

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIDWESTERN HIGHER EDUCATION COMPACT		D Employer identification number 38-3011476
	Doing business as		E Telephone number 612-677-2777
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	105 FIFTH AVENUE SOUTH, SUITE 450		G Gross receipts \$ 9,929,448.
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55401		
F Name and address of principal officer: SUSAN HEEGAARD SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.MHEC.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1991** **M** State of legal domicile: **MN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MHEC BRINGS TOGETHER MIDWESTERN STATES TO DEVELOP AND SUPPORT BEST PRACTICES, COLLABORATION EFFORTS,		
	2 Check this box <input type="checkbox"/> 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)	3	61
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	61
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	68
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,583,929.	1,704,675.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,908,971.	7,869,553.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,611.	355,135.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,404.	85.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,521,915.	9,929,448.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,423,681.	2,442,744.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,830.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,551,075.	2,033,116.
19 Revenue less expenses. Subtract line 18 from line 12	3,974,756.	4,475,860.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,547,159.	5,453,588.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	12,344,634.	18,184,607.
		2,316,351.	2,702,736.
		10,028,283.	15,481,871.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	SUSAN HEEGAARD, PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	EMINA O. CRESSWELL, CPA	EMINA O. CRESSWELL, CPA	04/22/25		P01217304
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MOSS ADAMS LLP	91-0189318		509-747-2600	
	Firm's address				
	601 W. RIVERSIDE AVENUE STE 1800				
	SPOKANE, WA 99201				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: MHEC MEMBERS COLLABORATE TO ADDRESS THE REGION'S MOST PRESSING CHALLENGES IN HIGHER EDUCATION AND TRANSFORM EDUCATIONAL OPPORTUNITIES SO THAT PEOPLE AND COMMUNITIES THRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,175,757. including grants of \$) (Revenue \$) RESEARCH:

MHEC RESEARCH INFORMS INSTITUTIONAL AND STATE EFFORTS IN IMPROVING POSTSECONDARY POLICIES, PRACTICES, AND OUTCOMES IN SEVERAL WAYS: (A) MAINTAINING A NATIONAL REPOSITORY OF EXPERTISE, KNOWLEDGE AND BEST PRACTICES FOR GUIDING POLICY AND PRACTICE; (B) CONDUCTING APPLIED RESEARCH AND ANALYSIS ON CRITICAL TOPICS IN HIGHER EDUCATION; (C) DEVELOPING INNOVATIVE APPROACHES TO IMPROVE EDUCATIONAL OPPORTUNITY AND EFFECTIVENESS; AND (D) PROVIDING PUBLIC OUTREACH AND SERVICE TO INSTITUTIONS AND GOVERNMENTS. AMONG ITS CORE OUTPUTS, MHEC RESEARCH MAINTAINS AN ONLINE DASHBOARD OF EDUCATIONAL PERFORMANCE INDICATORS AND PRODUCES TIMELY BRIEFS, REPORTS, AND TECHNICAL PAPERS IN THE MOST

4b (Code:) (Expenses \$ 1,074,989. including grants of \$) (Revenue \$) CONVENING:

MHEC EMPOWERS THE MEMBER STATES TO CONNECT FOR THE PURPOSE OF EXCHANGING EXPERTISE, SHARING IDEAS AND EXPERIENCES, AND COLLABORATIVELY PURSUING EFFORTS THAT HELP FURTHER HIGHER EDUCATION. THIS CONVENING AND COLLABORATING LEADS TO MANY PROGRAMS AND ACTIVITIES THAT PRODUCE A VARIETY OF OUTCOMES AND RESULTS RANGING FROM THE DISSEMINATION OF KNOWLEDGE AND EXPERTISE ABOUT PRACTICAL SOLUTIONS, TO LEVERAGING THE COLLECTIVE PURCHASING POWER OF THE REGION TO ACHIEVE EFFICIENCIES AND SAVINGS.

4c (Code:) (Expenses \$ 740,921. including grants of \$) (Revenue \$ 1,035,277.) PROGRAMS:

ADDITIONAL MHEC PROGRAMS ARE INITIATED IN RESPONSE TO IDENTIFIED NEEDS IN ONE OR MORE OF THE MEMBER STATES. BRINGING TOGETHER EXPERTISE FROM ACROSS THE REGION, MHEC IDENTIFIES ACTIVITIES NEEDED TO ADDRESS THE IDENTIFIED NEEDS. THOSE PROBLEMS BEST SOLVED THROUGH ONGOING INTERSTATE COOPERATION ARE THEN DEVELOPED INTO MHEC PROGRAMS. EACH MHEC PROGRAM PROVIDES THE PROGRAM PARTICIPANTS WITH GOVERNANCE AND LEADERSHIP STRUCTURES TO GUIDE AND MAINTAIN PROGRAMMATIC OUTCOMES.

MHECARE HEALTH INSURANCE SOLUTIONS:

4d Other program services (Describe on Schedule O.) (Expenses \$ 428,671. including grants of \$) (Revenue \$ 6,834,276.)

4e Total program service expenses 3,420,338.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ERIN FRAHM - 612-677-2766
105 FIFTH AVENUE SOUTH, SUITE 450, MINNEAPOLIS, MN 55401

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN HEEGAARD PRESIDENT	40.00			X			284,990.	0.	58,507.	
(2) ROBERT TREMBACH CHIEF OPERATING OFFICER	40.00			X			167,895.	0.	63,729.	
(3) JENNIFER DAHLQUIST VICE PRESIDENT (THRU 08/23)	40.00					X	117,278.	0.	21,191.	
(4) JENNIFER PARKS VICE PRESIDENT	40.00					X	143,077.	0.	61,193.	
(5) AARON HORN ASSOCIATE VICE PRESIDENT	40.00					X	109,030.	0.	22,388.	
(6) MARY ROBERSON SENIOR DIRECTOR	40.00					X	108,299.	0.	36,823.	
(7) NATHAN SORENSEN SENIOR DIRECTOR	40.00					X	101,841.	0.	24,345.	
(8) MIKE DUFFEY BOARD CHAIR	3.00	X		X			0.	0.	0.	
(9) KATIE STUART BOARD VICE CHAIR	3.00	X		X			0.	0.	0.	
(10) TIM MIHALICK BOARD TREASURER	3.00	X		X			0.	0.	0.	
(11) BARBARA BALLARD PAST BOARD CHAIR	3.00	X		X			0.	0.	0.	
(12) AARON OTTO COMMISSIONER	1.00	X					0.	0.	0.	
(13) BLAKE FLANDERS EXECUTIVE COMMISSIONER	2.00	X					0.	0.	0.	
(14) BOB BEHNING COMMISSIONER	1.00	X					0.	0.	0.	
(15) BRAD CHRIST EXECUTIVE COMMISSIONER	2.00	X					0.	0.	0.	
(16) BRANDY JOHNSON EXECUTIVE COMMISSIONER	2.00	X					0.	0.	0.	
(17) BRANDY PYLE EXECUTIVE COMMISSIONER	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROL GLANVILLE EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(19) CHRIS KABOUREK COMMISSIONER (THRU 07/23)	1.00	X						0.	0.	0.
(20) CINDY WINCKLER COMMISSIONER	1.00	X						0.	0.	0.
(21) CONNIE HUTCHISON COMMISSIONER	1.00	X						0.	0.	0.
(22) CURTIS TRENT COMMISSIONER	1.00	X						0.	0.	0.
(23) CYNTHIA LANE COMMISSIONER (THRU 07/23)	1.00	X						0.	0.	0.
(24) DANIEL HURLEY COMMISSIONER	1.00	X						0.	0.	0.
(25) DAVID MURPHY EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(26) DAVID PEARCE EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
1b Subtotal								1,032,410.	0.	288,176.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,032,410.	0.	288,176.

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 7

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
CLIFTON LARSON ALLEN, 220 SOUTH SIXTH STREET SUITE 300, MINNEAPOLIS, MN 55402	ACCOUNTING	237,429.
EDBRIDGE PARTNERS LLC, 1133 CAMELBACK STREET SUITE 7876, NEWPORT BEACH, CA 92658	GRANT CONSULTING	174,965.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DEBORAH FRISON EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(28) DENNIS OLSON EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(29) DEVINDER MALHOTRA COMMISSIONER	1.00	X						0.	0.	0.
(30) DOTTIE KING EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(31) EMMY YOUNG COMMISSIONER	1.00	X						0.	0.	0.
(32) ERIC FULCOMER EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(33) GARY CATES COMMISSIONER (THRU 05/24)	1.00	X						0.	0.	0.
(34) GENE PELOWSKI, JR. COMMISSIONER	1.00	X						0.	0.	0.
(35) GRANT LATIMER COMMISSIONER	1.00	X						0.	0.	0.
(36) GRETA ROUSE COMMISSIONER	1.00	X						0.	0.	0.
(37) HEATH MELLO COMMISSIONER	1.00	X						0.	0.	0.
(38) JACK HERSHEY COMMISSIONER	1.00	X						0.	0.	0.
(39) JACOB BOSSMAN EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(40) JERRY CIRINO EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(41) JOAN BALLWAG COMMISSIONER	1.00	X						0.	0.	0.
(42) JOANNA HOFER COMMISSIONER (THRU 07/23)	1.00	X						0.	0.	0.
(43) JOHN CAVANAUGH EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(44) JULIE UNDERWOOD COMMISSIONER	1.00	X						0.	0.	0.
(45) KARLA ESLINGER COMMISSIONER	1.00	X						0.	0.	0.
(46) KEN SAUER EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) KYLE DAVISON COMMISSIONER	1.00	X						0.	0.	0.
(48) LARRY TIDEMANN EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(49) LYNNE WALZ COMMISSIONER	1.00	X						0.	0.	0.
(50) MARK HAGEROTT EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(51) MAUREEN BANKS EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(52) MICHAEL CARTNEY EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(53) MICHAEL HALPIN COMMISSIONER	1.00	X						0.	0.	0.
(54) MINT WINTER COMMISSIONER	1.00	X						0.	0.	0.
(55) MOLLY BAUMGARDNER COMMISSIONER	1.00	X						0.	0.	0.
(56) NATHAN LUKKES COMMISSIONER	1.00	X						0.	0.	0.
(57) OLIVIA M.A. MADISON EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(58) OMAR FATEH COMMISSIONER	1.00	X						0.	0.	0.
(59) PRANAV KOTHARI COMMISSIONER	1.00	X						0.	0.	0.
(60) RACHEL CROSON COMMISSIONER	1.00	X						0.	0.	0.
(61) RONALD ROCHON COMMISSIONER	1.00	X						0.	0.	0.
(62) SAMANTHA DICKEY EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(63) SCOTT OLSON EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(64) SEAN MCCANN COMMISSIONER	1.00	X						0.	0.	0.
(65) SPENCER DEERY EXECUTIVE COMMISSIONER	2.00	X						0.	0.	0.
(66) STEVE KOLBECK COMMISSIONER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	1,380,000.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	324,675.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			1,704,675.				
Program Service Revenue	2 a TECHNOLOGY CONTRACTS	Business Code	900099	6,834,276.	6,834,276.			
	b SERVICE FEES		900099	1,035,277.	1,035,277.			
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			7,869,553.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			355,135.			355,135.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses			8b					
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	85.			85.	
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d			85.				
12 Total revenue. See instructions				9,929,448.	7,869,553.	0.	355,220.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	593,001.	458,909.	131,522.	2,570.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,318,689.	1,053,209.	265,480.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	148,883.	119,074.	29,809.	
9 Other employee benefits	257,420.	205,901.	51,404.	115.
10 Payroll taxes	124,751.	98,869.	25,737.	145.
11 Fees for services (nonemployees):				
a Management				
b Legal	38,374.	1,691.	36,683.	
c Accounting	253,312.		253,312.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	456,914.	358,758.	98,156.	
12 Advertising and promotion	81,016.	62,018.	18,998.	
13 Office expenses	121,505.	84,778.	36,727.	
14 Information technology				
15 Royalties	105,422.	78,318.	27,104.	
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...	800,352.	780,392.	19,960.	
19 Conferences, conventions, and meetings	3,637.	3,637.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,922.	22,229.	7,693.	
23 Insurance	30,262.	22,482.	7,780.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a AMORTIZATION	63,529.	47,196.	16,333.	
b SUBSCRIPTIONS	36,889.	16,993.	19,896.	
c PROMOTIONS	4,147.	2,791.	1,356.	
d LICENSES	290.	16.	274.	
e All other expenses	7,545.	3,077.	4,468.	
25 Total functional expenses. Add lines 1 through 24e	4,475,860.	3,420,338.	1,052,692.	2,830.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,699,981.	1	458,857.
	2 Savings and temporary cash investments	7,300,222.	2	13,951,247.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,014,247.	4	3,477,441.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,474.	9	81,223.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 911,288.		
	b Less: accumulated depreciation	10b 816,868.	102,761.	10c 94,420.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	184,949.	15	121,419.
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,344,634.	16	18,184,607.	
Liabilities	17 Accounts payable and accrued expenses	1,963,004.	17	2,469,197.
	18 Grants payable		18	
	19 Deferred revenue	87,804.	19	55,204.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	265,543.	25	178,335.
	26 Total liabilities. Add lines 17 through 25	2,316,351.	26	2,702,736.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,008,210.	27	15,461,798.
	28 Net assets with donor restrictions	20,073.	28	20,073.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,028,283.	32	15,481,871.
	33 Total liabilities and net assets/fund balances	12,344,634.	33	18,184,607.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,929,448.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,475,860.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,453,588.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,028,283.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,481,871.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,408,000.	2,136,419.	2,061,574.	1,583,929.	1,704,675.	8,894,597.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,408,000.	2,136,419.	2,061,574.	1,583,929.	1,704,675.	8,894,597.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,433,697.
6 Public support. Subtract line 5 from line 4.						6,460,900.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,408,000.	2,136,419.	2,061,574.	1,583,929.	1,704,675.	8,894,597.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	42,194.	16,713.	5,771.	24,611.	355,135.	444,424.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				4,404.	85.	4,489.
11 Total support. Add lines 7 through 10						9,343,510.
12 Gross receipts from related activities, etc. (see instructions)					12	22,823,340.
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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	69.15	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	73.07	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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 organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 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 stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete 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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2023

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

MIDWESTERN HIGHER EDUCATION COMPACT

Employer identification number

38-3011476

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization MIDWESTERN HIGHER EDUCATION COMPACT	Employer identification number 38-3011476
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>274,675.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MIDWESTERN HIGHER EDUCATION COMPACT	Employer identification number 38-3011476
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization MIDWESTERN HIGHER EDUCATION COMPACT	Employer identification number 38-3011476
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: MIDWESTERN HIGHER EDUCATION COMPACT; Employer identification number: 38-3011476

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and questions 3-9 regarding modifications, states, monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		375,877.	301,997.	73,880.
d Equipment		535,411.	514,871.	20,540.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				94,420.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	178,335.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	178,335.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	9,929,448.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	9,929,448.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,929,448.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	4,475,860.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,475,860.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,475,860.

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

PART X, LINE 2:

THE COMPACT QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3)

AND IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL

REVENUE CODE. THE COMPACT IS ANNUALLY REQUIRED TO FILE A RETURN OF

ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION,

THE COMPACT IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM

BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. THE COMPACT

HAS DETERMINED IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS

NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990T)

WITH THE IRS.

THE COMPACT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

Part XIII Supplemental Information *(continued)*

TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE

ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

THE COMPACT WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED

TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH

INTEREST AND PENALTIES ARE INCURRED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MIDWESTERN HIGHER EDUCATION COMPACT

Employer identification number

38-3011476

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN HEEGAARD PRESIDENT	(i)	264,231.	15,255.	5,504.	34,044.	24,463.	343,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT TREMBACH CHIEF OPERATING OFFICER	(i)	167,090.	0.	805.	22,649.	41,080.	231,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JENNIFER PARKS VICE PRESIDENT	(i)	142,560.	0.	517.	19,630.	41,563.	204,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUSES ARE SUGGESTED BY THE PRESIDENT AND SUBSEQUENTLY APPROVED BY THE

FINANCE AND AUDIT COMMITTEES AND THE EXECUTIVE OFFICERS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization MIDWESTERN HIGHER EDUCATION COMPACT	Employer identification number 38-3011476
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 AND COST-SHARING OPPORTUNITIES. THROUGH THESE EFFORTS IT WORKS TO
 ENSURE STRONG, EQUITABLE POSTSECONDARY EDUCATIONAL OPPORTUNITIES AND
 OUTCOMES FOR ALL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 CRITICAL AREAS FOR FACILITATING PROGRESS TOWARDS STATE EDUCATIONAL
 ATTAINMENT GOALS, INCLUDING COLLEGE READINESS AND SUCCESS;
 AFFORDABILITY AND FINANCE; PATHWAYS, CREDENTIALS, AND WORKFORCE
 DEVELOPMENT; AND DATA, TRENDS, AND PERFORMANCE AS WELL AS OTHER TOPICS
 OF IMPORTANCE TO MIDWESTERN STATES. 24 REPORTS WERE PRODUCED IN FISCAL
 YEAR 2024.

CONCURRENT ENROLLMENT:
 MHEC CONTINUED EXPANSION OF THE GRADUATE CREDIT QUEST, A WEB-BASED
 PLATFORM FOR TEACHERS TO SEARCH FOR GRADUATE COURSE WORK WITHIN THEIR
 CONTENT AREAS THAT LEAD TO REQUIRED CREDENTIALING FOR TEACHING DUAL OR
 CONCURRENT CREDIT CLASSES. THE PLATFORM PROVIDES INFORMATION ABOUT DUAL
 CREDIT AND CONCURRENT ENROLLMENT POLICIES AND PRACTICES FOR ALL 12 MHEC
 MEMBER STATES. IT ALSO SERVES AS A REPOSITORY OF RESEARCH PUBLICATIONS,
 PROFESSIONAL PAPERS AND MEDIA RELEASES ON THE SUBJECT OF
 DUAL/CONCURRENT CREDIT. THE PLATFORM WAS ENHANCED IN 2024 WITH ENHANCED
 GOOGLE ANALYTICS THAT ALLOWS TRACKING OF USER TYPES BY VOLUME AND
 FREQUENCY OR SEASONALITY OF VISITS AND THE CREATION OF SITE CONTENT

AREA PREFERENCES. NOW THE PLATFORM ENABLES OVER 41 REGIONAL GRADUATE
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 LHA 332211 11-14-23

Schedule O (Form 990) 2023

Name of the organization MIDWESTERN HIGHER EDUCATION COMPACT	Employer identification number 38-3011476
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SCHOOLS TO BUILD AWARENESS AMONG TEACHERS ABOUT ROUGHLY 1,880 UNIQUE COURSE OFFERINGS, WITHIN MULTIPLE ACADEMIC DISCIPLINES, AND PROVIDING ACCESS TO SPECIFIC ENROLLMENT PROCESSES, DELIVERY MODALITIES, AND MORE. CONCURRENT ENROLLMENT IS A RESEARCH PRIORITY FOR MHEC DURING ITS CURRENT STRATEGIC PLAN. IN FISCAL YEAR 2025 MHEC WILL PRODUCE BETWEEN THREE AND FOUR RESEARCH REPORTS PERTAINING TO CONCURRENT ENROLLMENT ISSUES: TRENDS AND PATTERNS IN STATE LEVEL DATA COLLECTION, USE OF OPEN EDUCATIONAL RESOURCES IN DUAL AND CONCURRENT ENROLLMENT SETTINGS, AN UPDATED VERSION OF THE 2017 MHEC RESEARCH REPORT SUMMARIZING EXISTING RESEARCH ON OPTIMAL LEVELS OF TEACHER TRAINING AND PREPARATION, AND AN UPDATED VERSION OF THE 2019 RESEARCH REPORT SUMMARIZING HOW STATES AND ACCREDITORS DEFINE THE QUALIFICATIONS NECESSARY FOR HIGH SCHOOL TEACHERS TO TEACH CONCURRENT ENROLLMENT COURSES.

MIDWEST STUDENT EXCHANGE PROGRAM:

A MULTI-STATE TUITION RECIPROCITY PROGRAM THAT MAKES ATTENDING OUT-OF-STATE COLLEGES AND UNIVERSITIES MORE AFFORDABLE FOR NON-RESIDENT STUDENTS.

- 4,322 STUDENTS ENROLLED IN THE MIDWEST STUDENT EXCHANGE PROGRAM IN 8 OF THE COMPACT STATES (INDIANA, KANSAS, MINNESOTA, MISSOURI, NEBRASKA, NORTH DAKOTA, OHIO, AND WISCONSIN) DURING FISCAL YEAR 2024.

- MSEP STUDENTS SAVED OVER \$29 MILLION IN FY24, BRINGING THE TOTAL PROGRAM SAVINGS TO \$920 MILLION SINCE 1994.

- ON AVERAGE, STUDENTS IN MSEP TYPICALLY REALIZE SAVINGS BETWEEN \$1,100 AND \$7,200 ANNUALLY.

MIDWESTERN STATE AUTHORIZATION RECIPROCITY AGREEMENT:

Name of the organization MIDWESTERN HIGHER EDUCATION COMPACT	Employer identification number 38-3011476
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THE NATIONAL COUNCIL FOR STATE AUTHORIZATION RECIPROCITY AGREEMENTS
 (NC-SARA) IN PARTNERSHIP WITH THE FOUR REGIONAL COMPACTS COORDINATES,
 THE STATE AUTHORIZATION RECIPROCITY AGREEMENTS (SARA) PROGRAM WHICH
 PROVIDES A VOLUNTARY, STREAMLINED PROCESS FOR STATES TO OVERSEE
 POST-SECONDARY DISTANCE EDUCATION, ENSURING UNIFORM STANDARDS ACROSS
 PARTICIPATING STATES. INSTITUTIONS PAY A PARTICIPATION FEE, WHICH
 SIMPLIFIES THEIR ABILITY TO OFFER ONLINE PROGRAMS WITHOUT REGISTERING
 IN EVERY STATE WHERE THEIR STUDENTS RESIDE. SARA ENHANCES QUALITY
 ASSURANCE, CONSUMER PROTECTIONS, AND THE VALUE OF CREDITS FOR DISTANCE
 EDUCATION. CURRENTLY, 49 STATES, THE DISTRICT OF COLUMBIA, PUERTO RICO,
 AND THE U.S. VIRGIN ISLANDS ARE MEMBERS OF SARA. WITHIN SARA, 2,412
 INSTITUTIONS PARTICIPATE, OF WHICH 652 (320 PRIVATE NON-PROFIT, 295
 PUBLIC, 32 PRIVATE FOR-PROFIT, AND 5 TRIBAL) INSTITUTIONS ARE IN MHEC
 STATES. M-SARA (MIDWESTERN-STATE AUTHORIZATION RECIPROCITY AGREEMENT)
 STAFFED BY MHEC, LEADS THE WORK IN THE MIDWEST. M-SARA HOSTS ITS OWN
 SET OF ANNUAL MEETINGS FOR THE M-SARA REGIONAL STEERING COMMITTEE (RSC)
 MEMBERS AND MSARA STATE PORTAL ENTITIES (SPES), THE INDIVIDUALS IN EACH
 STATE WHO REVIEW AND APPROVE INSTITUTIONS FOR SARA PARTICIPATION AND
 MONITOR INSTITUTIONAL COMPLIANCE. M-SARA SAVED INSTITUTIONS AN
 ESTIMATED \$37,164,415 IN FISCAL YEAR 2024.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 COMPREHENSIVE HEALTH INSURANCE SOLUTIONS CREATED IN RESPONSE TO BOTH
 INCREASING COST AND CONCERN FOR STUDENT HEALTH. 32 CAMPUSES OFFERED
 MHECARE HEALTH INSURANCE SOLUTIONS IN FISCAL YEAR 2024.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 CONTRACTS:

Name of the organization MIDWESTERN HIGHER EDUCATION COMPACT	Employer identification number 38-3011476
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MHEC CONTRACTS LEVERAGE THE POTENTIAL VOLUME OF THE REGION'S PURCHASING POWER, WHILE SAVING ENTITIES TIME AND MONEY BY SIMPLIFYING THE PROCUREMENT PROCESS AND NEGATING THE NEED TO CONDUCT A COMPETITIVE SOURCING EVENT. BY OFFERING A TURNKEY SOLUTION WITH THE ABILITY TO TAILOR THE ALREADY NEGOTIATED CONTRACT TO MATCH THE ENTITY'S SPECIFIC NEEDS AND REQUIREMENTS, MHEC CONTRACTS SHIFT SOME OF THE NEGOTIATING POWER BACK TO THE PROCURING ENTITIES. IN ADDITION TO CONTRACTS AVAILABLE THROUGH MHECARE STUDENT HEALTH SOLUTIONS, MHEC OFFERS NUMEROUS CONTRACTS IN TECHNOLOGY. THE CONTRACTS ARE A PRODUCT OF A REPRESENTATIVE GROUP OF STAKEHOLDERS FROM THE HIGHER EDUCATION TECHNOLOGY COMMUNITY CONDUCTING A COMPETITIVE SOURCING PROCESS THAT LEVERAGES THE POTENTIAL PURCHASING POWER OF THE 12 MHEC MEMBER STATES. TECHNOLOGY CONTRACTS SAVED ENTITIES IN THE MHEC REGION \$32.2 MILLION IN FISCAL YEAR 2024. IN SOME CASES, THE COMPACT'S COST SAVINGS INITIATIVES MAY BE UTILIZED BY CITY, COUNTY, AND STATE GOVERNMENT AS WELL AS NONPROFIT ORGANIZATIONS. EXPENSES \$ 428,671. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,834,276.

FORM 990, PART VI, SECTION A, LINE 6:
 COMPACT MEMBERS: THE MEMBERS OF THE COMPACT ARE THE 12 MIDWESTERN STATES IDENTIFIED IN THE COMPACT STATUTE: ILLINOIS, INDIANA, IOWA, KANSAS, MICHIGAN, MINNESOTA, MISSOURI, NEBRASKA, NORTH DAKOTA, OHIO, SOUTH DAKOTA, AND WISCONSIN. TO BECOME A MEMBER, THE STATES MUST ENACT THE COMPACT STATUTE. ONCE ENACTED, THE APPOINTING AUTHORITIES IN EACH OF THE COMPACTING STATES SHALL FORWARD THE NAMES OF THEIR APPOINTEES TO THE COMPACT STAFF. THE COMPACT STAFF SHALL PROMPTLY ADVISE THE APPROPRIATE APPOINTING AUTHORITIES OF THE NEED TO APPOINT NEW COMMISSION MEMBERS UPON THE

Name of the organization MIDWESTERN HIGHER EDUCATION COMPACT	Employer identification number 38-3011476
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EXPIRATION OF DESIGNATED TERMS.

AFFILIATE MEMBERS: STATES NOT ELIGIBLE TO BECOME A PARTY TO THE COMPACT

AND/OR CANADIAN PROVINCES MAY BECOME AFFILIATE MEMBERS WHEN MUTUAL

INTERESTS EXIST AND WHEN IT WOULD BENEFIT THE COMPACT TO ENTER INTO SUCH

ARRANGEMENTS.

ASSOCIATE MEMBERS: ENTITIES NOT ELIGIBLE TO BECOME MEMBERS OF THE COMPACT

MAY BE AFFORDED STATUS AS ASSOCIATES OF THE COMMISSION IN ACCORDANCE WITH

THE POLICIES AND PROCEDURES APPROVED BY THE COMMISSION.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH COMPACT MEMBER MAY APPOINT FIVE RESIDENT MEMBERS OF EACH STATE TO THE

COMMISSION AS FOLLOWS: THE GOVERNOR OR THE GOVERNOR'S DESIGNEE WHO SHALL

SERVE DURING THE TENURE OF OFFICE OF THE GOVERNOR; TWO LEGISLATORS, ONE

FROM EACH HOUSE (EXCEPT NEBRASKA, WHICH MAY APPOINT TWO LEGISLATORS FROM

ITS UNICAMERAL LEGISLATURE), APPOINTED BY THE APPROPRIATE APPOINTING

AUTHORITY IN EACH HOUSE OF THE LEGISLATURE; AND TWO OTHER AT-LARGE MEMBERS,

AT LEAST ONE OF WHOM SHALL BE SELECTED FROM THE FIELD OF HIGHER EDUCATION.

THE AT-LARGE MEMBERS SHALL BE APPOINTED IN A MANNER PROVIDED BY THE LAWS OF

THE APPOINTING STATE. ALL VACANCIES SHALL BE FILLED IN ACCORDANCE WITH THE

LAWS OF THE APPOINTED STATES.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT RETURN IS REVIEWED BY THE PRESIDENT, CHIEF OPERATING OFFICER,

CONTRACT CHIEF FINANCIAL OFFICER AND DIRECTOR OF FINANCE AND

ADMINISTRATION. THE DRAFT IS THEN FORWARDED TO A FINANCE AND AUDIT

COMMITTEE FOR THEIR REVIEW. ONCE APPROVED IT IS THEN FORWARDED TO THE

Name of the organization MIDWESTERN HIGHER EDUCATION COMPACT	Employer identification number 38-3011476
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ORGANIZATION'S OFFICERS FOR THEIR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS THE GOVERNING BOARD AND OFFICERS.

ANNUAL STATEMENTS ARE REVIEWED BY THE DIRECTOR OF COMMUNICATIONS AND

MARKETING. IF A CONFLICT WAS KNOWN, THAT INDIVIDUAL WOULD BE REQUIRED TO

REFRAIN FROM VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR THE PRESIDENT IS RECOMMENDED BY THE EXECUTIVE COMMITTEE.

THE EXECUTIVE COMMITTEE USES COMPARABILITY DATA FOR SIMILAR ORGANIZATIONS.

THE FINAL DETERMINATION AND DISCUSSION IS DOCUMENTED IN THE MINUTES AT THE

FULL BOARD MEETING IN JUNE. THIS PROCESS IS DONE ON AN ANNUAL BASIS.

COMPENSATION FOR OTHER OFFICERS IS DETERMINED BY THE PRESIDENT ON AN ANNUAL

BASIS.

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

GOVERNING DOCUMENTS ARE CURRENTLY AVAILABLE ON THE COMPACT'S WEBSITE.

FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE

UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD.

THE EXECUTIVE COMMITTEE IS MADE UP OF COMMISSIONERS CHOSEN BY THE BOARD

OF COMMISSIONERS. TWO EXECUTIVE BOARD MEMBERS ARE CHOSEN FROM EACH

STATE GIVING THE STATES EQUAL REPRESENTATION AND EQUAL AUTHORITY AND

VOTES.

Name of the organization MIDWESTERN HIGHER EDUCATION COMPACT	Employer identification number 38-3011476
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FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES:

PROGRAM SERVICE EXPENSES	358,758.
MANAGEMENT AND GENERAL EXPENSES	98,156.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	456,914.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	456,914.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization <p align="center">MIDWESTERN HIGHER EDUCATION COMPACT</p>	Employer identification number <p align="center">38-3011476</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
STONE ARCH INSURANCE COMPANY C/O MARSH MANAGEMENT SERVICES INC. - 87-1115817, 463 MOUNTAIN VIEW DRIVE, SUITE 300, COLCHESTER,	INSURANCE	VT	MIDWESTERN HIGHER EDUCATION	C CORP	350,634.	10,263,009.	100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

STONE ARCH INSURANCE COMPANY C/O MARSH MANAGEMENT SERVICES

INC.

EIN: 87-1115817

463 MOUNTAIN VIEW DRIVE, SUITE 300

COLCHESTER, VT 05446

DIRECT CONTROLLING ENTITY: MIDWESTERN HIGHER EDUCATION COMPACT

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. MIDWESTERN HIGHER EDUCATION COMPACT	Taxpayer identification number (TIN) 38-3011476
	Number, street, and room or suite no. If a P.O. box, see instructions. 105 FIFTH AVENUE SOUTH, SUITE 450	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of ERIN FRAHM
105 FIFTH AVENUE SOUTH, SUITE 450 - MINNEAPOLIS, MN 55401

Telephone No. 612-677-2766 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 _____ or
 tax year beginning JUL 1, 20 23, and ending JUN 30, 2024

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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