review of the annual report to the Minnesota Attorney General (copy attached to these minutes. The report to the state AG is a summary of the museum's financial status and is important as it's used to determine whether donations to MSM are tax deductible. The federal IRS form 990 is attached to the report which contains the financial details required by the state AG. **Downs** asked the directors to refer to page six of the report which certifies that the directors agree/concur with the statement and the report. All directors concurred with the certificate.

There being no further questions or discussion, Chair **Isaacs** called for the motion to approve the annual report to the Minnesota Attorney General.

**MOTION:** Made by Jim Vaitkunas; Seconded by Karen Kertzman
The tax year 2023 report to the Minnesota Attorney General for the Minnesota Streetcar
Museum is approved as to form and content, including the certification contained on page six of the report.

VOTE: Yes -6; No -0 Motion carried.

Chair **Isaacs** then consulted with Secretary **Vaitkunas** on the agenda and noted that there are no Superintendents present at this meeting. However, General Superintendent **Bruce Gustafson** did submit a very detailed and informative report for this meeting which all the directors previously received (copy attached to these minutes). **Isaacs** then reported on the Halloween events that were held, specifically the spirits on a streetcar event at CHSL that was a great money-maker and at ESL, their trick 'r trolley event carried over 800 passengers in 5½ hours which was a record for a single day at ESL. **Isaacs** further reported that MSM did fourteen different Halloween events and collected over \$14,000 in gross revenue.

**Revisions to MSM's Property Insurance Coverage.** MSM's Insurance Manager **Jim Vaitkunas** then shared on the Zoom screen a decision briefing on the current situation of MSM's property insurance (attached to these minutes). **Vaitkunas** commented that throughout this presentation he would not "read the slides" but allow the directors to read the content of each slide and briefly comment on the slide when necessary or to answer questions.

- The accident at the Excelsior Streetcar Line that occurred in July 2023 resulted in the Philadelphia Indemnity Insurance Company cancelling both the liability and property insurance for MSM effective early March 2024. Our brokers at Hub International, located in California, obtained the property and liability insurance from Liberty Insurance only a couple weeks prior to the expiration of the insurance policy with Philadelphia. As a result of the switch in insurance carriers, the premium increased substantially from \$8,716 to \$28,860. (slide #3)
- Besides the change in insurance carriers, the replacement values of the museum's three buildings increased significantly between the last assessment done in 2013 and the one done in February 2024. The increased replacement values were caused by two main factors: 1) Improvements to the buildings; and 2) increased building

material and labor costs over the past eleven years. The property policy with Liberty used the 2013 assessed replacement values for MSM's buildings. Currently, the buildings are under-insured. Under-insuring is bad risk management practice so, at the end of this briefing, the directors will need to decide how much of the replacement values MSM will report to Liberty Insurance.

- The values of the museum's streetcars shown are strictly arbitrary. When we were searching for a new insurance carrier, we weren't going to do an in-depth analysis of the building or streetcar values in late 2023. We were mainly concerned with getting insurance, especially liability insurance. (slide #4).
- The facts bearing on MSM's insurance problem are shown in slides #5 and #6. The directors here at this meeting tonight have three basic insurance issues/problems to resolve at the end of this briefing.
  - 1. How to maintain or reduce our current premium which is approximately \$20,000 more than MSM paid in 2023.
  - 2. The insurance on our buildings.
  - 3. The insurance on MSM's streetcars.
- In talking with other streetcar museums some, but not all, insure their streetcars but only on a selective basis. Each museum insured their streetcars differently.
- The directors have several courses of action to address these issues/problems. These are shown on slides #7 and #8. While five courses of action are listed numbers 3 and 4 are not worth the time to analyze. The main courses of action that should be considered are:
  - ✓ Change nothing and keep everything as is. This isn't a good COA as the buildings have increased in replacement value as mentioned previously.
  - ✓ Increase the insured value of the buildings to some amount but leave the streetcar insurance as is.
  - ✓ Eliminate insurance on the streetcars while increasing the insurance on the buildings by some amount.
  - ✓ Increase the current deductible from \$10,000 to a larger amount.
- In reviewing the courses of action, as shown on slide #9, several points must be considered.
  - ✓ Can MSM's finances sustain an increase in the current annual insurance premium of \$29,000, or even a higher premium?
  - ✓ How can MSM manage damage to the streetcars? What if the damage only costs \$10K or \$20K to repair? Are MSM's shop volunteers capable of repairing damage to the streetcars?
  - ✓ If a streetcar was damaged beyond repair would any amount of insurance settlement make a difference to the museum?

• Vaitkunas commented that MSM agreeing to the settlement on the damage to No. 265 in late 2023 was one factor, perhaps the main factor, in Philadelphia Indemnity cancelling all our insurance. While MSM did get a large cash settlement (approximately \$96,000) it only cost the museum around \$8,000 in out-of-pocket expenses to affect the repairs to No. 265. In addition, if the work to repair Duluth No. 265 is any indication, the current MSM shop forces can make significant repairs to a damaged streetcar if necessary.

At this point Chair Isaacs made a couple of comments.

- After discussions with two of Hub International's insurance professionals at the HeritageRail Alliance's annual fall meeting in September 2023, he concluded that we should remain with Hub International as they know the market and they know the tourist and railroad/streetcar museum industry. **Vaitkunas** concurred with this.
- If we maintain the insurance on the streetcars with a deductible of \$10,000, or perhaps higher, the purpose of the insurance is negated because repairs to a damaged streetcar wouldn't be covered. And if the streetcar is a total loss, any settlement would have little to no practical compensation for the loss of a historic artifact. **Isaacs** recommended that the best course of action on insuring the streetcars is to eliminate the insurance on them altogether.
- Finally, Isaacs asked for a consensus among the directors about insuring the streetcars. Should they be insured or not? Dave Downs commented that perhaps we should keep the \$100,000 insurance per streetcar but have a high deductible. Isaacs replied that to have such a high deductible defeats the purpose of the insurance. The streetcar would have to be severely damaged before we would receive a settlement for the loss.
- **Isaacs** asked **Downs** if the response met his concerns and **Downs** replied that he was simply trying to find some reasonable way to insure the streetcars in some fashion. **Isaacs** then continued that insurance on the buildings is the crux of the issue: do we insure at full replacement value or some reduced amount? That question led into the recommendations from **Vaitkunas**.
- After this discussion, none of the directors present at the meeting had an objection to eliminating the insurance coverage on the streetcars.

**Vaitkunas** then continued the briefing. Based on the courses of action, and the considerations of them, as shown on the last several slides, **Vaitkunas** made the following recommendations. (slide #10 & #11)

- 1. Eliminate insurance on the streetcars.
- 2. Insure the Linden Hills station at full replacement value.
- 3. Insure the three buildings at either 90% or 80% of replacement value.
- 4. Increase the deductible on the buildings to a higher amount.

Displaying the last slide (slide #11), **Vaitkunas** continued that slide #11 shows the financial impact of eliminating insurance on the streetcar and the impact of reducing the insurance on the buildings. Several options were displayed in the table.

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**DECISION TIME**. **Vaitkunas** then recommended to the directors that MSM: 1) eliminate insurance on the streetcars; 2) Insure the Linden Hills station at full replacement value; and 3) reduce insurance on the carbarns to 90% of replacement value; 4) consider increasing the deductible if it reduces the premium.

With the first three recommendations we would pay an annual premium of \$30,600 versus the current \$28,860. If we increase the deductible the premium could be lower by some amount. The Hub International insurance brokers have contacted Liberty Insurance to determine how much our premium can be reduced by increasing the deductible. When MSM receives the information on the reduction in premium, the directors will then be contacted for an e-vote to approve the increased deductible if that's a good option.

Chair **Isaacs** commented that he concurs with **Vaitkunas'** recommendations and then asked for questions or comments from those present at the meeting. Director **John Dillery** asked that if, for example, the Linden Hills station was damaged, would it be possible for MSM's volunteers to do some of the work to repair the building. **Isaacs** replied that unless the damage was very minor, a contractor would rebuild or repair the station building so it could be back in operation sooner and generate the revenue.

There being no further discussion on this subject, Chair **Isaacs** called for a motion.

**MOTION:** Made by Dave French; Seconded by David Downs

The Minnesota Streetcar Museum will:

- 1. Eliminate the current insurance on the rolling stock (streetcars) in the museum's collection.
- 2. Insure the Linden Hills station at full replacement value.
- 3. Insure the two remaining buildings (carbarns) at approximately ninety percent (90%) of full replacement value, established in February 2024.
- 4. Defer a decision to increase the deductible on the buildings until a response on a possible premium reduction is received from Liberty Insurance.

VOTE: Yes -6; No -0 Motion carried.

**2024-2025 Annual Appeal**. Chair **Isaacs** commented that it's annual appeal time again and he would like some input into the areas that should be listed. He stated that it's better to list specific projects or areas in the appeal, projects that donors can identify with, rather than just tell them "Please give something." MSM typically receives around \$20,000 each year in annual appeal donations. **Isaacs** suggested two projects to list: 1) Completing the CHSL Linden Hills station canopy project for which the original estimate was well below the final cost; and 2) Replace 100 ties at the Excelsior Streetcar Line. After a brief discussion on the annual appeal projects, the directors present concurred with the two projects recommended by Chair **Isaacs**.

There being no further business or reports, the meeting adjourned at 8:05 PM.

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Thursday - November 7, 2024

James A. Vaitkunas Corporate Secretary

Minnesota Streetcar Museum

#### Attachments

- 1. MSM's IRS Form 990 for tax year 2023
- 2. MSM's report to the Minnesota Attorney General for tax year 2023
- 3. Decision briefing on MSM's property insurance
- 4. General Superintendent's report

## Form **990**

## **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

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2023 calendar year, or tax year beginning 2023, and ending 20 Check if applicable: C Name of organization MINNESOTA STREET CAR MUSEUM D Employer identification number Address change Doing business as 34-2030631 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return PO BOX 16509 (612)231-8989 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts Amended return MINNEAPOLIS, MN 55416-0509 169,208 X No Application pending F Name and address of principal officer: AARON ISAACS **H(a)** Is this a group return for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? X 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.TROLLEYRIDE.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 2004 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: THE MUSEUM'S MISSION IS TO PRESERVE AND COMMUNICATE TO THE PUBLIC THE EXPERIENCE OF MINNESOTA'S ELECTRIC STREET AND INTERURBAN RAILWAY Activities & Governance HISTORY Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) . . . . . . 0 Total number of volunteers (estimate if necessary) 6 150 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) ...... 8 170,864 46,592 Revenue 97,920 115,368 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .... 10 4,076 7,048 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 200 17,314 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 290,174 169,208 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 156,106 168,184 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 156,106 168,184 Revenue less expenses. Subtract line 18 from line 12 134,068 1,024 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) . . . 3,542,066 524,244 21 Total liabilities (Part X, line 26) . . . . . . . 387 165,604 Net assets or fund balances. Subtract line 21 from line 20 523,857 3,376,462 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 DAVID DOWNS 10-24-2024 Sign Signature of officer Here DAVID DOWNS, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date X Check **Paid** Helen Wooley 10-30-2024 self-employed P01045506 **Preparer** Firm's name H WOOLEY ACCOUNTING AND TAX Firm's EIN **Use Only** 10108 IRWIN ROAD Firm's address Phone no.

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

Minneapolis MN 55437

Yes

X No

952-831-1517

Part IV

34-2030631

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,	
2	complete Schedule A	1	Х	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		х
	candidates for public office? If "Yes," complete Schedule C, Part L	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Х
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<b>-</b>		Х
Ü	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		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? <i>If</i> "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		х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V	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 JV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV

MINNESOTA STREET CAR MUSEUM 34-2030631 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	04-		
	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		
<b>L</b>	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		3.7
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<u>x</u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part.II.</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
_,	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? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation 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 J	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		_X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		Ш_
,			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	٨		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fi	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	$ \   \text{Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?}  .  .$		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots \dots$		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7</b> f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
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	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? $\dots \dots \dots$		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	1 1			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b	_		
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .		16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

Section A. Governing Body and Management

Part VI

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9			
	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 in line 1a, above, who are independent	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under the 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	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		х
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	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	•	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod	e.)			I
		Г		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	•	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	i i	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a	Х	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		120		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	- +	12a 12b	X	
b		•	120	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		120	.,	
13	describe on Schedule O how this was done	- +	12c 13	x	
14	Did the organization have a written document retention and destruction policy?	T T	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	•	,	Λ.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization	- +	15b		x
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	.	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		7		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	.	16b		
Sec	etion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Minnesota				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	☒ Own website   ☒ Another's website   ☒ Upon request   ☐ Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				
	DAVID DOWNS (612)791-6296, 20465 RADISSON ROAD, SHOREWOOD, MN 55331				

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII 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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(	(C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and title	(A) (do not check more that						Reportable	Reportable	Estimated amount	
Name and title	hours					s both an /trustee)	l	compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	9 코	'n	Q	Σ	9 I	Fc	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for	divid	stitut	Officer	er er	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	related organizations	ual t ctor	iona		Key employee	/ee	_			
	below	Individual trustee or director	Institutional trustee		/ee	npei				
	dotted line)	Ö	tee			Highest compensated employee				
						8				
(1)JOHN DILLERY	2.00									
BOARD MEMBER		x						0	0	0
(2)KAREN KERTZMAN	2.00									
BOARD MEMBER		х						0	0	0
(3) ELAINE LOVE	2.00									
BOARD MEMBER		х						0	0	0
(4) DAREL LEIPOLD	2.00									
BOARD MEMBER		х						0	0	0
(5) BEN FRANSKE	2.00									
BOARD MEMBER		x						0	0	0
(6) DAVE FRENCH	2.00									
VICE CHAIR		Х		х				0	0	0
(7)AARON ISAACS	12.00									
CHAIR		Х		х				0	0	0
(8) DAVID DOWNS	<u>8.0</u> 0									
TREASURER		Х		х				0	0	0
(9)JIM VAITKUNAS	<u>8.0</u> 0									
SECRETARY		Х		х				0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										
									•	= ()

EEA Form 990 (2023)

Form 990	, , , , , , , , , , , , , , , , , , , ,										30631	Page 8
Part VI	Section A. Officers, Directors, T	rustees,	Key E	Ξmp	olo	yee	s, ar	nd F	lighest Comp	ensated En	ployees	(continued)
	(A) Name and title	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) per week							(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations (W-2/	co	(F) nated amount of other mpensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	orga	from the anization and d organizations
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
(18)												
<u>(19)</u>												
<u>(20)</u>												
(21)												
(22)												
(23)												
(24)												
(25)												
	ubtotal	ion A .										
d To	otal (add lines 1b and 1c)otal number of individuals (including but n								0 received more th	an \$100 000	of	0
	eportable compensation from the organiza		0 11100	0 110		ubo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,		ματι φτου,σου		0
<b>3</b> Di	id the organization list any <b>former</b> officer, direc	tor, trustee,	key en	nploy	/ee,	or h	ighest	com	npensated			Yes No
	mployee on line 1a? <i>If "Yes," complete Schedu</i> or any individual listed on line 1a, is the sum of re										. 3	х
or	ganization and related organizations greater th	an \$150,00	0? If "Y	'es,"	con	nplet	te Sch	edul	e J for such		4	
<b>5</b> Di	dividual	compensati	on from	any	unr	elate	ed org	aniza	ation or individual			X
	r services rendered to the organization? If "Yes  B. Independent Contractors	s, complete	Scried	iui <del>e</del> c	) 101	Suc	n pers	DII .	· · · · · · · · · · ·		.   3	<u> </u>
1 C	omplete this table for your five highest co											
CC	ompensation from the organization. Report (A)	rt compens	sation 1	for t	he c	ale	ndar y	year	ending with or v	vithin the org	anization's (c)	s tax year.
	Name and business address	ss							Description of servic	es	Compen	sation
	otal number of independent contractors (in	_					ose li	sted	l above) who			

34-2030631

Form 990 (2023) MINNESOTA
Part VIII Statement of Revenue

	,	Check if Schedule O contains a respor	se or note to any li	ne in this Part V	<u> </u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1	32,922				
σ <sub>10</sub>	b	Membership dues	13,670				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 10	:				
, mo	d	Related organizations 10	1				
Gifts Iar A	е	Government grants (contributions) 10					
ns, imil	f	All other contributions, gifts, grants,					
utio er S		and similar amounts not included above 11					
ફ	g						
Con	١.		g  \$				
	h	Total. Add lines 1a-1f		46,592			
	2-		Business Code	01 042	01.042		
e		TROLLY REVENUE	480000	91,043	91,043		
ē <u>Š</u>		STORE REVENUE	480000	24,325	24,325		
ram Serv Revenue	C	-					
Program Service Revenue	d	-	-				
<u>r</u> og	e f	All other program service revenue					
ъ.				115,368			
				115,300			
	3	Investment income (including dividends, interest other similar amounts)		7,048	7,048		
	4	Income from investment of tax-exempt bond pro		7,010	7,040		
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a	(ii) i diddinai				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from (i) Securities	(ii) Other				
	1 a	sales of assets	, ,				
		other than inventory 7a					
	b	Less: cost or other basis					
ē		and sales expenses 7b					
en ne	С	Gain or (loss) 7c					
Other Rev	d	Net gain or (loss)					
Je	8a	Gross income from fundraising					
₹		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	la e				
			Bb				
	1	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		·	)a				
			b				
	С	Net income or (loss) from gaming activities .					
	10a	Gross sales of inventory, less					
	١.	_	Da				
			Ob				
	С	Net income or (loss) from sales of inventory .					
	44-	WT G G T T T T T T T T T T T T T T T T T	Business Code		222		
ous e		MISCELLANEOUS REVENUE	480000	200	200		
Miscellanous Revenue	b						
scel eve	C	All other revenue					
Σ Ε		All other revenue					
	•	Total. Add lines 11a-11d		169,208	122,616	0	0
	14	I JULIA I TEVELLUE, SEE ILISUUUUUUS		TO3.708	T44,016		1 0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Compensation of current officers, directors, 5 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 Other salaries and wages . . . . . . . . . . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): Legal..... b Professional fundraising services. See Part IV, line 17. . f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . 12 12,450 12,450 13 14 30,930 30,930 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization . . . . . . 23 10,044 10,044 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a REPAIRS AND MAINTENANCE 77,552 77,552 b **OPERATIONS** 9,801 9,801 15,839 15,839 C UTILITIES d PRINTING/PUBLICATIONS 11,568 11,568 All other expenses е Total functional expenses. Add lines 1 through 24e. . 25 168,184 168,184 0 0 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)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
		Cook and interest bearing	Beginning of year	_	End of year
	1	Cash - non-interest-bearing	5,797	1	4,500
	2	Savings and temporary cash investments	346,046	3	361,446
	3	Pledges and grants receivable, net			
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
	•	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		•	
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	20,174	8	20,174
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	152,227	11	323,683
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	2,832,263
	16	Total assets. Add lines 1 through 15 (must equal line 33)	524,244	16	3,542,066
	17	Accounts payable and accrued expenses	387	17	811
	18	Grants payable		18	
	19	Deferred revenue		19	164,793
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	387	26	165,604
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
ğ	27	Net assets without donor restrictions	523,857	27	3,376,462
3ak	28	Net assets with donor restrictions		28	
힏		Organizations that do not follow FASB ASC 958, check here			
표		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	523,857	32	3,376,462
	33	Total liabilities and net assets/fund balances	524,244	33	3,542,066

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		169,	208			
2	Total expenses (must equal Part IX, column (A), line 25)	2		168,	184			
3	Revenue less expenses. Subtract line 2 from line 1	3		1,	024			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		523,	857			
5	Net unrealized gains (losses) on investments	5		19,	318			
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)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10	3	,376,	462			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	х				
	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							
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate 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 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							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits							
EEA			For	n <b>990</b>	(2023)			

#### **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

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

**Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

MINI	NNESOTA STREET CAR MUSEUM 34-2030631												
Pai	τl	Reason for Public Char	ity Status. (All	organizations mus	t comple	ete this p	art.) See instruction	ons.					
The	orga	anization is not a private foundation bed	cause it is: (For lin	es 1 through 12, check of	nly one bo	x.)							
1		A church, convention of churches, o	or association of ch	nurches described in <b>se</b>	ction 170(	b)(1)(A)(i)	•						
2		A school described in section 170(I	<b>b)(1)(A)(ii).</b> (Attac	h Schedule E (Form 990	0).)								
3		A hospital or a cooperative hospital	service organizati	on described in <b>section</b>	170(b)(1)	(A)(iii).							
4		A medical research organization ope	erated in conjunct	ion with a hospital descr	ibed in <b>se</b>	ction 170(	b)(1)(A)(iii). Enter the						
		hospital's name, city, and state:											
5		An organization operated for the ben	nefit of a college or	university owned or ope	erated by a	governme	ental unit described in						
		section 170(b)(1)(A)(iv). (Complete	e Part II.)										
6		A federal, state, or local governmen	t or governmental	unit described in section	n 170(b)(	1)(A)(v).							
7		An organization that normally receive	es a substantial pa	irt of its support from a g	overnment	al unit or fr	rom the general public						
		described in section 170(b)(1)(A)(v											
8		A community trust described in <b>sec</b> t	tion 170(b)(1)(A)(	vi). (Complete Part II.)									
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
	_	university:											
10	X	An organization that normally receive receipts from activities related to its						5					
		support from gross investment incom	ne and unrelated b	usiness taxable income	(less secti	on 511 tax							
		acquired by the organization after Ju											
11	Н	☐ An organization organized and oper	•			` ' '	•	,					
12	Ш	An organization organized and opera	•										
		one or more publicly supported orga		. , , ,				s). Cneck					
_		the box on lines 12a through 12d tha					=	da a					
а	l	Type I. A supporting organization (a) the				•	( )	ving					
		the supported organization(s) the supporting organization. <b>You m</b>			-	directors	or trustees or the						
		Type II. A supporting organizati	-			nnartad ar	ganization(a) by bayin	~					
b	,							=					
		control or management of the su organization(s). <b>You must com</b>			DEI SUI IS II IA	ii coriiror oi	i manage the supporte	u					
c		Type III functionally integrated	•		onnection	with and t	functionally integrated	with					
	'	its supported organization(s) (se		= -			· · · · ·	with,					
c	I	Type III non-functionally integ						ion(s)					
		that is not functionally integrated											
		requirement (see instructions).	=					-					
e		Check this box if the organization					I. Type II. Type III						
		functionally integrated, or Type I				,,	. 31 . 31						
f	Е	Enter the number of supported organiz	zations										
ç		Provide the following information about		ganization(s).									
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of					
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)					
				above (see instructions))	docum	ont:	matructions)	matractions)					
					Yes	No							
(A)													
(B)													
(C)													
(D)													
(E)													
Total													

Part II

	(Complete only if you checked the						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	e Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the or	rganization's fi	rst, second, thi	rd, fourth, or fit	fth tax year as	a section 501(d	(3)
	organization, check this box and stop her	r.e					
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2023 (line 6	6, column (f), d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2022 Sch					15	%
16a	33 1/3% support test - 2023. If the organ						
	box and <b>stop here.</b> The organization qua	-		-			
b	<b>33 1/3% support test - 2022.</b> If the organ						
	this box and <b>stop here.</b> The organization	•		•			_
17a	10%-facts-and-circumstances test - 202						
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check t	this box and <b>st</b>	<b>op here.</b> Expla	in in
	Part VI how the organization meets the fa	cts-and-circum	nstances test.	Γhe organization	on qualifies as	a publicly supp	orted
	organization						
b	10%-facts-and-circumstances test - 202	<b>22.</b> If the orgar	nization did not	check a box o	n line 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	n meets the fac	ts-and-circums	stances test, cl	neck this box a	nd <b>stop here.</b>	Explain
	in Part VI how the organization meets the	facts-and-circ	umstances tes	t. The organiza	ation qualifies a	ıs a publicly su	pported
	organization						_
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	ee
	in atmosphisms						

EEA Schedule A (Form 990) 2023

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(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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	69,880	76,194	57,835	170,864	32,922	407,695
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	102 114	1 006	F0 01F	100 400	100.030	412 542
2	organization's tax-exempt purpose	103,114	1,086	59,815	120,489	129,039	413,543
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	172,994	77,280	117,650	291,353	161,961	821,238
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				7,580		7,580
С	Add lines 7a and 7b				•		
	Public support. (Subtract line 7c from				7,580		7,580
8	`						
C4:	line 6.)						813,658
	on B. Total Support	( ) 0040	4 \ 0000	( ) 0004	/ N 0000	( ) 0000	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	172,994	77,280	117,650	291,353	161,961	821,238
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .				1,039	7,048	8,087
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b				1,039	7,048	8,087
11	Net income from unrelated business				•	-	<u> </u>
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	-				2 225	000	2 025
40	(Explain in Part VI.)				3,037	200	3,237
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	172,994	77,280	117,650	295,429	169,209	832,562
14	First 5 years. If the Form 990 is for the or	-				•	
	organization, check this box and stop her					<del></del>	<u> </u>
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8	, column (f), di	vided by line 1	3, column (f))		15	97.73 %
16	Public support percentage from 2022 Scho	edule A, Part II	I, line 15 .			16	97.73 %
Secti	on D. Computation of Investment Inc	come Percer	itage				_
17	Investment income percentage for 2023 (I			y line 13, colur	mn (f))	17	1.00 %
18	Investment income percentage from 2022			-		18	84.00 %
19a	33 1/3% support tests - 2023. If the organ						
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2022. If the organizati	=	-				
J	line 18 is not more than 33 1/3%, check this box						
20		-	_			-	
20	<b>Private foundation.</b> If the organization did	a not oneck a t	JOA OIT IIIIE 14,	iga, oi 190, Cl	ICCV IIIIS DOX 9	1114 266 111211UCI	IUI 15

#### Part IV **Supporting Organizations**

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

Section A. All Supporting Organization	Section	A. All	Supporting	Organizations
--	---------	--------	------------	---------------

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	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.	3a		
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 <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	Tu		
~	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	7.0		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$			
		4c		
E.	purposes.	40		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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.	9a		
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.	9b		
С	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.	9с		
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.	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Soction	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Section	on c. Type it 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		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
04	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete <b>line 2</b> below.	; msu	ructic	ons).
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruc	ctione		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	Juoris)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
-	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3b		

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(see instructions).

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			· · · · · · · · · · · · · · · · · · ·
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Secti	
Secti	on 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		
Secti	on 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		
	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		
Secti	on 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-functional	llv ir	ntegrated Type III suppor	ting organization

EEA Schedule A (Form 990) 2023

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	<b>izations</b> (continue	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e.	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity				
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			3	
4	4 Amounts paid to acquire exempt-use assets			4	
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)			5	
6	6 Other distributions (describe in <b>Part VI</b> ). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	9 Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Soot	ion E. Dietribution Allocations (coolingtructions)	(i)	(ii)		(iii)

10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
ее	Excess from 2023			

EEA Schedule A (Form 990) 2023 Schedule A (Form 990) 2023 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.)

### **SCHEDULE D** (Form 990)

## **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Name o	f the or	ganization			Employer id	entification number	
MINNI	ESOTA	STREET CAR MUSEUM			34-2	030631	
Pa	rt I	Organizations Maintaining Donor Advised	Funds or Other Sin	nilar Funds or Ac	counts		
		Complete if the organization answered "Yes" of	on Form 990, Part IV	', line 6.			
		· ·	(a) Donor ad		(b	) Funds and other account	s
1	Total	number at end of year					
2		egate value of contributions to (during year)					
3		egate value of grants from (during year)					
4		egate value at end of year					
5	Did th	e organization inform all donors and donor advisors in	writing that the assets	held in donor advised	d		
	funds	are the organization's property, subject to the organization	ation's exclusive legal c	ontrol?		🗌 Yes	☐ No
6	Did th	e organization inform all grantees, donors, and donor a	advisors in writing that g	rant funds can be us	sed		
	only fo	or charitable purposes and not for the benefit of the do	nor or donor advisor, or	for any other purpos	е		
	confe	rring impermissible private benefit?				🗌 Yes	☐ No
Par	t II	Conservation Easements					
		Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 7.			
1	Purpo	se(s) of conservation easements held by the organization	tion (check all that appl	y).			
	Pro	eservation of land for public use (for example, recreation	on or education)	Preservation of a	historically in	nportant land area	
	Pro	otection of natural habitat		Preservation of a	certified histo	oric structure	
	Pro	eservation of open space					
2	Comp	lete lines 2a through 2d if the organization held a qualit	fied conservation contri	bution in the form of	a conservation	on	
	easer	nent on the last day of the tax year.				Held at the End of the	e Tax Year
а	Total	number of conservation easements			2a		
b	Total	acreage restricted by conservation easements			2b		
С	Numb	per of conservation easements on a certified historic str	ructure included on line	2a	2c		
d	Numb	per of conservation easements included on line 2c, acq	uired after July 25, 200	6, and not			
	on a h	nistoric structure listed in the National Register			2d		
3	Numb	per of conservation easements modified, transferred, re	eleased, extinguished, o	or terminated by the o	organization o	during the	
	tax ye	ar					
4	Numb	per of states where property subject to conservation ea	sement is located				
5	Does	the organization have a written policy regarding the pe	eriodic monitoring, inspe	ction, handling of		_	
		ons, and enforcement of the conservation easements in				_	☐ No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conserv	ation easem	ents during the year	
	-						
7	Amou	int of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	enforcing conservatio	n easements	during the year	
_					( A) (B) (I)		
8		each conservation easement reported on line 2d abov					
_		ection 170(h)(4)(B)(ii)?					No
9		rt XIII, describe how the organization reports conserva-				d balance	
		and include, if applicable, the text of the footnote to the	e organization's financia	al statements that des	scribes the		
Dor		ization's accounting for conservation easements  Organizations Maintaining Collections	of Art Historical	Transuras ar (	Othor Sim	ilar Assats	
Par	נווו				Julei Siili	IIdi ASSEIS	
	If the	Complete if the organization answered "Yes" o			d halanaa ah	ant works	
1a		organization elected, as permitted under FASB ASC 9 historical treasures, or other similar assets held for pu	•				
		•			•	UDIIC	
h		te, provide in Part XIII the text of the footnote to its final				works of	
b		organization elected, as permitted under FASB ASC 9					
		storical treasures, or other similar assets held for public	c exhibition, education,	or research in futilier	rance or publ	ic service,	
	•	the following amounts relating to these items: evenue included on Form 990, Part VIII, line 1				¢	
		ssets included in Form 990, Part X					
2		organization received or held works of art, historical tre					
_		ing amounts required to be reported under FASB ASC			gairi, provide	u iC	
9		nue included on Form 990, Part VIII, line 1	=			\$	
a b							
	M3581	s included in Form 990, Part X	<del></del>	<del></del>		• φ	

Par	t III Organizations Maintaining Co	llections of A	rt, Hist	orical T	reasures,	or Ot	her Similar As	sets (co	<u>entini</u>	ued)
3	Using the organization's acquisition, accession,	and other records,	check an	y of the fo	llowing that m	nake siç	nificant use of its			
	collection items (check all that apply):									
а	☐ Public exhibition		d	Loan or	exchange pr	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's collect	ctions and explain	how they	further the	organization	's exen	npt purpose in Part			
	XIII.									
5	During the year, did the organization solicit or re-	ceive donations of	art, histor	ical treas	ures, or other	similar				
	assets to be sold to raise funds rather than to be		art of the o	organizatio	on's collection	?		Ye:	; <u> </u>	No
Par	t IV Escrow and Custodial Arrang									
	Complete if the organization ans	swered "Yes" o	on Form	990, Pa	art IV, line	9, or 1	eported an amo	ount on	Form	า
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian of		-						_	
	included on Form 990, Part X?							. U Ye	; <u> </u>	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follo	owing tab	e.						
							Amo	ount		
С	Beginning balance						;			
d	Additions during the year						I			
е	Distributions during the year						)			
f	Ending balance									
2a	Did the organization include an amount on Form						•			No
<u>b</u>	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the exp	planation	nas been <sub>l</sub>	provided on F	art XIII			,	
Par		1 113 7 11	_	000 B	. D. / P	4.0				
	Complete if the organization ans	swered "Yes" o	on Form	990, P						
	<del></del>	a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses							-		
d	Grants or scholarships							-		
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses							-		
g	End of year balance									
2	Provide the estimated percentage of the current	•	(line 1g, c	olumn (a)	) held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment%									
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possession	on of the organizat	tion that a	re held an	d administere	d for th	9			
	organization by:							o (1)	Yes	No
	(i) Unrelated organizations?							3a(i)		
	(ii) Related organizations?							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	•						3b		
4 Do::	Describe in Part XIII the intended uses of the or	•	wment fur	ids.						
Par	t VI Land, Buildings, and Equipme			000 B	- ut IV / I'u -	44- (	Dan Farra 000 I	74 V	:	^
	Complete if the organization ans									0.
	Description of property	(a) Cost or other (investment		. ,	other basis		Accumulated epreciation	( <b>d</b> ) Boo	value	
	Land	(investment	.,	(0	,u.iCl)	a	oprociation			
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment									
<u>e</u>	Other	ol Form OOC De 1	V 1: 10	0.001	(D)					
i OTA!	ACCUMES 12 INCOMOTE IL COMMOTAL MUST ACUS	ar Form 990 Part	* mpd 1()	· coulmn	101		1			

Part VII	Investments - Other Securities Complete if the organization answered	"Yes" on For	m 990 Part	IV line 11h	See Form	990 Part X line 12
	(a) Description of security or category	103 011101	(b) Book valu			thod of valuation:
	(including name of security)		, ,		Cost or end	-of-year market value
(1) Financial						
	eld equity interests					
(3) Other						
(A) (B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colun	nn (b) must equal Form 990, Part X, line 12, col.(B))					
Part VIII	Investments - Program Related					
	Complete if the organization answered	"Yes" on For	m 990, Part	IV, line 11c	. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book valu	ie	` '	thod of valuation:
(4)					Cost or end	-of-year market value
(1)						
(2)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	nn (b) must equal Form 990, Part X, line 13, col. (B)	)				
Part IX	Other Assets					
	Complete if the organization answered	"Yes" on For	m 990, Part	IV, line 11d	d. See Form	990, Part X, line 15.
		scription				(b) Book value
(1)BUILDI						1,302,26
(2)STREET						50,00
	& OVERHEAD LINES					1,480,00
(4)						
(5)						
(6)						
(7) (8)						
(9)						
	nn (b) must equal Form 990, Part X, line 15 col. (B))					2,832,263
Part X	Other Liabilities					2,002,20
	Complete if the organization answered	"Yes" on For	m 990, Part	IV, line 11e	or 11f. See	Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book v	/alue			
(1) Federal	income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	// / / / / / / / / / / / / / / / / / /					
	(b) must equal Form 990, Part X, line 25 col. (B))	af tha foot of the	- 4l		datament de t	way auta tha
∠. Liability for	uncertain tax positions. In Part XIII, provide the text	or the foothote to	o tne organizatio	on's tinancial s	statements that	reports tne

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part			
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	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2023

# SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

34-2030631 MINNESOTA STREET CAR MUSEUM 01. Members or stockholder classes and rights (Part VI, line 6) PART VI, SECTION A, LINE 6 NOT-FOR-PROFIT CORPORATION ALL MEMBERS ARE VOTING MEMBERS 02. Member election for additional members (Part VI, line 7a) PART VI, SECTION A, LINE 7A CLASS OF THE PERSON NATURE OF THEIR RIGHTS ALL MEMBERS AS PRESCRIBED BY THE ORGANIZATION BYLAWS 03. Form 990 governing body review (Part VI, line 11) PART VI, SECTION B, LINE 11 IT IS REVIEWED BY THE BOARD OF DIRECTORS 04. Conflict of interest policy compliance (Part VI, line 12c) PART VI SECTION B, LINE 12C THE BOARD OF DIRECTORS REVIEW SUCH TRANSACTIONS 05. Governing documents, etc, available to public (Part VI, line 19) PART VI, SECTION C LINE 19

Schedule O (Form 990) 2023 Employer identification number Name of the organization MINNESOTA STREET CAR MUSEUM 34-2030631 THESE ARE LOCATED ON OUR WEBSITE 06. Explanation of other changes in net assets or fund balances (Part XI, line 9) ASSETS WERE ADDED TO BOOKS. AMOUNTS WERE PENDING FINDING SIMILAR ASSETS FROM OTHER SIMILAR ORGANIZATIONS.

#### Mail To:

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

#### **Website Address:**

www.ag.state.mn.us/charity

#### STATE OF MINNESOTA

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM INSTRUCTIONS



(Pursuant to Minn. Stat. ch. 309)

#### WHO SHOULD FILE

- A charitable organization registered to solicit contributions in Minnesota must file an annual report with the Attorney General's Office.
- A charitable organization is a person who engages in or purports to engage in solicitation for a charitable purpose. *See* Minn. Stat. 309.50, subd. 5. "Solicit" and "solicitation" have the meanings set forth in Minn. Stat. § 309.50, subd. 10 and include oral or written requests.
- Please refer to the definitions set forth in Minn. Stat. § 309.50 when completing registration and report forms.

### WHEN TO FILE

- An organization's annual report must be postmarked by the 15<sup>th</sup> day of the seventh month after its fiscal year-end. If the due date falls on a Saturday, Sunday, or federal holiday, the report must be postmarked by the next business day.
- An organization may request a four-month extension. Extension requests must be submitted on or before the due date. If an organization fails to file its annual report or request an extension by the due date, a \$50 late fee is assessed. Visit www.ag.state.mn.us/Charity/ExtensionRequest.aspx to request an extension.

Fiscal Year-End	<b>Due Date</b>	<b>Extended Due Date</b>
January 31	August 15	December 15
February 28	September 15	January 15
March 31	October 15	February 15
April 30	November 15	March 15
May 31	December 15	April 15
June 30	January 15	May 15
July 31	February 15	June 15
August 31	March 15	July 15
September 30	April 15	August 15
October 31	May 15	September 15
November 30	June 15	October 15
December 31	July 15	November 15



# CHARITABLE ORGANIZATION ANNUAL REPORT FORM INSTRUCTIONS (Continued)

## WHAT TO FILE

If su	ubmitting these forms via mail, please <u>do not</u> use staples.
	Charitable Organization Annual Report Form.
	IRS Form 990, 990-EZ, 990-PF, or 990-N plus all schedules and
	attachments, EXCLUDING any schedules of contributors to the organization (Schedule B)
	IRS Form 990-T (if the organization files one).
	A full list of the organization's board of directors, including names, addresses, and total compensation paid to each.
	A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers.
	An audit prepared in accordance with generally accepted accounting principles by an independent CPA of LPA if the organization has total revenue of more than \$750,000. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.
	\$25 registration fee.
	\$50 late fee, if the organization failed to request an extension or submit its complete report by the due date.

#### **HOW TO FILE**

This form may be submitted via email and the fee may be paid electronically.

- The form and all attachments should be emailed to <u>charity.registration@ag.state.mn.us</u>. The email and attachments can be <u>no larger than 25 MB</u>. The subject line of the email must contain the organization's name. If the materials you are submitting are more than 25 MB, submit the attachments in separate emails properly labeled in the subject line (e.g., email 1 of 3).
- Documents must be in PDF format and named in an identifying manner (e.g., Charity Annual Report).
- You will receive an automatically generated confirmation email. Receipt of the email confirms only that this Office received your submission and is not an attestation regarding the validity or completeness of the submitted materials.
- You may pay the \$25 registration fee and/or \$50 late fee via credit card at www.ag.state.mn.us/Charity/CharFees.aspx, or you may submit a check via U.S. mail. If paying by check, make the check payable to "State of Minnesota."



# CHARITABLE ORGANIZATION ANNUAL REPORT FORM INSTRUCTIONS (Continued)

### PLEASE NOTE

- Some organizations may be exempt from registration and reporting. See Minn. Stat. § 309.515 for more information.
- An organization may submit the Unified Registration Statement, but it must also file the Minnesota Supplement.
- Include all required attachments. Required attachments do NOT include any schedules of contributors to the organization (Schedule B). Registration statements and reports that fail to include all required attachments will be considered deficient and will not be effective until all required materials are received by the Minnesota Attorney General's Office. You will be informed of your registration status by letter from the Minnesota Attorney General's Office.
- Failure to maintain registration while soliciting may result in the imposition of civil penalties up to \$25,000 for each violation of Minn. Stat. ch. 309.
- NOTICE: All information and documentation provided as part of registration and reporting shall be public records.

### Mail To:

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

### **Website Address:**

www.ag.state.mn.us/charity

### STATE OF MINNESOTA

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM





<b>SECTION A: Organization Information</b>	
Legal Name of Organization The Minnesota	Streetcar Museum
Federal EIN: 34-2030631	Fiscal Year-End: 12/31/2023
	mm/dd/yyyy
	Did the organization's fiscal year-end change?
Mailing Address:	Physical Address:
Aaron Isaacs	Aaron Isaacs
Contact Person	Contact Person
P.O. Box 16509	2330 W 42nd Street
Street Address	Street Address
Minneapolis, MN 55416-0509	Minneapolis, MN 55410
City, State, and Zip Code	City, State, and Zip Code
612-231-8989	612-231-8989
Phone Number	Phone Number
aaronmona@aol.com	aaronmona@aol.com
Email Address	Email Address
1. Organization's website: www.trolleyride.or	g
2. List all of the organization's alternate and former	r names (attach list if more space is needed).
6	Alternate Former
	Alternate Former
3. List all names under which the organization solid	cits contributions (attach list if more space is needed).
4. Is the organization incorporated pursuant to Min	n. Stat. ch. 317A? Tyes No
5. Total amount of contributions the organization re	eceived from Minnesota donors: \$46,592.00
6. Has the organization's tax-exempt status with the	e IRS changed?
Yes No If yes, attach explanation.	
7. Has the organization significantly changed its pu	urpose(s) or program(s)?
Yes  No If yes, attach explanation.	1 ( ) 1 0 ( )



# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or government agency?  Yes No If yes, attach explanation.									
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No  If yes, provide the following information for each (attach list if more space is needed):									
	Name of Professional Fundraiser	Compensation								
	Street Address	City, State, and Zip	Code							
10.	Is the organization a food shelf? Yes No If yes, is the organization required to file an audit?  Note: An organization that has total revenue of me accordance with generally accepted accounting predonated food to a nonprofit food shelf may be exsubsequent distribution at no charge and is not reso	ore than \$750,000 is required rinciples by an independent cluded from the total revenue	I to file an audit prepared in CPA or LPA. The value of							
11.	Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No  If yes, provide the following information for the five highest paid individuals:									
	Name and title	Compensation*	Other compensation							
	*Compensation is defined as the total amount repoissued by the organization and its related organization and its related organization and Minn. Stat. § 317A.011 for definitions.									
	A full list of the organization's board of directors, in each (attach list if more space is needed).  John Dillery \$0, Karen Kertzman \$0, Elaine Lo  Dave French \$0, Aaron Isaacs \$0, David Dow	ove \$0, Darel Leipold \$0, E								



### CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)

Huntington Bank

### **SECTION B: Financial Information**

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

INCOME		
1. Contributions Received	\$ <u>46,592.00</u>	1
2. Government Grants	\$ <u> </u>	2
3. Program Service Revenue	\$ <u>115,368.00</u>	3
4. Other Revenue	\$ <u>7,248.00</u>	4
5. TOTAL INCOME	<u>\$169,208.00</u>	5
EXPENSES		
6. Program Expenses	<u>\$</u> 168,184.00	6
7. Management & General Expenses	\$	7
8. Fund-raising Expenses	\$	8
9. TOTAL EXPENSES	<b>§</b> 168,184.00	9
10. EXCESS or DEFICIT	<b>\$</b> 1,024.00	10
(Line 5 minus Line 9)		
ASSETS		
11. Cash	\$ <u>365,946.00</u>	11
12. Land, Buildings & Equipment	<u>\$</u> 2,832,263.00	12
13. Other Assets	<u>\$</u> 343,857.00	13
14. TOTAL ASSETS	<b>\$</b> 3,542,066.00	14
LIABILITIES		
15. Accounts Payable	<u>\$</u> 811.00	15
16. Grants Payable	\$	16
17. Other Liabilities	<u>\$164,793.00</u>	17
18. TOTAL LIABILITIES	<b>\$</b> 165,604.00	18
FUND BALANCE/NET WORTH	<b>§</b> 3,376,462.00	
(Line 14 minus Line 18)		



### CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

### **Section B (continued): Statement of Functional Expenses**

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

	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
	Total expenses	expenses	general expenses	expenses
1. Grants and other assistance to governments and organizations in the U.S.		сиреньев	general expenses	скреняев
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals				
outside the U.S.				
4. Benefits paid to or for members				
<b>5.</b> Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under				
section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
<b>8.</b> Pension plan contributions (include section 401(k) and section 403(b)				
employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion	\$ 12,450.00	\$ 12,450.00		
13. Office expenses	. ,			
14. Information technology	\$ 30,930.00	\$ 30,930.00		
15. Royalties	,,	,,		
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or				
local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance	\$ 10,044.00	\$ 10,044.00		
24. Other expenses. Itemize expenses not covered above. Expenses labeled				
miscellaneous may not exceed 5% of total expenses (Line 25).	A 77	A 77		
a. Repairs and Maintenance	\$ 77,552.00	\$ 77,552.00		
b. Operations	\$ 9,801.00	\$ 9,801.00		
c. Utilities	\$ 15,839.00	\$ 15,839.00		
d. Printing/Publications	\$ 11,568.00	\$ 11,568.00		
25. Total functional expenses. Add lines 1 through 24d.	\$ 168,184.00	\$ 168,184.00		
<b>26. Joint costs.</b> Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				



### CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

### **Section C: Board of Directors Signatures and Acknowledgment**

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

We, the undersigned, state and ack	nowledge that we are duly o	constituted officers of this organization,
being the Board Chair (1	Citle) and Treasurer	(Title) respectively, and that
we execute this document on behind	alf of the organization	pursuant to the resolution of the
Board of Directrs (Board	d of Directors, Trustees, or I	Managing Group) adopted on the
day of, 20 <sup>24</sup> , a	pproving the contents of the	document, and do hereby certify that the
Doord of Directors		or Managing Group) has assumed, and
will continue to assume, responsibility for	determining matters of policy	y, and have supervised, and will continue
to supervise, the operations and finances	of the organization. We furt	her state that the information supplied is
true, correct and complete to the best of ou	ır knowledge.	
Aaron Isaacs	David Downs	s
Name (Print)	Name (Print)	
Signature	Signature	
Board Chair	Treasurer	
Title	Title	
Date	Date	



# Excelsior Streetcar Line October 2024





# MINNESOTA STREETCAR MUSEUM

MSM Board Meeting
Property Insurance Decision Briefing

November 7, 2024







### **Problem**

MSM's insurance premium increased substantially in 2024 compared to the premium we paid over the past 12 years. It will be even higher when we increase the value of our buildings.

### **Background**

Accident at Excelsior in July 2023 resulted in cancellation of our liability and property insurance with Philadelphia Indemnity.

MSM eventually got coverage from two Liberty Insurance

Company subsidiaries for the Liability and Property Insurance.

Insurance	2023 Premium	2024 Premium
Liability	\$ 1,177	\$ 14,500
Property-Buildings	3,111	8,240
Property-All Streetcars	4,428	6,120
TOTAL	\$ 8,716	\$ 28,860



### **Building Replacement Values**

Location	Eval in 2013	Eval in 2024
ESL Carbarn	\$ 364,000	\$ 518,900
CHSL Carbarn	176,000	658,700
Linden Hills Station	46,800	214,800
CHSL Metal Garage	10,400	N/A

### **Streetcar Insurance Values**

- All six restored streetcars valued at \$100,000 each
- Mesaba No. 10 valued at \$10,000
- Fargo & Moorhead Street Rwy Birney No. 28 valued at \$2,000
- All streetcar insured values are strictly arbitrary and do not reflect their true replacement value or market value



### **Facts Bearing On The Problem - 1**

- Increase in the new liability insurance premium is a major cause of the overall increase in MSM's insurance bill (\$1.2K versus \$14.5K)
- The insurance company does not care how much value we place on our buildings and streetcars
- Deductible for the property insurance is \$10,000
- If the buildings are insured for the 2024 replacement value, the property insurance premium will go up by approximately \$13,200 with a total liability & property (L&P) insurance premium of \$42,000
- The rate used to calculate the property insurance premium is \$1.25 per \$100 in value of the building



### **Facts Bearing On The Problem - 2**

- The rate used to calculate the streetcar insurance premium is \$1.00 per \$100 in value of the streetcar
- Other streetcar museums insure their streetcars, but on a selective basis or a blanket basis
- It is unknown whether other museums insure their buildings on a full replacement cost basis
- Philadelphia Indemnity Insurance Company insured MSM with a combined liability and property policy which saved us money (bundling). Liberty Insurance does not have that option.
- Except for the Linden Hills station, if a carbarn is destroyed by fire, operations at that site will effectively cease—unless
- If a carbarn is partially damaged by a natural disaster or accident, the building and streetcars could be repaired. (FEMA funds available?)



### Courses of Action (COA) - 1

COA #1 – Continue current policies changing nothing, i.e., leave building values at their 2013 amounts

**Result:** liability & property (L&P) insurance premiums stay as they are now (\$28,860)

COA #2 – Increase the insured values of the buildings to their full replacement value and leave the streetcar insurance as is

**Result:** property premium goes from \$8,240 to \$18,740 and total premium will be \$42,000 (\$33,300 more than in 2023)

COA #3 – Decrease insured values of the buildings to an amount short of full replacement but leave the streetcar values as is

**Result:** Property premium goes up by some amount depending on the values we place on the buildings (see table)





### Courses of Action (COA) - 2

COA #4 – Reduce the values of the six operating streetcars by 50% +/- and increase the building values to full or reduced value

**Result:** Overall premium will increase depending on the values we place on the buildings and the streetcars. Premium for the streetcars at their current values is \$6,120.

COA #5 – Eliminate the insurance coverage for all the streetcars and insure the buildings at partial to full replacement value Result: See table on following slide

COA #6 – Increase the deductible on the property insurance Result: Unknown but premium should be somewhat lower



### **Considerations of COAs**

- MSM's 2024 insurance L&P premiums increased by \$20,200 compared to 2023
  - Can MSM's finances accommodate the \$29,000 or more in annual premium? Yes. We have to.
  - In 2023 MSM gross income was \$169,200. Total operational expenses were approximately \$99,100
- How would the shop volunteers react if coverage of the streetcars were reduced or eliminated? Is this a consideration?
- What are the chances of damage to a streetcar which may result in repair costs of more than \$10,000 to \$20,000?
- If a streetcar were badly damaged by fire, could MSM shop forces repair that damage? It depends.
- If a streetcar was destroyed beyond repair, would \$100,000 in compensation be of any value to the museum?



### Recommendations

- Eliminate insurance on the streetcars—saves MSM \$6,120
- Insure the Linden Hills station at full replacement value \$214,800
- Carbarn insurance:
  - CHSL carbarn at 90% value (\$600,000) premium would be \$7,500
  - CHSL carbarn at 80% value (\$527,000) premium would be \$6,600
  - ESL carbarn at 90% value (\$467,000) premium would be \$5,900
  - ESL carbarn at 80% value (\$415,000) premium would be \$5,200
- Increase deductible on our buildings from \$10,000 to ???





# **Bottom Line \$\$\$**

Insurance	2024 Premium	2025 Premium
<b>Property-Carbarns (100%)</b>	\$ 8,240	\$ 18,740
<b>Property-Carbarns (90%)</b>	8,240	\$ 13,400
Property-Carbarns (80%)	8,240	11,800
Property-Linden Hills Sta.	Unk.	2,700
Property-All Streetcars	6,120	0
Liability	14,500	14,500
TOTAL	\$ 28,860	\$ 35,940 (100%)
		30,600 (90%)
		29,000 (80%)

Our insurance premium for P&L in 2023 was \$8,716

**Decision Time** 









# Minnesota Streetcar Museum General Superintendent's Report – November 2024

#### I. GENERAL COMMENTS

In my abbreviated comments I would like to address three categories:

- 1. Regular season performance (YTD through September). Ridership performance was solid comparable to 2023 and up substantially from 2022 (+9% CHSL, +28% ESL). CHSL did struggle at times in finding enough foremen to handle the open shifts which will be addressed prior to the start of the 2025 season.
- 2. Fall/ winter special events. Halloween events were also very successful and generally benefitted from nice weather. Halloween events generated over \$14,000 due to the introduction of a new event ("Spirits on the Streetcar") at CHSL and strength in non-ticketed activities. (Ticketed activities were sold out both years, both locations).
- 3. Looking forward. CHSL is modifying its Christmas events by replacing Vinternatt with an alternative, less-labor intensive outing with Santa. As part of the planning activities for the 2025 season, I am planning to find a new special event coordinator and revamp the event content/ line-up. Additionally, I will work to fill a number of vacant positions including foremen resulting from retirements.

#### II. STAFF

#### **QUALIFIED OPERATORS**

#### **SYSTEM**

The ending roster has 111 qualified operators who have contributed approximately 2,800 hours at Como-Harriet and 850 hours at Excelsior – excluding ~350 hours spent training new volunteers at CHSL. The 111 operators, which includes 18 new volunteers, is flat year-over-year. Operational performance has been very strong, as I believe we only cancelled one shift due to lack of a full crew and that was due to a foreman vacancy, which we will address going into the next operating season. We had slightly over 90% (101 out of 111) of our qualified operators volunteering, which compares favorably to 85% participation for the full year 2023.

#### **COMO-HARRIET**

At Como-Harriet we have 87 operating personnel compared to 89 in 2023, 92 in 2022, 81 in 2021 and 90 in 2019. At Como-Harriet we have had 76 of the 87 active operating personnel volunteers. Following historical patterns, a relatively small of 17 volunteers including Rod Eaton, Bruce Allyn, Bill Arends, Ted Rich, Bill Pekarna, Katie Barron, Elizabeth Gray, Pat Cosgrove, Nick Orbe, Mike Buck, Tom May, Louis Hoffman, John Dillery, Andy Jacob, Griffin Lawrence, Anja Curiskis, Aaron Isaacs, have contributed more than 50% of the total hours.

#### **EXCELSIOR**

• At ESL we have 28 certified operating personnel compared to 28 in 2023, 34 in 2022, 27 in 2021 and 43 in 2019. At Excelsior we have had 25 of the 27 operating volunteers operate. Similar to

historical patterns, a small group of volunteers supplies most of the hours. This group includes Karen Kertzman, Jim Kertzman, Tim Gephart, Gregory Thomas, John Knox, Mike Buck, Rich Holz, and David Buckman.

### **III. OPERATIONS**

#### **OVERALL PERFORMANCE**

In the tables below (unless noted otherwise) use POS system data.

### Table 1: Year-to-Date (YTD) October Activity

The initial table shows the complete scope of POS activity including ridership (e.g. fares), charters, special events, and merchandise – most of which will be covered in more detail in the following sections. The table provides a good summary of overall activity of relative performance between the two sites and across the categories.

As expected, Fares, Passes, and Special Events constitute the majority of the museum's operating income (~70%), but Merchandise as noted in prior reports is also a significant revenue source at ~20%.

	MS		CHSL			E		Online				
Category	Items Sold	S	ales	Items Sold		Sales	Items Sold		Sales	Items Sold		Sales
Charters	57	\$	6,605	47	\$	5,090	10	\$	1,135	4	\$	380
Donations			2,385	16		1,420	74		965			
FARES	19,445		58,335	16,577		49,731	2,868		8,604			
Passes	197		5,679	171		4,799	26		655	8		225
Merchandise			21,913			16,899			3,491			1,523
Special Events non-ticketed			3,122			2,590			532			
Special Events ticketed			10,369			7,733			2,636			
TOTAL POS	-	\$ 1	08,408		\$	88,262		\$	18,018		\$	2,128

Table 2: Year-over-Year YTD Performance

The second table compares year-over-year performance. Total sales is up 4%, driven by fares +4%, merchandise +7% and special events +21%.

	MSM			CHSL			E		Online			
Category	Items Sold	S	ales	Items Sold	76	Sales	Items Sold		Sales	Items Sold	S	ales
Charters	4	\$	525	8	\$	675	-4	\$	(150)	0	\$	-
Donations			(67)	-1		255	-23		(322)			
FARES	708		2,124	714		2,142	-6		(18)			-
Passes	-122		(1,728)	-90		(911)	-32		(495)	8		(323)
Merchandise			1,448			798			397			253
Special Events non-ticketed			493			56			437			-
Special Events ticketed			1,857			(279)			2,136			
TOTAL POS		\$	4,652		\$	2,736		\$	1,985		\$	(70)
Year-Over-Year Change			4%			3%			12%			

#### **RIDERSHIP**

In the past I have noted rain days or other events that have a negative impact on ridership. However, unless these occurrences fall on one of the museum's key event days the impact washes out year-over-year as every year is impacted by a handful of cancellations. The following table compares 2024 ridership to 2023 and 2022, May-September.

The column at the right shows the variance of 2024 volumes less the volume from the year being compared. The current year ridership was essentially flat (+/- 3%) compared to 2023, but up substantially from 2022 (+9% CHSL, +28% ESL).

Table 3: Ridership – Regular Season Through September

IDER	SHIP								
			May	June	July	Aug	Sept	Total	1
		Regular Service	3,974	4,729	4,018	5,699	2,552	20,972	
2022 2023	CHSL	Charters	255	339	171	496	236	1,497	
	0	Total - CHSL	4,229	5,068	4,189	6,195	2,788	22,469	
		Regular Service	674	850	641	864	899	3,928	
	ESL	Charters	58	1	127	50	134	370	
	1 Dodga	Total - ESL	732	851	768	914	1,033	4,298	
		MSM Total	4961	5919	4957	7109	3821	26,767	
	CHSL	Regular Service	4,451	3,958	5,787	3,973	2,392	20,561	
		Charters	227	336	178	414	230	1,385	
		Total - CHSL	4,678	4,294	5,965	4,387	2,622	21,946	
2023		Regular Service	424	750	1,397	733	714	4,018	
	ESL	Charters	10	53	14	161	156	394	
2023		Total - ESL	434	803	1,411	894	870	4,412	
		MSM Total	5112	5097	7376	5281	3492	26,358	
	-1	Regular Service	2,252	3,638	6,133	4,293	2,779	19,095	
	CHSL	Charters	434	348	480	131	211	1,604	
2022	)	Total - CHSL	2,686	3,986	6,613	4,424	2,990	20,699	
	200	Regular Service	487	530	855	685	469	3,026	
A)80	ESL	Charters	0	32	75	0	219	326	
	Total - ESL	487	562	930	685	688	3,352		
	MSM Total	3173	4548	7543	5109	3678	24,051		

### **FALL SPECIAL EVENTS (Bill Arends, Karen Kertzman)**

Halloween was very successful at both locations. All ticketed-events sold out as did the purchased pumpkins. For CHSL the year-over-year revenue was flat (as events for both years sold out) with the exception of "Spirits on the Streetcar", which is a new event. Non-ticketed revenue for CHSL which increased approximately 10%.

Table 4: Halloween Event Summary

Ticketed events   Graveyard Ghost Stories   44   \$ 1,012   \$ - \$		
Graveyard Ghost Stories	Total	
Ghost Trolley Late Show   89   1,335   205   Trick 'r Trolley   180   900   55   55   55   55   55   55		
Trick 'r Trolley   180   900   55	1,012	
Spirits on the Streetcar***	1,540	
Total ticketed event sales CHSL   357   \$ 5,447   \$ 259   \$	955	
Non-ticketed events (POS)   Farmer Ken's Pumpkin Patch   627 \$ 1,911 \$ 1,974 \$ 312 \$ 177	2,200	
Transylvania Trolley   291   873   277     Streetcar Named Expire   97   485   23     All Aboard Trick 'r Trolley   20   60   27     Total non-ticketed sales CHSL   1,035   \$ 3,329   \$ 1,974   \$ 639   \$ 1,974   \$ 639   \$ 1,074   \$ 1,074	5,706	
Transylvania Trolley   291   873   277   Streetcar Named Expire   97   485   23   278   291		
Streetcar Named Expire	4,197	
All Aboard Trick 'r Trolley 20 60 27  Total non-ticketed sales CHSL 1,035 \$ 3,329 \$ 1,974 \$ 639 \$  Total CHSL \$  Ticketed events Trolleyween* 150 \$ 750 9 \$ 45 \$ 13 \$  Non-ticketed events Spooky Ghost Trolley 108 \$ 432 \$  Trick O Trolley** 803 \$ 1,606 \$	1,150	
Total non-ticketed sales CHSL	508	
Total CHSL \$  Ticketed events Trolleyween* 150 \$ 750 9 \$ 45 \$ 13 \$  Non-ticketed events Spooky Ghost Trolley Trick O Trolley** 108 \$ 432 \$ Trick O Trolley** 803 \$ 1,606 \$	87	
Ticketed events   Trolleyween*   150   \$ 750   9 \$ 45   \$ 13 \$	5,942	
Trolleyween* 150 \$ 750 9 \$ 45 \$ 13 \$  Non-ticketed events Spooky Ghost Trolley Trick O Trolley** 108 \$ 432 \$ 803 \$ 1,606 \$	11,649	
Trolleyween* 150 \$ 750 9 \$ 45 \$ 13 \$  Non-ticketed events Spooky Ghost Trolley Trick O Trolley** 108 \$ 432 \$ 803 \$ 1,606 \$		
Spooky Ghost Trolley 108 \$ 432 \$ Trick O Trolley 803 \$ 1,606 \$	808	
Spooky Ghost Trolley 108 \$ 432 \$ Trick O Trolley 803 \$ 1,606 \$		
Trick O Trolley** 803 \$ 1,606 \$	432	
Total FSI S	1,606	
Total Ede	2,414	
TOTAL MSM	14,063	

Listed below are highlights of some of the recent events

### **CHSL** (Bill Arends)

Farmer Ken's Pumpkin Patch

The event was very successful both financially and based on customer feedback. A counting of the pumpkins on Friday, after donating 10 pumpkins to the park personnel, showed we had 280 pumpkins. The total sale of pumpkins per the POS system was 282. We had 4 bad pumpkins. Total sales for the weekend were \$4,197 (Fares \$1,911, pumpkins \$1,974, merchandise and candy \$312).

All of the people I asked agreed it was more fun to ride the trolley and select a pumpkin from Farmer Ken's Pumpkin Patch than it was to ride in a car and go to a big store and pick a pumpkin out of a big box.

### **ESL** (Karen Kertzman)

Halloween Events

Thank you for participating in the ESL Halloween events this year. A good time was had by many due to your dedication and enthusiasm. I received a lot of positive feedback from folks at all three events.

o Total of 1,070 riders with revenue of \$3,075.

Trolleyween: 159 riders, \$795
Ghost Trolley: 108 riders, \$432
Trick O' Treat: 803 riders, \$1,606

• \$242 in donations.

#### **CHSL Christmas Events**

Given the significant amount of work required, based on a recommendation from Pat Cosgrove, our special event manager, we are dropping Vinternatt this year and replacing it with a lower effort event. Vinternatt does require a lot of coordination and effort to "build", set-up, and take down the luminaire and other light decorations.

#### IV. ENGINEERING (Keith Anderson)

Significant planning and execution work has occurred in 2024. Highlights include:

■ End of Line (CHSL): Developed a design for an unobtrusive end-of-the-line project to minimize damage in the case of a car over-running the end of the track. We have a contract with Railroad Specialties to do the work, but we're hung up on permits at the moment. We're hoping to get the work permitted for completion next spring. A similar project has been discussed for ESL, and it will be part of the 2025 budget discussion.

#### CHSL Platform:

- Removed the decaying wood deck; built step boxes to allow passengers to board the cars; and repaired concrete around the platform guardrails
- Project is being developed to replicate the historic canopy on the platform. This project is in the permitting process.
- Tie Replacement (CHSL): Completed a project to replace 200 decayed ties at CHSL.

### **V. STATION / MERCHANDISE SALES**

The following table summarizes POS sales excluding for the categories listed below. It does not include any on-line sales or sales made at St. Paul's Union Depot Train Days. With the exception of potential sales during our Christmas holiday events, POS sales is on par with the full year 2023.

Table 5: Merchandise Sales

	SALES YTD OCTOBER POS							2023 Full Year POS		
		MSM		CHSL	11	ESL	MSM %		MSM	MSM %
Children Merchandise	\$	6,071	\$	4,823	\$	1,248	30%	\$	6,380	31%
Artifacts/ Historic Souvenirs		1,629		1,489		140	8%		1,660	8%
Books		2,499		2,099		400	12%		2,863	14%
Ornaments		2,410		1,694		717	12%		2,516	12%
Jewelry		1,820		1,820		-	9%		1,420	7%
Candy		1,265		1,265		-	6%		1,222	6%
Clothing		1,103		902		201	5%		905	4%
Other Merchandise		3,594		2,809		786	18%		3,382	17%
Total	\$	20,390	\$	16,899	\$	3,491		\$	20,347	
Passes	\$	5,454	\$	4,799	\$	655				

<sup>(1)</sup> Does not include fares, special event, charters, or shipping fees.