Financial Statements Year Ended August 31, 2021

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#### INDEPENDENT AUDITORS' REPORT

To the Board of Directors The Danish Immigrant Museum dba The Museum of Danish America Elk Horn, Iowa

We have audited the accompanying financial statements of The Museum of Danish America (a nonprofit organization), which comprise the statement of assets, liabilities, and net assets – modified cash basis as of August 31, 2021, and the related statements of revenues, expenses and changes in net assets – modified cash basis, and functional expenses – modified cash basis for the year then ended, and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion the financial statements referred to above present fairly, in all material respects, the assets, liabilities, and net assets of The Museum of Danish America as of August 31, 2021, and its support, revenue, and expenses for the year then ended in accordance with the modified cash basis of accounting as described in Note 1.

#### **Emphasis of a Matter - Basis of Accounting**

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

## **Report on Summarized Comparative Information**

We have previously audited The Museum of Danish America's August 31, 2020, financial statements, and our report dated October 28, 2020, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended August 31, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Olsen, Muhlbauer & Co., L.L.P.

OLSEN, MUHLBAUER & CO., L.L.P. Certified Public Accountants

Carroll, Iowa December 10, 2021

## Statement of Assets, Liabilities, and Net Assets -Modified Cash Basis

## August 31, 2021 with Summarized Totals as of August 31, 2020

	<u>2021</u>	<u>2020</u>
Assets		
Cash and Cash Equivalents	954,895	963,358
Design Shop Inventory	45,501	56,528
Exhibit Catalogue and Promotional Inventory	885	885
Employee Retention Credit Receivables (Allowance \$0)	120,377	0
Property and Equipment (Net)	4,382,965	4,521,051
Investments	6,186,912	5,220,675
Collections (Note 1)	0	0
Total Assets	11,691,535	10,762,497
Liabilities		
Accrued Payroll Taxes and Benefits	17,410	0
Note Payable	0	124,100
Line of Credit	0	0
2 0. 0.00		
Total Liabilities	17,410	124,100
Net Assets		
Without Donor Restrictions	6,777,653	6,601,331
With Donor Restrictions	4,896,472	4,037,066
Total Net Assets	11,674,125	10,638,397
Total Liabilities and Net Assets	11,691,535	10,762,497

The accompanying notes are an integral part of these financial statements.

#### Statement of Revenues, Expenses and Changes in Net Assets -Modified Cash Basis

For Year Ended August 31, 2021 with Summarized Totals for 2020

	Without Donor	With Donor		August 31,
	Restrictions	Restrictions	Total	2020
Revenues, Gains and Other Support:				
Contributions	587,336	136,634	723,970	841,698
Admissions	8,408	0	8,408	6,230
Design Store Gross Profit (Note 7)	57,947	0	57,947	47,248
Investment Income (Net)	283,965	822,116	1,106,081	501,434
Gain (Loss) on Disposal of Property				
& Equipment	500	0	500	(1,475)
Grants	106,860	44,487	151,347	75,500
Miscellaneous Income	34,680	31,000	65,680	31,325
COVID Income	402,711	0	402,711	0
Net Assets Released from Restrictions:				
Appropriations of Donor Endowments	132,985	(132,985)	0	0
Restrictions Satisfied by Programs	40,371	(40,371)	0	0
Total Revenues, Gains, and Other Support	1,655,763	860,881	2,516,644	1,501,960
Expenses				
Program Services				
Curatorial	510,320	0	510,320	541,669
Genealogy	146,073	0	146,073	122,272
Public Outreach	158,666	0	158,666	104,817
Design Store	147,621	0	147,621	132,723
Bedstemor's House	6,080	0	6,080	9,567
	968,760	0	968,760	911,048
Supporting Services				
Management and General	373,884	0	373,884	368,796
Fund Raising	136,797	0	136,797	144,377
	510,681	0	510,681	513,173
Total Expenses	1,479,441	0	1,479,441	1,424,221
Change in Net Assets Before Collection				
Items not Capitalized	176,322	860,881	1,037,203	77,739

The accompanying notes are an integral part of these financial statements.

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	Without Donor Restrictions	With Donor Restrictions	Total	August 31, 2020
Change in Net Assets Before Collection				
Items not Capitalized	176,322	860,881	1,037,203	77,739
Change in Net Assets Related to Collection Items	not Capitalized:			
Proceeds from Sale of Collection Items	525	0	525	0
Collection Items Purchased	(2,000)	0	(2,000)	0
Net Assets Released from Restrictions:				
To Fund Acquisitions	1,475	(1,475)	0	0
Change in Net Assets Related to Collection				
Items not Capitalized	0	(1,475)	(1,475)	0
Change in Net Assets	176,322	859,406	1,035,728	77,739
Net Assets, Beginning of Year	6,601,331	4,037,066	10,638,397	10,560,658
Net Assets, End of Year	6,777,653	4,896,472	11,674,125	10,638,397

## Statement of Functional Expenses -

Modified Cash Basis

For Year Ended August 31, 2021 with Summarized Totals for 2020

Program Services Supporting Services Public Bedstemor's Management August 31, Curatorial Genealogy Outreach Design Store House and General Fund Raising Total 2020 Total Salaries 167,874 78,557 116,156 65,616 3,995 163,437 76,316 671,951 587,072 Benefits and Taxes 26,991 12,630 18,675 10,549 305 26,614 12,270 108,034 104,082 Total Compensation 194,865 91,187 134,831 76,165 4,300 190,051 88,586 779,985 2020 - Memo Only 195,494 78,574 72,517 61,251 5,560 175,236 102,522 691,154 Advertising 380 84 0 0 0 18.574 177 19,215 19,924  $\sim_{\mathbf{0}}$ Bank Charges 607 0 0 138 9,652 87 10,484 7,459 Contract Labor/Outside Services 53,036 0 0 0 375 3,427 56,838 0 44,453 Depreciation 148,815 9,224 8,766 26,420 747 35,838 8,766 238,576 234,247 0 0 0 0 1,350 Donations 0 0 1,350 1,287 0 0 **Equipment Expenses** 8,561 0 0 5,198 13,759 0 6,751 150 0 55 Grounds Care 25,884 0 9,676 0 35,765 35,434 5,069 2,535 3,802 3,802 0 7,604 Insurance 2,535 25,347 24,383 0 0 0 0 0 0 Interest 0 0 0 Maintenance 16,136 809 1,452 4,357 64 5,809 1,452 30,079 62,163 Meetings 0 0 0 0 0 1,292 0 1,292 10,448 Memberships 2,740 0 0 0 0 830 70 3,640 3,955 Office & Computer 16,704 21,894 2,174 4,466 0 14,194 5,107 64,539 59,177 0 Other 3,224 4,122 323 2,233 4,817 3,185 17,904 15,978 Postage and Freight 612 180 0 11,683 0 1,553 9,890 23,918 21,612 Printing 848 0 0 11,188 0 18,208 7,938 38,182 40,536 Professional Fees 0 0 300 0 0 18,274 0 18,574 18,553 0 0 5,000 0 0 10,566 374 15,940 10,332 Reception and Events Rent 8,000 0 0 0 0 0 0 8,000 7,200 58 32 0 Supplies 5.795 1,404 5.585 112 12,986 42,297 0 Travel and Staff Development 4,735 1,470 225 369 230 4,372 11,401 14,718 0 Telephone 1,478 1,984 0 1,563 3,126 3,126 11,277 12,173 Utilities 21,392 2,469 1,735 5,205 914 6,940 40,390 39,987 1,735 510,320 146,073 147,621 6,080 373,884 136,797 158,666 1,479,441 541,669 132,723 9,567 122,272 104,817 368,796 144,377 1,424,221

The accompanying notes are an integral part of these financial statements.

## Notes to Financial Statements August 31, 2021

#### Note 1 – Nature of Activities and Significant Accounting Policies

#### Nature of Activities

The Danish Immigrant Museum (the Museum), located in Elk Horn, Iowa, was formed in 1983 to exhibit materials and to provide information to the public regarding the impact and contributions of immigrants from Denmark to the United States. Artifacts and traditions are collected, preserved, studied and interpreted in order to preserve this rich heritage. During the fiscal year ended August 31, 2014, the Danish Immigrant Museum formally adopted a fictitious name, The Museum of Danish America, in order to embrace all aspects of Danish American culture and influence rather than focusing only on immigrants.

The Museum's five program services are:

Curatorial – The Museum of Danish America celebrates Danish roots and American dreams through its curatorial activities. The department maintains a collection of approximately 30,000 artifacts, many of which are available on the Museum's website through the "View Our Collection" extension.

Genealogy – The Genealogy Center collects print, microform and digital materials on Danish immigrants, Danish Americans, their communities and organizations, and provides information on relevant genealogical resources as well as research and translation services to the public in-house and long distance. In addition, a digital library provides the ability to browse collections and titles online.

*Public Outreach* – Public outreach activities bring the Museum's mission to its national audience and membership by engaging constituents at public festivals, lectures and presentations, workshops, and receptions across the country.

Design Store – The Design Store displays items reflecting the best in Danish design and books about Denmark and Danish-American relations.

Bedstemor's House – Maintenance, tours and promotion of a 19th century historical house.

#### Significant Accounting Policies

Basis of Accounting – The financial statements of the Museum have been prepared on the modified cash basis of accounting, a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. The modified cash basis of accounting reports transactions on a cash basis modified to reflect certain accrual basis accounting adjustments such as capitalizing fixed assets and recording annual depreciation along with recording debt owed to banks and other liabilities such as payroll tax and benefit withholding. Revenue is recognized when received and does not account for promises to give. In addition, expenses incurred but unpaid at August 31, 2021, are not reflected in the accompanying financial statements.

## Notes to Financial Statements August 31, 2021

Note 1 – Nature of Activities and Significant Accounting Policies (Continued)

Significant Accounting Policies (Continued)

Estimates – The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues, and expenses during the period and as of the date of the financial statements. Actual results could differ from those estimates.

Cash and Cash Equivalents – The Museum considers all unrestricted short-term investments with an original maturity of three months or less to be cash equivalents.

*Inventory* – Inventory, consisting of design store merchandise and exhibit catalogues, is stated at the lower of cost or market determined on a first-in, first-out basis by the Museum's personnel.

Property and Equipment – Purchased property and equipment with a cost of \$2,000 or more and a useful life of more than one year is capitalized at cost. Donated property and equipment is recorded at fair value on the date of receipt. Such donations are reported as contributions without donor restrictions unless the donor has restricted the donated asset to a specific purpose. Currently, the Museum has no policy implying time restrictions on donated property. Repairs and maintenance that do not significantly increase the useful life of the asset are expensed as incurred. Depreciation is provided on the straight-line method over a five to fifteen-year period for furniture and equipment, fifteen to fifty years for buildings and permanent exhibits, and fifteen years for improvements.

Property and equipment is reviewed for impairment when a significant change in the asset's use or another indicator of possible impairment is present. No impairment losses were recognized in the financial statements during the current period.

Investments – Investments in marketable securities are reported at their fair values in the Statement of Assets, Liabilities, and Net Assets - Modified Cash Basis. Unrealized gains and losses are included in the change in net assets. Investment income on investments restricted by donors is reported as an increase in net assets with donor restrictions until the Board appropriates the usage at which time it's reclassified to net assets without donor restrictions.

Collections – The Museum's collections, which were acquired through purchases and contributions since the Museum's inception, are not recognized as assets on the Statement of Assets, Liabilities, and Net Assets - Modified Cash Basis. Purchases of collection items are recorded as decreases in net assets without donor restrictions in the year acquired.

The Museum's collections consist of historically significant artifacts and art held for educational, research, and curatorial purposes. The items are cataloged, preserved, and cared for, and activities verifying their existence and assessing their condition are performed continuously. The collections are subject to a policy that requires proceeds from their sales and deaccessions be used to purchase and acquire other collection items.

## Notes to Financial Statements August 31, 2021

Note 1 – Nature of Activities and Significant Accounting Policies (Continued)

Significant Accounting Policies (Continued)

Collections (Continued)

During the fiscal year ended August 31, 2021, some collection items were deaccessioned due to the changing nature of the collections and the reduction of duplicates. The fair value of these deaccessions is indeterminable due to their unique and historical nature but is not expected to be material.

Contributions and Net Assets – Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions depending on the existence or nature of any donor restrictions.

Contributions are recognized when received. All contributions are reported as increases in net assets without donor restrictions unless use of the contributed assets is specifically restricted by the donor. Amounts received that are restricted by the donor to use in future periods or for specific purposes are reported as increases in net assets with donor restrictions.

Contributions of cash to acquire or construct long-lived assets (i.e. property and equipment) are reported as net assets with donor restrictions upon receipt. When the long-lived asset is placed in service, the contribution is reclassified from net assets with donor restrictions to net assets without donor restrictions.

*In-kind Donations* – The museum receives a significant amount of support in the form of goods and services from donors and volunteers in the Museum's operations, fund raising, admissions desk, design store, and museum tours. Services that do not require specialized knowledge are not required to be reported on financial statements prepared on the modified cash basis of accounting. Accordingly, these financial statements do not reflect these contributions. If these contributions were recorded, revenues would increase by the fair value of the contributions.

Expense Recognition and Cost Allocation – The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. Allocated expenses include Compensation and Benefits and Taxes, which are allocated on the basis of time and effort, Depreciation, Insurance, Maintenance, and Utilities which are allocated on a square footage basis, and Computer expenses which are recorded based on computer counts in each program or supporting service.

Management and general expenses include those costs that are not directly identifiable with any specific program, but which provide for the overall support and direction of the museum.

Fundraising costs are expensed as incurred, even though they may result in future contributions.

Additionally, advertising costs are expensed as incurred.

The Museum has elected to use the direct expensing method in accounting for planned major maintenance activities.

## Notes to Financial Statements August 31, 2021

#### Note 1 – Nature of Activities and Significant Accounting Policies (Continued)

#### Significant Accounting Policies (Continued)

Tax status – The Museum is a not-for-profit organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Museum is also a public charity under the IRC Sections 509(a) and 170(b)(1)(A)(vi). This allows for donations to the Museum to be deductible as charitable contributions.

Tax years ending on and prior to August 31, 2018, are considered closed years. The Museum accounts for uncertainties in accounting for income taxes using the guidance included in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740, Income Taxes. The Museum recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. At August 31, 2021, the Museum had no uncertain tax positions nor interest or penalties related to income taxes.

#### Adopted Accounting Pronouncements

During the fiscal year ended August 31, 2021, the Organization adopted ASU 2019-03, *Not-for-Profit Entities* (Topic 258): Updating the Definition of Collections. This new ASU (Accounting Standards Update) aligns the definition of Collections with the American Association of Museums' current definition. Under the clarified definition, Organizations may use proceeds from sale of collection items in the direct care of existing collection items or acquisitions, or they can retain the narrower definition and continue to restrict the use of proceeds to the acquisition of new collection items. Furthermore, this standard requires the disclosure of policies regarding the use of proceeds from when collection items are deaccessioned and the definition of direct care when used for direct care. In addition, activities related to collection acquisition and deaccessions are now presented separately on the Statement of Revenues, Expenses, and Changes in Net Assets – Modified Cash Basis.

#### Note 2 – Liquidity and Availability of Financial Assets

The following information presents the Museum's financial assets as of August 31, 2021, reduced by amounts not available for general use within one year because of contractual or donor-imposed restrictions. Funds that are available for use within one year for general purposes include contributions with donor restrictions for projects expected to be completed within one year.

Financial Assets at year-end	
(Cash and Cash Equivalents, Receivables and Investments)	7,262,184
Less those unavailable for general expenditures	
within one year, due to:	
Restricted to maintain as DIM Endowment	(4,547,987)
Restricted to maintain as Holger Danske	
Endowment	(1,468,801)
Restricted for DBIA Artifacts	(28,000)
Restricted to long-term projects	( 109,904)
Financial assets available to meet cash needs	
for general expenditures within one year	<u>1,107,492</u>

## Notes to Financial Statements August 31, 2021

#### Note 2 – Liquidity and Availability of Financial Assets (Continued)

As part of the Museum's liquidity management, it invests cash in excess of daily requirements in short-term investments, typically money market funds. In addition to the above amounts, the Museum has a line of credit from Shelby County State Bank for \$200,000 that may be drawn upon to meet operating cash flow needs.

#### Note 3 – Property and Equipment

Property and equipment consists of the following:

Land and Improvements	1,029,626
Museum Building	5,451,980
FHGC Building	130,000
FHGC Building Improvements	26,901
Exhibit Furniture	447,530
Design Store Furnishings and Equipment	17,308
Office Furniture and Equipment	172,769
FHGC Furniture and Equipment	53,327
Historical House	65,410
Vehicles	27,473
Intangibles - Website and Brand	44,214
	7,466,538
Less: Accumulated Depreciation	(3,083,573)
<u>Total</u>	4,382,965

#### Note 4 – Investments and Fair Value of Financial Instruments

The Museum holds investments primarily for its endowment funds, but also, for investments of excess operating cash and for donor-restricted projects. The fair value measurements and levels within the fair value hierarchy of those measurements of those measurements for the assets reported at fair value on a recurring basis at August 31, 2021, are as follows:

	<u>Cost</u>	Fair Value (Level 1)	<u>Unrealized</u> <u>Appreciation</u> (Depreciation)
Funds without Donor Restrictions Certificates of Deposit	30,519	30,519	0
Investments without Donor Restrictions	30,519	30,519	0

## Notes to Financial Statements August 31, 2021

Note 4 – Investments and Fair Value of Financial Instruments (Continued)

	<u>Cost</u>	Fair Value (Level 1)	Unrealized Appreciation (Depreciation)
Funds with Donor Restrictions			
Long-term Projects			
Cash & Money Market Accounts	3,821	3,821	0
Fixed Income Securities	23,380	24,056	676
Pooled Equity Funds	67,396	111,727	44,331
	94,597	139,604	45,007
Holger Danske Endowment Fund			
Cash & Money Market Funds	18,401	18,401	0
Fixed Income Securities	239,322	247,786	8,464
Pooled Equity Funds	711,798	1,202,615	490,817
	969,521	1,468,802	499,281
DIM Endowment Fund			
Cash & Money Market Funds	1,889	1,889	0
Fixed Income Securities	866,904	889,276	22,372
Pooled Equity Funds	2,391,820	3,656,822	1,265,002
• •	3,260,613	4,547,987	1,287,374
Investments with Donor Restrictions	4,324,731	6,156,393	1,831,662
Total Investments	4,355,250	6,186,912	1,831,662

The Museum's Level 1 investments are actively traded and are reported at fair value on recurring basis determined by reference to quoted market prices.

#### Note 5 – Debt

The Museum holds a \$200,000 line of credit with Shelby County State Bank which matures March 1, 2022. At August 31, 2021, no funds were advanced against this credit line which bears interest at a variable rate.

## Notes to Financial Statements August 31, 2021

#### Note 6 – Net Assets

Net Assets without Donor Restrictions includes \$1,430,418 designated by the Board for the following at August 31, 2021:

Holger Danske Endowment	130,475
DIM Endowment	1,299,943
Total Board Designated Net Assets without Donor Restrictions	1,430,418

Net Assets with Donor Restrictions as of August 31, 2021, consist of funds with the following purpose restrictions:

Special projects and programs:	
Internship Programs	43,035
Schultz/Nielsen Project	40,000
Bedstemors Restoration Project	27,487
FHGC Programs/Projects	26,671
Curatorial Programs/Projects	118,627
Other Programs/Projects	26,282
DBIA Artifact Maintenance	28,000
Holger Danske Endowment	1,338,326
DIM Endowment	3,248,044
Total Net Assets with Donor Restrictions	4,896,472

Endowment Funds – The Museum's endowments were established to support the Museum's mission by providing a reliable income stream. Contributions to the endowment funds are subject to donor restrictions that stipulate the original principal of the gift is to be held and invested by the Museum indefinitely, and income from the investments are to be expended to support Museum operations. In addition, the Museum's Board of Directors has designated funds for the endowments.

The Museum is subject to the Iowa Uniform Prudent Management of Institutional Funds Act (UPMIFA) and, therefore, classifies amounts in its donor-restricted endowment fund as net assets with donor restrictions until the Board appropriates amounts for expenditure. The Board of Trustees of the Museum has interpreted UPMIFA as requiring maintenance of only the original gift amount contributed to an endowment fund, unless a donor stipulates the contrary.

The Museum would consider the fund to be underwater if the fair value is less than the sum of (1) the original value of the gifts donated to the fund and (2) any accumulations that are required to be maintained in perpetuity in accordance with the donor gift instrument. From time to time, due to adverse market conditions, the fair value of assets associated with donor restricted endowment funds may fall below the level that the donor or relevant law requires the Museum to retain as a fund of perpetual duration. As of August 31, 2021, neither of the endowments have a deficiency of this nature. The Museum interpreted UPMIFA to permit spending from underwater funds with prudent measures required under the law.

## Notes to Financial Statements August 31, 2021

#### Note 6 – Net Assets (Continued)

The Holger Danske Endowment spending and investment policies adopted by the Board of Directors attempt to provide a predictable stream of funding to the Museum while seeking to maintain the purchasing power of the endowment assets. The Museum typically appropriates for distribution at the beginning of each fiscal year at least 50% of the endowment fund's investment income from the previous fiscal year. During the year ended August 31, 2021, the Museum did not take this appropriation in order to reduce the fund's underwater status.

The DIM Endowment spending and investment policies adopted by the Board of Directors attempt to achieve a reasonable and adequate rate of growth while not incurring significant risk and produce reasonable income. The Museum's objective is to provide growth exceeding inflation. The investment policy establishes an achievable return through use of a moderate portfolio approach. At the June, 2019, Board meeting, the appropriations policy for the DIM Endowment was modified for fiscal years ending August 31, 2019, and thereafter. The modified policy permits the Board to appropriate a discretionary percentage each year of the average market values of the fund from the last three fiscal year ends. At the October, 2020, Board meeting, the Board authorized the Director to withdraw up to five percent of the three-year historical average value in quarterly installments.

Endowment assets are invested in cash and money market accounts, fixed income securities, and pooled equity funds. Changes in endowment investments for the year ended August 31, 2021, are:

	Net Assets	Net Assets	
	With Donor	without Donor	
	<b>Restrictions</b>	<b>Restrictions</b>	<u>Total</u>
Endowment Investments –			
Beginning of Year	3,872,415	1,227,820	5,100,235
Contributions	52,824	126	52,950
Investment Income (Net)	822,116	256,631	1,078,747
Amounts Appropriated for Expenditure	(132,985)	(54,159)	(187,144)
Endowment Investments –			
End of Year	<u>4,614,370</u>	<u>1,430,418</u>	6,044,788

#### Note 7 – Design Store

Design Store revenues are reported net of discounts and returns in the Statement of Revenues, Expenses and Changes in Net Assets - Modified Cash Basis. Gross profit information is as follows:

Gross Sales	105,148
Discounts	(5,966)
Net Sales	99,182
Cost of Goods Sold	(41,235)
Gross Profit	<u>57,947</u>

Shipping and handling costs on both incoming and outgoing orders are included on the Statement of Functional Expenses in the Design Store's postage and freight expense.

## Notes to Financial Statements August 31, 2021

#### Note 8 - Leases

The Museum leases storage units under automatically renewable month-to-month leases. The Museum also leases office equipment and intern housing under non-cancelable leases expiring in the fiscal year ending August 31, 2022. Rental expense amounted to approximately \$18,023 for the year ended August 31, 2021 and is reported on the Statement of Functional Expenses as Rent, Equipment Expenses and Other Expenses. The approximate minimum rental commitment under non-cancelable operating leases is as follows as of August 31:

2022 6,299 Thereafter -0-

#### Note 9 – Concentrations of Credit Risk

At August 31, 2021, funds amounting to \$128,229 were uninsured because they were held in financial institutions and are in excess of the \$250,000 Federal Deposit Insurance Corporation limits. The Museum's investments are subject to various risks, such as interest rate, credit and overall market volatility risks. Further, because of the significance of the investments to the Museum's financial position and the level of risk inherent in most investments, it is reasonably possible that changes in the values of these investments could occur in the near term and such changes could materially affect the amounts reported in the financial statements. Despite this possibility, management believes that its credit risk is not significant.

## Note 10 – Related Party Transactions

During the year ended August 31, 2021, the Museum received contributions of \$86,279 from board members and staff

## Note 11 – Subsequent Events

The Museum has considered subsequent events through December 10, 2021, which is the date the financial statements were available to be issued.

In March 2020, the World Health Organization categorized Coronavirus Disease (COVID-19) as a pandemic, and the President of the United States declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to volatility in financial markets as well as forced business shutdowns. The potential economic impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted. The Museum has applied for and been granted PPP loans as well as several grants intended to offset some of the negative financial impacts of the pandemic, but the effect on the Museum in the near and long term is indeterminable.

In October 2021, the Museum swept \$49,698 of earnings from the DIM endowment account which represents the first of its quarterly distributions for the fiscal year ended August 31, 2022. Due to current market conditions, the Museum's investments have lost slightly over 1% of their August 31, 2021, market value. Management is aware of the market and is monitoring the returns and will take action to limit future losses if deemed necessary.

Form 8879-F

## IRS e-file Signature Authorization for an Exempt Organization

9/01 , 2020, and ending ....

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information.

2020

OMB No. 1545-0047

Name of exempt organization or person subject to tax Texpayer Identification number \*\*-\*\*\*4613 THE DANISH IMMIGRANT MUSEUM Name and title of officer or person subject to tax TOVA BRANDT EXECUTIVE DIRECTOR Parti Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here ▶ b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 980-EZ check here ▶ b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4a Form 990-PF check here ▶ b Balance due (Form 8868, line 3c) 5b Form 8868 check here b Total tax (Form 990-T, Part III, line 4) 6b Form 990-T check here Form 4720 check here b Total tax (Form 4720, Part III, line 1) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 💹 I am an officer of the above organization or 💹 I am a person subject to tax with respect to , (EIN) (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only OLSEN, MUHLBAUER & CO., L.L.P. l authorize \_ as my signature Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filled return. If I have indicated within this return that a copy of the return is being filled with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State profesm, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filling identification \*\*\*\*\* number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 01/08/22 FRO's signature ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

990

rn of Organization Exempt From

come Tax

10,762,497

124,100

638,397

OMB No. 1545-0047

2020 Under sectic 301(c), 527, or 4947(a)(1) of the Internal Revenue Code ( apt private foundations) Do not enter social security numbers on this form as it may be made public. Open to Public ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2020 calendar year, or tax year beginning 09/01/20, and ending 08/31/21C Name of organization D Employer identification number Check if applicable: THE DANISH IMMIGRANT MUSEUM Address change \*\*-\*\*\*4613 Doing business as THE MUSEUM OF DANISH AMERICA Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 712-764-7001 2212 WASHINGTON ST Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated ELK HORN 2,541,439 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending TOVA BRANDT 507 SOUTH MECHANIC STREET H(b) Are all subordinates included? If "No " attach a list. See instructions DECORAH 52101 IA X 501(c)(3) )  $\blacktriangleleft$  (insert no.) 501(c) ( 4947(a)(1) or 527 Tax-exempt status WWW.DANISHMUSEUM.ORG Website: H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Year of formation: 1983 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE MUSEUM OF DANISH AMERICA EXPLORES THE DANISH-AMERICAN EXPERIENCE, THE Activities & Governance HISTORIC AND MODERN INFLUENCES OF DENMARK ON THE UNITED STATES, AND THE CONTINUING STORY OF HOW A NATION OF IMMIGRANTS SHAPE AMERICAN IDENTITY. 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 27 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 917,199 1,275,494 8 Contributions and grants (Part VIII, line 1h) 74,613 37,555 9 Program service revenue (Part VIII, line 2g) 129,331 257,977 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 47,248 60,481 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 668,565 1,131,333 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 691,154 779,985 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,750 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 771,548 743,028 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,524,763 1,462,702 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 143,802 -331,369 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year

#### Signature Block

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	•	Signature										Date			
Here		OT	VA	BRANDT					EXECUTI	VE D	IRE	CTOR			
		Type or p	rint na	ame and title											
	Print/1	Гуре ргераг	er's na	ame		Prepa	irer's signature	1. /	Λ	Date		Check	if	PTIN	
Paid	TAMM	Y M BRI	JCH			Za	mus	ZWX	web CPA	01/	08/22	self-emplo		*****	**
Preparer	Firm's	name	<b>)</b>	OLSEN,	MUHI	BAUER	& CO?	, L.L.	P.		Firm's	EIN 🕨	**	-***(	074
Use Only				P.O. B	OX 54	15									
	Firm's	address	<b>)</b>	CARROL	L, I	5140	1				Phone	no.	712	-792-	-4314
May the IR	RS disc	cuss this	retu	rn with the prepa	arer show	n above? Se	e instructio	ns						X Yes	No

22 Net assets or fund balances. Subtract line 21 from line 20

11,691,535

11

17,410

674,125

Part II Statement of Program Service Accomplishments	**-***4_3	Page <b>2</b>
Check if Schedule O contains a response or note to any I	ine in this Part III	X
1 Briefly describe the organization's mission: THE MUSEUM OF DANISH AMERICA EXPLORES THE HISTORIC AND MODERN INFLUENCES OF DENMARK CONTINUING STORY OF HOW A NATION OF IMMIC	DANISH-AMERIC ON THE UNITED	AN EXPERIENCE, THE STATES, AND THE
2 Did the organization undertake any significant program services during the year v prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	which were not listed on the	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conservices?	ducts, any program	Yes X No
4 Describe the organization's program service accomplishments for each of its thre expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report th the total expenses, and revenue, if any, for each program service reported.		
4a (Code: ) (Expenses \$ 512,320 including grants of \$ THE MUSEUM OF DANISH AMERICA CELEBRATES IN THROUGH ITS CURATORIAL ACTIVITIES. THE COLLECTION OF APPROXIMATELY 37,000 ARTIFF PIECES DURING THIS PAST YEAR. OVER 44,50 ARE MADE AVAILABLE THROUGH "VIEW OUR COLITHE MUSEUM (1) WELCOMED 2500 VISITORS THIS TEMPORARY EXHIBITIONS, AND (3) PROVIDED TO 3 VENUES IN 3 STATES, REACHING AN ADDITION 10 AND TRADITIONS, AND OUTDOOR ACTIVITIES 2020-21, MANY OF THESE EVENTS WERE MOVED	DANISH ROOTS AND CURATORIAL DEPARACTS AND ACCEPT OF ARTIFACT AND LECTION" ON THE IS YEAR, (2) OP TO THE TOWN AUDIENCE OF THE PROVIDED LES TO VISITORS	RTMENT MAINTAINS A ED 175 ADDITIONAL ARCHIVAL RECORDS MUSEUM'S WEBSITE. ENED TWO NEW VELING EXHIBITIONS E OF OVER 75,000 UNCHTIME SPEAKERS, OF ALL AGES; IN
4b (Code: ) (Expenses \$ 158,666 including grants of \$ PUBLIC OUTREACH ACTIVITIES BRING THE MUSICAL AUDIENCE AND MEMBERSHIP. MUSEUM STAFF EN FESTIVALS, LECTURES AND PRESENTATIONS, WE THE COUNTRY. DURING THE PAST FISCAL YEAR AUDIENCE MEMBERS IN 5 COMMUNITIES IN 5 STAFF MEMBERS PRESENTED AT 4 ONLINE CONFITTE MUSEUM ALSO ENGAGED AUDIENCE MEMBERS ELECTRONIC MEDIA. OVER 86,000 UNIQUE VISCOVER 7300 PEOPLE SUBSCRIBE TO THE MONTHLY 11,200 PEOPLE FOLLOW THE MUSEUM'S FACEBOOK	EUM'S MISSION T NGAGE CONSTITUE DRKSHOPS, AND R R, MUSEUM STAFF FATES, BOTH IN ERENCES WITH NA THROUGH INTERN ITORS CAME TO T Y E-NEWSLETTER,	NTS AT PUBLIC ECEPTIONS ACROSS INTERACTED WITH PERSON AND ONLINE. TIONAL AUDIENCES. ET-BASED AND HE MUSEUM'S WEBSITE,
4c (Code: ) (Expenses \$ 147,621 including grants of STHE DESIGN STORE DISPLAYS ITEMS AND SELLS DANISH DESIGN AND BOOKS ABOUT DENMARK AND INVENTORY IS SELECTED THAT REFLECTS THE MAND INFORMING ITS PUBLIC AND INCLUDES ITHE TO JEWELRY AND HOME DECOR AND BOOKS RANGE ENTERTAINING FOLKLORE.	S ITEMS REFLECT D DANISH-AMERIC MUSEUM'S MISSIO EMS FROM FURNIT	AN RELATIONS. N OF EDUCATING URE TO LIGHTING
• • • • • • • • • • • • • • • • • • • •		
4d Other program services (Describe on Schedule O.) (Expenses \$ 152,149 including grants of \$	) /Payanya \$	8,305)
4e Total program service expenses ▶ 970,756	) (Revenue \$	<u> </u>

Form 990 (2020) THE DANISH IM FRANT

Part IV Checklist of Required Schedules

	AND CHECKIST OF REQUIRED SCHEDULES			<del></del>
		F	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
•	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	-	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1-		- 22
7	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,			
3	assessments, or similar amounts as defined in Revenue Procedure 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	<u> </u>		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l		37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	١		37
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1,0		•
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	<del>                                     </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		
•	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b	<del> </del>	<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<del> </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			1 42

- F-	artive Checklist of Required Schedules (Continued)			Γ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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			<del></del>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L. Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		x
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	X	Λ
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		- 22	<del> </del>
30	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 I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			
<b>0</b> 2	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			1
	or IV, and Part V, line 1	34		X
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? 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 in Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O.	38	X	
Pi	art V Statements Regarding Other IRS Filings and Tax Compliance			
***************************************	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
		[0000000000000000000000000000000000000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ŀ
	reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Pagardin

P (	Statements Regarding Other IRS Filings and Tax Compliance (continu	uea)			Τ	Т
20	Enter the number of employees reported an Earm W.2. Transmittel of Wage and Tay	ı	1		Yes	No
<b>4</b> a	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	27			
b		·	Am 1	2b	X	†
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		<u> </u>
4a			ty over			
Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a	x	
b	DELL'A DEL	accor	anty:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CCOUR	its (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.					X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	tion:		5c		<b></b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	 <b>_</b>				<del> </del>
va	organization solicit any contributions that were not tax deductible as charitable contributions?	C		6a		x
b		ne or		0a		<del></del>
D	gifts were not tax deductible?	113 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	nnde				
а	and services provided to the payor?	joous		7a	X	<b> </b>
b				7b	X	<del> </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					$\vdash$
C	required to file Form 93933	3		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e	000000000000000000000000000000000000000	X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
	If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contra-		20 as required?	7g	,,,,,	X
g h	If the organization received a contribution of qualified intellection property, and the organization me roll.  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization me roll.					X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer					
Ü	sponsoring organizations maintaining donor advised rands. Did a donor advised rand maintained sponsoring organization have excess business holdings at any time during the year?	a by ti		8	00000000000	X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	688888888	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a				
a b	Gross income from other sources (Do not net amounts due or paid to other sources	. 14				
.,	against amounts due or received from them	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a	10-20-20-20-20-20-20-20-20-20-20-20-20-20	**************
b		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?			13a	2020000000	
u	Note: See the instructions for additional information the organization must report on Schedule O.			•••		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the consent of recovery and board	13c				
l4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e Ω				T ==
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					<b>†</b>
	and a supply of the property of the control of the			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			···   13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		x
	If "Yes," complete Form 4720, Schedule O.	110011	io:	10		<b></b>
	ii res, complete i cim 4720, Comedule O.			<b>P</b> 000000000000000000000000000000000000	percentition.	<b>1</b> 000000000000000000000000000000000000

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		7			
	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	1?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					<u> </u>
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by t	he following:			
а	The governing body?	,	9	8a	Х	
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 O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal F	Revenue Co	ode.)	1	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filir	a the f	orm?	11a	Х	T
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	J				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to co	onflicts?	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
Ŭ	describe in Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	T
14	Did the organization have a written document retention and destruction policy?			14	Х	T
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•				
а	The organization's CEO, Executive Director, or top management official			15a	X	100000000
b	Other officers or key employees of the organization			15b	X	<b>†</b>
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
, va	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100		
Ü	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					1
	organization's exempt status with respect to such arrangements?			16b		
Sac	tion C. Disclosure			1 100		<u></u>
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NONE			,,		
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (	Santia-	501(a)			
18		ocuon	JU 1 (C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Our website.  Another's website.  Very large on School (2).					
40	Own website X Another's website X Upon request Other (explain on Schedule O)		المعادة			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretations are smaller to the public during the tax years.	elest po	лісу, апа			
	financial statements available to the public during the tax year.					

State the name, address, and telephone number of the person who possesses the organization's books and records >

PHILIP WERNSMANN

ELK HORN

2212 WASHINGTON ST

712-764-7001 IA 51531

Form 990 (2020)	THE	DANISH	IM

RANT MUSEUM

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*	*	_	*	(	and the same	6	1	3

Page 7

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

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

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

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

(A)	(B)	<u> </u>			<b>(</b> )		(D)	(E)	(F)	
Name and title	Average hours	Position (do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any					s both r/truste		from the organization	from related organizations	compensation from the
	hours for related	or d	Inst	Officer	Key	eng Hig	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations below	vidua	itution	Cer C	Key employee	nest c	mer			
	dotted line)	Individual trustee or director	nstitutional trustee		loyee	ompe				
		ee	stee			Highest compensated employee				
(1) TOVA BRANDT										
•	40.00									
EXECUTIVE DIRECTOR	0.00			X				88,007	0	0
(2) ERIK ANDERSEN										
	1.00									_
BOARD MEMBER	0.00	X		ļ				0	0	0
(3) CAROL BASSONI	1 00									
DOJDD MENDED	1.00									0
BOARD MEMBER (4) DAVID ESBECK	0.00	X			ļ			0	0	U
(4) DAVID ESBECK	1.00									
BOARD MEMBER	0.00	x						0	0	0
(5) JOY CLEMSEN GAJI										
(0,000000000000000000000000000000000000	1.00									
BOARD MEMBER	0.00	X						0	0	0
(6) DENNIS GRAY		1								
	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) PEDER HANSEN										
	1.00	.								
BOARD MEMBER	0.00	X	ļ			-		0	0	0
(8) CONNIE HANSON	1 00									
BOARD MEMBER	1.00	x						0	0	o
(9) GERRY HENNINGSEN		1			ļ				U	U
(3) Chieff individual	1.00									
BOARD MEMBER	0.00	X						0	0	O
(10)MARCIA JANTE		1		<b></b>						
	1.00									
BOARD MEMBER	0.00	X						0	0	0
(11)DANIEL JENSEN										
	1.00									
BOARD MEMBER	0.00	X	1	1				0	0	C

Form 990 (2020) THE DANIS	SH IMMIG	PAN	T	MU	SE	MU		**-**	4 <i>6</i> 1.3	Page
Part VII Section A. Officers								nd Highest Compensated	oyees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo off	x, unl	Pos check ess pe nd a d	rson irecto	than c is both or/trust	an ee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) MARNIE JENSER			Ì							
	1.00	v		-U-				o		,
SECRETARY (13) ELLY JORGENSI	0.00	X	-	X		-	-	<u> </u>	0	
(15) HILLI CONGENE	1.00									
BOARD MEMBER	0.00	X						0	0	(
(14) MERLYN KNUDSI	1									
BOARD MEMBER	0.00	X						o	o	(
(15) CHRIS KOFOED	0.00		-	<del> </del>		$\vdash$			0	
	1.00									
TREASURER	0.00	X	<u> </u>	X				0	0	
(16) LARS MATTHIES	1									
BOARD MEMBER	0.00	X						o	o	(
(17) TONI MCLEOD	0.00	**								•
	1.00									
VICE PRESIDENT	0.00	X		X			L	0	0	(
(18) KAREN NIELSEI	l .		İ							
BOARD MEMBER	1.00	X						o	ol	(
(19) MICHAEL NIELS	<del></del>		<del> </del>				<del></del>			
	1.00									
BOARD MEMBER	0.00	X	<u></u>	<u> </u>			<u> </u>	0	0	
1b Subtotal	-4- 4- Doub \( \text{\tin\text{\ti}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\tint{\text{\text{\text{\text{\text{\ti}\tint{\text{\text{\tex{\text{\text{\texi}\tint{\text{\text{\texit{\texitil{\titt{\ti}\tint{\tii}\tiint{\tint{\tii}\tint{\text{\ti}\tittt{\text{\ti}\tit	 C4	 •					88,007		
c Total from continuation she d Total (add lines 1b and 1c)	-						<b>&gt;</b>	88,007		
2 Total number of individuals (ir	ncluding but not	limite	ed to	thos	e lis	ted a	abov		\$100,000 of	
reportable compensation from	the organizatio	n 🕨	0							Yes No
3 Did the organization list any fo	ormer officer, di	recto	r, tru	ıstee	, ke	y em	ploy	ee, or highest compensated		
employee on line 1a? If "Yes,										3 X
4 For any individual listed on lin organization and related organization.										
individual										4 X
5 Did any person listed on line of for services rendered to the o									individual	5 X
Section B. Independent Contractor				7						
1 Complete this table for your fi										
compensation from the organ	(A) I business address	omp	ensa	HOII	101 (	ne ca	T		IT the organization's tax ye (B) ion of services	(C) Compensation
Name and	1 business address						+-	Descript	ion of services	Compensation
							<u> </u>	<del></del>		
466560000000000000000000000000000000000							<del> </del>			
O Tatal worshood (1)		4			11 11		<u></u>	and Rahad alternative	With the state of	320000000000000000000000000000000000000
2 Total number of independent received more than \$100,000	contractors (incl of compensatio	uding n fro	g bu m th	t not e ord	ıımıt Janiz	ed to zatior	tno 1 ▶	ose listed above) who	0	

Forr	n 990	(2020) <b>THE</b>	DAN	<u> IISH IM</u>	SRA	NT M	USEUM	**	<u>-*( )613                                    </u>		Page <b>9</b>
Pa	rt V			f Revenue	nina a	****	aa ar nata	to ony line in thi	o Dort VIII		
***************************************		Check ii	SCII	edule O conta	41115 a	respon	ise or note	to any line in thi (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h	ADMISSIONS	es nts ations ntribution giffs, grad t included 1a-1f	ns) unts, ad above in lines 1a-1f	is		525,164 750,330 50,188  Business Code		66,205 8,408		
	g	Total. Add lines Investment incor other similar ame	2a–2f me (in	cluding dividend			<b>&gt;</b>	74,613 71,375			71,375
	4 5	Income from inverse Royalties		· · · · · · · · · · · · · · · · · · ·	-		Personal				
	b	Gross rents Less: rental expenses Rental inc. or (loss)	6a 6b 6c								
		Net rental incom Gross amount from sales of assets other than inventory	e or (I <b>7a</b>	oss) (i) Securities 948 ,		······	Other 69,801				
Revenue		Less: cost or other basis and sales exps.  Gain or (loss)	7b 7c	831, 116,			69,801				
Other F	d 8a	Net gain or (loss Gross income from (not including \$ of contributions rep See Part IV, line 18 Less: direct expe	fundra orted c	ising events	8a 8b	******		186,602	117,301		69,301
	c 9a b	Net income or (lo Gross income from See Part IV, line 19 Less: direct expe	oss) fr gamin ) enses	g activities.	9a 9b		····· >				
	10a b	<ul> <li>c Net income or (loss) from gaming acti</li> <li>10a Gross sales of inventory, less returns and allowances</li> <li>b Less: cost of goods sold</li> <li>c Net income or (loss) from sales of inv</li> </ul>				10a 99, 10b 41,		57,947	57,947		
Miscellaneous Revenue	11a b c	CARES ACT (	COVID				Business Code	2,534	2,534		
Š.	е	All other revenue Total. Add lines	∋ 11a–1	11d				2,534			140 676
	12	Total revenue.	See in	structions				1,668,565	252,395	0	140,676

12 Total revenue. See instructions

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (C) Do not include amounts reported on lines 6b, Management and general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 671,951 432,198 163,437 76,316 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 56,785 36,187 14,149 6,449 Other employee benefits 32,963 12,465 5,821 51,249 10 Payroll taxes Fees for services (nonemployees): a Management 750 750 **b** Legal 17,524 17,524 Accounting С Lobbying 1,750 1,750 Professional fundraising services. See Part IV, line 17 43,326 43,326 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column <u>55,388</u> 53,336 375 1,677 (A) amount, list line 11g expenses on Schedule O.) 19,215 464 18,574 177 Advertising and promotion 82,063 26,173 150,902 42,666 13 Office expenses 13,759 8,561 5,198 Information technology Royalties 15 114,234 88,622 22,425 3,187 16 Occupancy 11,401 6,799 4,372 230 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 374 17,232 5,000 11,858 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 238,572 193,968 35,838 8,766 Depreciation, depletion, and amortization 2,535 25,347 15,208 7,604 23 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.) 19,904 11,902 4,817 3,185 MISCELLANEOUS 10,484 745 9,652 BANK CHARGES 3,640 2,740 830 MEMBERSHIPS 1,350 1,350 CONTRIBUTIONS All other expenses 1,524,763 970,756 417,210 136,797 Total functional expenses. Add lines 1 through 24e 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)

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4613

Page **11** 

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 77,361 80,978 1 Cash—non-interest-bearing 885,997 904,437 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 120,377 4 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 Notes and loans receivable, net 7 46,386 57,413 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 7,456,024 basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 3,078,199 10b 4,515,210 4,377,825 6,156,392 5,220,675 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 5,140 5,841 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 10,762,497 11,691,535 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17,410 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 124,100 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 124,100 17,410 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ |X| Fund Balances and complete lines 27, 28, 32, and 33. 6,601,331 6,777,653 27 Net assets without donor restrictions 4,037,066 4,896,472 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Assets or Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 10,638,397 11,674,125 Net 32 Total net assets or fund balances 11,691,535 10,762,497 Total liabilities and net assets/fund balances

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,66		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,52		
3	Revenue less expenses. Subtract line 2 from line 1	3			302
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,63		
5	Net unrealized gains (losses) on investments	5	89	1,9	930
6	Donated services and use of facilities	6			<u> </u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-4
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	11,67	4,1	<u> 125</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · · · · · · · · · · · · · · · · · ·		
				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 in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	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				
	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			T	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		

C21   KURT RASMUSSEN	Part VII	Section A. Officers	, Directors	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensat	nployees (continued)	Y	
Carried and Complete Reliable   Carried Section   Carried Complete Reliable   Carried Ca			Average hours per week	Position (do not check more than or box, unless person is both officer and a director/truste				is both	an	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation	
Carbon   C			related organizations below	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		
BOARD MEMBER   0.00   X   0   0   0   0   0   0   0   0	(20) EI	RIC OLESEN	1.00										
DOARD MEMBER	***			X						0	0	0	
C22   RANDALL RUGGARD   1.00   1.00			1.00	x						0	0	0	
BOARD MEMBER			ARD	==	-								
1.00   X   0   0   0   0   0   0   0   0			- · · · · · · · · · · · · · · · · · ·	x				ļ		0	0	0	
Carrier   Carr	(23) AI	NDERS SAND	l									_	
BOARD MEMBER 0.00 X 0 0    Complete this table for your five highest compensation from the organization or individual for services rendered to the organization. Report compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from the organization to the calendar year ending with or within the organization's tay year.				X		-		<u> </u>		0	0	0	
Carol Svenden   1.00   1.00   2   0   0   0   0   0   0   0   0	BOARD ME	MBER		x						o	0	o	
BOARD MEMBER 0.00 X 0 0  (26) PETER WEST 2.00  PRESIDENT 0.00 X X X 0 0 0  1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	(25) CZ	AROL SVENDSE	N										
PRESIDENT    2.00				X						0	0	0	
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		v		v					0	0	
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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	5 Did any	person listed on line 1	a receive or acc	rue	com	ens	ation	n fror	n an	y unrelated organization or	individual		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	1 Comple	ete this table for your fiv	e highest comp	ensa	ited	inde	oenc	lent o	conti	ractors that received more	than \$100,000 of		
Name and dustriess address	compe	nsation from the organia	zation. Report c	omp	ensa	tion	for t	he ca	aleng	dar year ending with or with	in the organization's tax ye	ear. (C) Compensation	
		Name and	business address							Безитр	audit of Scretces	Compandador	
								<u> </u>					
	<u></u>							<del></del>			Later Control of Contr		
											Market Market State Co. Co.		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	2 Total n	umber of independent of	contractors (included company	uding	g but	not	limit	ed to	tho	se listed above) who	4.000,000,000,000		

**SCHEDULE A** (Form 990 or 990-EZ)

lic Charity Status and Publi Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number \*\*-\*\*\*4613 THE DANISH IMMIGRANT MUSEUM

Pi	art I	Reas	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instructio	ns.	
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	check only	one box.	.)		
1		A church, co	nvention of churches, or ass	ociation of churches described	in section	170(b)(1	)(A)(i).		
2		A school des	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	П		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
•		city, and stat	= "					,	
5				of a college or university owned	or operate	ad hy a gr	overnmental unit described in		
J	L	=	(b)(1)(A)(iv). (Complete Part	-	or operati	ou by a go	overnmental and accombed in		
6	$\Box$			· · ·	ection 17	0(h)(1)(A	)(v)		
7	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public							
•	LJ	•	section 170(b)(1)(A)(vi). (Co		om a gove	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and of from the general public		
8			* ** ** * * * * * * * * * * * * * * * *	70(b)(1)(A)(vi). (Complete Part	: 11.)				
9	П			cribed in section 170(b)(1)(A)(i	•	ed in coni	unction with a land-grant collec	ie	
	ـــا	•	•	of agriculture (see instructions).		-	-	, -	
		university:	0						
10	X	An organizat	ion that normally receives: (1	) more than 33 1/3% of its supp	oort from	contributio	ons, membership fees, and gro	SS	
		receipts from	activities related to its exem	pt functions, subject to certain	exception	s; and (2)	no more than 331/3% of its		
				d unrelated business taxable in					
	$\Box$		-	0, 1975. See section 509(a)(2)					
11	Н	-	•	exclusively to test for public safe	-				
12				exclusively for the benefit of, to					
				ations described in section 509 at describes the type of support					
	_			erated, supervised, or controlled					
	а			ver to regularly appoint or elect				'Y	
				omplete Part IV, Sections A a		0, 0,0 0,0			
	b	· · ·		pervised or controlled in connec		its suppor	ted organization(s), by having		
			.,	ting organization vested in the s				ed	
		organizat	tion(s). You must complete	Part IV, Sections A and C.					
	С			upporting organization operated				th,	
				tructions). You must complete					
	d			. A supporting organization ope					
			• •	organization generally must sa				SS	
			•	nust complete Part IV, Section					
	е	functions	is box if the organization reci Illy integrated, or Type III nor	eived a written determination fron n-functionally integrated support	ting organ	อ เกลเ แาร ization.	a Type I, Type II, Type III		
	f		nber of supported organization		9 -/3				
	g		ollowing information about th						
/:		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
٧.		ganization	(, 2	(described on lines 1–10	listed in you		support (see	other support (see	
				above (see instructions))	docur	nent?	instructions)	instructions)	
					Yes	No			
(A)									
					ļ				
(B)									
					-				
(C)									
					1				
(D)									
(E)									
					-				

loss from the sale of capital assets

Total support. Add lines 7 through 10

Gross receipts from related activities, etc. (see instructions)

(Explain in Part VI.)

11

12

b

Schedi	ule A (Form 990 or 990-EZ) 2020 <b>THE</b>	NISH	MMIGRANT	MUSEUM	* *	-***4613	Page 2
	Support Schedule for O (Complete only if you che Part III. If the organization	cked the box o	n line 5, 7, or 8	of Part I or if the	he organizatior	rfailed to qualify	) under
	ion A. Public Support				-		
Calend	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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						
	The value of services or facilities furnished by a governmental unit to the organization without charge						4.46.46.46.40.40.40.40.40.40.40.40.40.40.40.40.40.
4	Total. Add lines 1 through 3						·
	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						
Sect	ion B. Total Support						
Calend	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						

13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
	organization, check this box and <b>stop here</b>
200	ction C. Computation of Public Support Percentage

C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check

this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

organization 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2020

12

Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization fails to	quality under the	e lesis listed bi	elow, please co	mpiete Part II.	)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,899,784	932,660	1,650,123	917,199	1,275,494	6,675,260
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	149,502	142,173	157,765	122,256	176,329	748,025
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	Total. Add lines 1 through 5	2,049,286	1,074,833	1,807,888	1,039,455	1,451,823	7,423,285
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	1,290,367	403,918	1,014,368	413,712	175,502	3,297,867
С	Add lines 7a and 7b	1,290,367	403,918	1,014,368	413,712	175,502	3,297,867
8	Public support. (Subtract line 7c from						
	line 6.)						4,125,418
	tion B. Total Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	2,049,286	1,074,833	1,807,888	1,039,455	1,451,823	7,423,285
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	76,288	87,065	87,157	89,881	71,375	411,766
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						***************************************
С	Add lines 10a and 10b	76,288	87,065	87,157	89,881	71,375	411,766
11 .	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				İ		
	and 12.)	2,125,574	1,161,898	1,895,045	1,129,336	1,523,198	7,835,051
14	First 5 years. If the Form 990 is for the or	•	econd, third, fourth	, or fifth tax year as	s a section 501(c)	(3)	
	organization, check this box and stop her						<b>&gt;</b>
	tion C. Computation of Public Su					1 1	
15	Public support percentage for 2020 (line 8						52.65%
16_	Public support percentage from 2019 School					16	46.41%
	tion D. Computation of Investme						
17	Investment income percentage for 2020 (I			, column (f))		1 1	5 %
18	Investment income percentage from 2019 S						5 %
19a	33 1/3% support tests—2020. If the orga 17 is not more than 33 1/3%, check this be						<b>▶</b> X
b	33 1/3% support tests—2019. If the orga	•	-				
	line 18 is not more than 33 1/3%, check the	is box and <b>stop he</b>	re. The organization	on qualifies as a pu	blicly supported o	rganization	<b>&gt;</b> <u>L</u>
20	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	ons	

# Schedule A (Form 990 or 990-EZ) 2020 Part IV Supporting Org

**Supporting Organizations** 

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

## Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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\*\*-\*\*\*4613 DANISH IMMIGRANT MUSEUM Schedule A (Form 990 or 990-EZ) 2020 Page 5 Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section 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 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 By reason of the relationship described in line 2, above, did the organization's supported organizations have 3 a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) Activities Test. Answer lines 2a and 2b below. Yes No 2 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes. how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

3a

Schedule A (Form 990 of 990-EZ) 2020 1112 A12011 21212 0121211			1 490 0
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying true			
instructions. All other Type III non-functionally integrated supporting organiza	tions must comple	ete Sections A through E	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally in		supporting organization	
(see instructions).	5 - 7	., 5	

Schedule A (Form 990 or 990-EZ) 2020

Sched	ILLE A (Form 990 or 990-EZ) 2020 TI DANISH IMMIGR	· · · · · · · · · · · · · · · · · · ·	**-**4 tions (continued)	613 Page 7
200000000000000000000000000000000000000	ion D – Distributions	oupporting organiza	tiono (commaca)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ncac	**************************************	
	Amounts paid to perform activity that directly furthers exempt purpose			
-	organizations, in excess of income from activity	o or supported		
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets	orton organizationio		
5	Qualified set-aside amounts (prior IRS approval required—provide del	tails in <b>Part VI</b> )		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organiz	ation is responsive		
•	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		······································	
	A	(i)	(ii)	(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable  Amount for 2020
1	Distributable amount for 2020 from Section C. line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder, Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
_	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Evene from 0040			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019 Excess from 2020			
e	LAUGOO HUIII ZUZU	<ul> <li>Economic 2000 2000 2000 2000 2000 2000 2000 20</li></ul>	<b>∱</b> e265000066565666666666666666666666666666	<b>1</b>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form	n 990 or 990-EZ) 2020	THE	NISH	IMMIGRANT	MUSEUM	**-***4613	
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V	/, Section A, Part IV, Section V, line 1; Part	lines 1, 2 on C, line : V, Sectio	, 3b, 3c, 4b, 4c, e1; Part IV, Sec on B, line 1e; Pa	5a, 6, 9a, 9b, 9 tion D, lines 2 a art V, Section D	t II, line 10; Part II, line 17a Dc, 11a, 11b, and 11c; Part I and 3; Part IV, Section E, lin , lines 5, 6, and 8; and Part . (See instructions.)	V, Section es 1c, 2a, 2b,
•							
							,
					, . ,		
•							
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
·							
• • • • • • • • • • • • • • • • • • • •				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
							******************

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Stat ents

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

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

2020
Open to Public Inspection

Employer identification number Name of the organization \*\*-\*\*\*4613 THE DANISH IMMIGRANT MUSEUM Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X

following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

Sche	dule D (Form 990) 2020 THE DAN				***4613		Page 2
	rt III — Organizations Maintaini					ets (continue	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other records,	check any of the folio	wing that make sign	ificant use of its		
а	X Public exhibition	d 🗓 Lo	an or exchange prog	ram			
	X Scholarly research	=					
	X Preservation for future generations						
	Provide a description of the organization's	collections and explain h	ow they further the o	rganization's exempt	purpose in Part		
	XIII.	,	•				
5	During the year, did the organization solici	t or receive donations of	art. historical treasure	es, or other similar			
	assets to be sold to raise funds rather than					Yes	X No
Pa	rt IV Escrow and Custodial A						
Personal Process	Complete if the organizati		on Form 990, Par	t IV, line 9, or rep	oorted an amou	ınt on Form	
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custo	odian or other intermedia	ry for contributions or	other assets not			
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part X	III and complete the follo	wing table:		,		
						Amount	
C	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	, , , , , , , , , , , , , , , , , , ,				1f		
2a	Did the organization include an amount or	Form 990, Part X, line 2	1, for escrow or custo	odial account liability	?	Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part X	III. Check here if the exp	lanation has been pro	vided on Part XIII		<u> </u>	
Pa	rt V Endowment Funds.						
	Complete if the organizati	<u>on answered "Yes" c</u>	on Form 990, Par				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba		
1a	Beginning of year balance	5,100,235	4,600,725	5,050,726		<del></del>	4,970
b	Contributions	52,950	154,970	40,631	L 5,2	227 92	2,594
С	Net investment earnings, gains, and						
	losses	1,121,086	520,519	65,446	489,3	358 43	37,557
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs	-187,144	-138,400	-519,039		··············	.2,611
f	Administrative expenses	-42,339	-37,579	-37,039			37,228
g	End of year balance	6,044,788	5,100,235	4,600,725	5,050,	726 4,91	5,282
	Provide the estimated percentage of the c		(line 1g, column (a)) ł	neld as:			
а	Board designated or quasi-endowment ▶	76.30 %					
b	Permanent endowment ▶ 23.70 9	6					
С	Term endowment ▶ %						
	The percentages on lines 2a, 2b, and 2c s	*					
3a	Are there endowment funds not in the pos	session of the organization	on that are held and a	administered for the		_	
	organization by:					Y	es No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations					3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as require	d on Schedule R?			3b	
4	Describe in Part XIII the intended uses of		ment funds.				······
Pa	ert VI Land, Buildings, and Ec	-					
	Complete if the organizati	on answered "Yes" o	on Form 990, Par	<u>t IV, line 11a. Se</u>	<u>e Form 990, Pa</u>	<u>art X, line 10.</u>	
	Description of property	(a) Cost or other bas			Accumulated	(d) Book val	lue
		(investment)	(othe		depreciation		
1a	Land			72,850			2,850
b	Buildings				,188,618	3,393	3,362
С	Leasehold improvements			26,901	26,901		
d	Equipment			0,934	442,719	<del></del>	3,215
	Other			33,359	419,961		3,398
Tota	I. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, Part X	(, column (B), line 10	c.)		4,37	<i>i</i> ,825

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" o	n Form 990, Part IV, I	ine 11b. See Form 990, F	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method o	f valuation:
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial o				
	eld equity interests	1		
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, I	<u>ine 11c. See Form 990, F</u>	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, I	ine 11d. See Form 990, F	Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X	Other Liabilities.		**************************************	
	Complete if the organization answered "Yes" o	n Form 990. Part IV. I	ine 11e or 11f. See Form	990, Part X,
	line 25.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,
1.	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		***************************************		
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.)		- fine roid statements that rons	urto tho
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the fo	ootnote to the organization	s illianciai statements that repo	ons ne
organization's	liability for uncertain tax positions under FASB ASC 740. Cl	neck here it the text of the f	ootnote has been provided in F	ait Aiii

Pi	Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form			turn.		
1	Total revenue, gains, and other support per audited financial statements	000,1 01(14, 1110	124.	1	2,517	,169
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains (losses) on investments	2a	891,930			
	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)					
	Add lines 2a through 2d			2e	891	
3	Subtract line 2e from line 1			3	1,625	<u>,239</u>
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	43,326			
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b			4c		<u>,326</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)		5	1,668	<u>, 565</u>
P	art XII Reconciliation of Expenses per Audited Financial	Statements With	ı Expenses per F	Return.		
	Complete if the expenientian enguered "Vee" on Form	OOO Dort IV line	120			

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,481,441 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2b **b** Prior year adjustments 2c c Other losses 4 d Other (Describe in Part XIII.) 2d 2e Add lines 2a through 2d 1,481,437 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 43,326 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 43,326 c Add lines 4a and 4b 1,524,763 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

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

THE MUSEUM'S COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND
CONTRIBUTIONS SINCE THE MUSEUM'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON
THE STATEMENT OF ASSETS, LIABILITIES, AND NET ASSETS. PURCHASES OF
COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR
RESTRICTIONS IN THE YEAR ACQUIRED. THE MUSEUM'S COLLECTIONS CONSIST OF
HISTORICALLY SIGNIFICANT ARTIFACTS AND ART HELD FOR EDUCATIONAL, RESEARCH,
AND CURATORIAL PURPOSES. THE ITEMS ARE CATALOGED, PRESERVED, AND CARED
FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION
ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT
REQUIRES PROCEEDS FROM THEIR SALES AND DEACCESSIONS BE USED TO PURCHASE AND
ACQUIRE OTHER COLLECTION ITEMS.

<sup>2;</sup> Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A - TERMS FOR NOT REPORTING ASSETS PER SFAS 116

Page 5

Part XIII Supplemental Information (continued)

PART III, LINE 4 - COLLECTIONS AND RELATION TO EXEMPT PURPOSE
CURATORIAL DEPARTMENT MAINTAINS A COLLECTION OF OVER 30,000 ARTIFACTS THAT
ARE USED IN EXHIBITS AND DISPLAYS THAT CELEBRATE DANISH ROOTS AND AMERICAN
DREAMS. THESE EXHIBITS ARE DISPLAYED NOT ONLY IN ELK HORN BUT ALSO ARE
INCLUDED IN TRAVELING EXHIBITS THAT ARE DISPLAYED ACROSS THE UNITED STATES
AND OVERSEAS.
THE GENEALOGY CENTER'S COLLECTION IS USED IN RESEARCH ON DANISH IMMIGRANTS
AND DANISH AMERICANS FOR THE CURATORIAL DEPARTMENT AS WELL AS MUSEUM
MEMBERS. THESE COLLECTION ITEMS ARE USED IN TRANSLATION REQUESTS AND IN-
DEPTH RESEARCH PROJECTS AND FORM A DATABASE OF IMMIGRANTS.
PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
THE TWO ENDOWMENT FUNDS MAINTAINED BY THE MUSEUM ARE INTENDED TO PROVIDE A
STEADY STREAM OF INCOME COMING FROM THE ALLOWABLE WITHDRAWALS WHILE
MAINTAINING THE PURCHASING POWER OF THE UNDERLYING INVESTMENT ASSETS
IN ORDER TO MAINTAIN THE FUNDING FOR PERPETUITY.
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
BOOK / TAX DEPRECIATION DIFFERENCE \$ 4

# SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

utions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization

THE DANISH IMMIGRANT MUSEUM

Employer identification number \*\*-\*\*\*4613

Pa	art I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on		Method of determini	ng		
		applicable	items contributed	Form 990, Part VIII, line 1g		noncash contribution an	nounts		
1	Art — Works of art								
2	Art — Historical treasures								
3	Art — Fractional interests								
4	Books and publications						~ · · · · · · · · · · · · · · · · · · ·		
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								<del></del>
8	Intellectual property								
9	Securities — Publicly traded	X	4	50,188	QUOTED	MARKET PI	RICE		·····
10	Securities — Closely held stock								
11	Securities — Partnership, LLC,								
	or trust interests								
12	Securities — Miscellaneous								
13	Qualified conservation								
	contribution — Historic								
	structures								
14	Qualified conservation				-				
	contribution — Other								
15	Real estate — Residential								
16	Real estate — Commercial								
17	Real estate — Other				······································				
18	Collectibles								
19	Food inventory	<b></b>							
20	Drugs and medical supplies								
21	Taxidermy							***************************************	
22	Historical artifacts	ļ							
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()	ļ		, , , , , , , , , , , , , , , , , , ,					
26	Other ►( )								
27 28	Other ►( ) Other ►( )	<b></b>							
29	Number of Forms 8283 received by	the ergani	totion during the tay yea	r for contributions for					
23	which the organization completed Fo	-	-		29 3				
	which the organization completed it	JIIII 0205,	Falt IV, Dollee Acknowl	eagement				Yes	No
30a	During the year, did the organization	receive h	v contribution any prope	ty reported in Part I lines :	1 through				
oou	28, that it must hold for at least three		• • • • • • • • • • • • • • • • • • • •		=				
	to be used for exempt purposes for t	-			-		30a	50000000000	X
b	If "Yes," describe the arrangement in		lolding period:				000		
31	Does the organization have a gift ac		policy that requires the re	eview of any nonstandard					
٠.	contributions?			-			31	X	6000000000
32a	Does the organization hire or use thi			to solicit, process, or sell n			<del>-</del>		
		·	_	•			32a	x	1
b	If "Yes," describe in Part II.						<u></u>		
33	If the organization didn't report an ar	nount in c	olumn (c) for a type of pr	operty for which column (a	) is checked				
•	describe in Part II.		· (-) ->)	, 5, 111 1111011 201011111 (01	,				

edule M (For	m 990) 2020	THE	DANISH	MIGRANT	MUSEUM	*	* *	*4613	3		
art II	Supplen	nental	Information.	Provide the inf	ormation requ	ired by Part I,	lines 30	b, 32b,	and 33,	and whether	٢

the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS
WHEN A DONOR APPROACHES THE ORGANIZATION REGARDING A DONATION OF
SECURITIES, THE DONOR IS PROVIDED WITH THE MUSEUM'S SECURITIES ACCOUNT
INFORMATION TO MAKE THE TRANSFER. ONCE RECEIVED, THE SECURITIES BROKER
SELLS THE SECURITIES WHEN DIRECTED BY THE MUSEUM'S MANAGEMENT.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection
Employer identification number

THE DANISH IMMIGRANT MUSEUM

\*\*-\*\*\*4613

FORM 990, PART I, LINE 6

THE ORGANIZATION RECEIVES A SIGNIFICANT AMOUNT OF SUPPORT IN THE FORM OF GOODS AND SERVICES FROM DONORS AND VOLUNTEERS IN THE ORGANIZATION'S OPERATIONS, FUND RAISING, ADMISSIONS DESK, MUSEUM SHOP, AND MUSEUM TOURS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS THE GENEALOGY CENTER OF THE MUSEUM OF DANISH AMERICA, LOCATED ON MAIN STREET IN ELK HORN, COLLECTS PRINT, VISUAL, MICROFORM AND DIGITAL MATERIALS ON DANISH IMMIGRANTS AND DANISH AMERICANS, THEIR COMMUNITIES AND ORGANIZATIONS. IT ALSO PROVIDES INFORMATION ON RELEVANT GENEALOGICAL RESOURCES AS WELL AS RESEARCH AND TRANSLATION SERVICES TO NORTH AMERICAN AND DANISH PATRONS BOTH IN-HOUSE AND LONG-DISTANCE. THE DEPARTMENT ALSO PROVIDES RESEARCH SUPPORT FOR THE CURATORIAL AND EXHIBITIONS DEPARTMENTS. IN FY 2020/2021, THE GENEALOGY CENTER SERVED PATRONS BOTH IN PERSON AND THROUGH DIGITAL COMMUNICATION. OUTREACH ACTIVITIES INCLUDED NEWSPAPER VIGNETTES, ARTICLES WRITTEN FOR THE AMERICA LETTER, PRESENTATIONS, SOCIAL MEDIA INTERACTIONS, AND MEETINGS WITH OTHER DANISH-AMERICAN ARCHIVES AND STAFF CONSISTS OF 1 FULL-TIME LIBRARIAN/MANAGER, A .8 FTE ORGANIZATIONS. RESEARCHER, OCCASIONAL INTERNS, AND OVER A DOZEN LOCAL AND LONG-DISTANCE VOLUNTEERS. IN FY 2020/2021, GENEALOGY STAFF AND VOLUNTEERS COMPLETED 16 TRANSLATION REQUESTS AND 26 IN-DEPTH RESEARCH PROJECTS, UPDATED SEVERAL IN-HOUSE INDEXES AND DATABASES, UPDATED MORE THAN 320 IMMIGRANT FILES IN THE VERTICAL FILE COLLECTION, AND ADDED 17 WALL OF HONOR FILES. IT HAS STAFF COMPLETED A GRANT-FUNDED ALSO RECEIVED 17 DONATIONS FOR THE LIBRARY. PROJECT TO PROCESS THE NATIONAL ARCHIVE OF THE DANISH SISTERHOOD OF AMERICA Name of the organization

Employer identification number

#### THE DANISH IMMIGRANT MUSEUM

\*\*-\*\*\*4613

IN 2021, RESULTING IN 65 BOXES OF DOCUMENTS, PHOTOS, AND 300 LEDGERS FULLY PROCESSED, CATALOGED AND REHOUSED.

TOURS & PROMOTION OF A 19TH CENTURY HISTORICAL DANISH HOUSE.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
DENMARK

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
RETURN IS EMAILED TO THE EXECUTIVE DIRECTOR AND BOARD MEMBERS BEFORE
BEING FILED IN ORDER FOR EVERYONE TO REVIEW AND COMMENT PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS ABSTAIN FROM ANY DECISIONS INVOLVING POTENTIAL CONFLICTS OF

INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE DIRECTOR RECEIVES A REVIEW FROM THE BOARD OF DIRECTORS ANNUALLY. AT THAT TIME, THE BOARD DETERMINES SALARY FOR THE COMING YEAR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

REMAINING EMPLOYEES RECEIVE ANNUAL PERFORMANCE REVIEWS CONDUCTED BY THE

EXECUTIVE DIRECTOR AT WHICH TIME COMPENSATION IS DETERMINED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, COPIES OF THE

PAGE 1 OF 2

Employer identification number

THE DANISH IMMIGRANT MUSEUM	**-***4613
MOST RECENTLY FILED FORMS 990 ARE AVAILABLE ON GUIDESTAR	'S WEBSITE.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	EXPLANATION
BOOK / TAX DEPRECIATION DIFFERENCE	\$ -4
•••••••••••••••••••••••••••••••••••••••	

Form **4562** 

Department of the Treasury Internal Revenue Service

## Depreciation and Amortizat

(Including Information on Listed Property)

Attach to your tax return.
 Go to www.irs.gov/Form4562 for instructions and the latest information.

2020

chment 17

OMB No. 1545-0172

Name(s) shown on return

### THE DANISH IMMIGRANT MUSEUM

Identifying number \*\*-\*\*4613

Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,590,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 219,839 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 15,785 MACRS deductions for assets placed in service in tax years beginning before 2020 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (g) Depreciation deduction placed in (business/investment use service only-see instructions) 19a 3-year property b 5-year property C 7-year property d 10-year property е 15-year property 20-year property 25-year property S/L 25 yrs. 27.5 yrs. MM S/L Residential rental property MM S/L 27.5 yrs. MM S/L i Nonresidential real 39 yrs. property MM S/L Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L 40-year MM 40 yrs. S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (q), and line 21. Enter 235,624 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4	562 (2	2020)
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Form	4562	(2020)
Pa	irt V	

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

		Note: For any v	rehicle for which y a) through (c) of S	ou are usin	g the sta	indard n ion B, a	nileage i nd Secti	rate or d	educting	lease e	xpense	, complet	e only 2	24a,		
Section A—Depreciation and Other Information							on (Caution: See the instruct									
24a	Do you hav	Do you have evidence to support the business/investment use claimed?					Yes No			24b If "Yes," is the evidence					Yes	No
	(a) of property ehicles first)				Designation description			(f) Recovery period	1	(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost		
25	Special depreciation allowance for qualified listed prop the tax year and used more than 50% in a qualified but							-				5				
26	•	used more than		·····							<u>···</u>				l	••••••
									T				T			
			%													
			%						<u> </u>							···
27	Property	used 50% or less	s in a qualified bu T	siness use:					T	T					E0000000000000000000000000000000000000	
			0/							S/L						
			%						<u> </u>	3/1			***************************************			
			%							S/L						
28	Add am	ounts in column (h	n), lines 25 throug	h 27. Enter	here an	d on line	e 21, pa	ge 1			7	28		***************************************		
29	Add am	ounts in column (i	), line 26. Enter h	ere and on	line 7, pa	age 1								29		
				Sect	tion B—	Informa	ation on	Use of	Vehicles	;						
	-	section for vehicle	•		•						•	•	•		:S	
o yo	ur emplo	yees, first answer	the questions in	Section C to	T				<del></del>		·				,	rı
	<b>-</b>	<del>-</del>			Vehi	a) cle 1	(b) 1 Vehicle 2		(c) Vehicle 3 V		1	(d) ehicle 4 V		(e) (f) shicle 5 Vehicle 6		
30		Total business/investment miles driven during							The state of the s							
31	•	the year (don't include commuting miles)  Total commuting miles driven during the year														
32	Total other personal (noncommuting)															
	miles dr	. ,	· · · · · · · · · · · · · · · · · · ·													
33	Total m	iles driven during	the year. Add			***************************************		and the control of th		***************************************						
	lines 30	through 32												,		
34	Was the vehicle available for personal			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	use during off-duty hours?										<u> </u>	<b>_</b>				
35		e vehicle used prir	, ,													
26		owner or related er vehicle availab										<del>                                     </del>				
36	is anou		Section C—Que		Employe	re Whe	Provice	lo Vobio	les for l	leo by T	hoir E	nnlovoo		I	<u> </u>	
Ansv	ver these	questions to dete								-						
		owners or related	,								,5.03.					
37	Do you	maintain a written	policy statement	that prohibi	its all pe	rsonal u	se of ve	hicles, in	ncluding	commut	ing, by		***************************************		Yes	No
	your em	ployees?														
38	•	maintain a written	· -							_						
		ees? See the instr		=			s, direct	tors, or 1	% or mo	re owne	rs					
39	=	treat all use of vel														
10	•	provide more thar he vehicles, and re	•			ain intor	mation	trom you	ir employ	ees abo	out the					
41		meet the requiren				demon	stration	use? Se	e instruc	tions						
• •		your answer to 37	_													
Pa	art VI	Amortizatio			***************************************		***************************************	······				······································		·····		
		Description of costs			ortization ins		(c) Amortizable amour		nt	t (d)		(e) Amortiza period percent	or	Amortization for this		s year
12	Amortiz	ation of costs that	begins during yo	ur 2020 tax	year (se	e instru	ctions):				l.	***************************************	L			
			:													
43	Amortization of costs that began before your 2020 tax year <b>Total.</b> Add amounts in column (f). See the instructions for where to												43			<u>, 948</u>
14	Total. A	add amounts in co	iumn (t). See the	instructions	for whe	re to rep	ort		<u> </u>				44	2,948		

Page 2