Form **990** 

# **Return of Organization Exempt From Income Tax**

20**14** 

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2014 calendar year, or tax year beginning 01/01 2014, and ending 20 14 12/31 D Employer identification number Check if applicable: C Name of organization Minnesota 20-20 7 Address change Doing business as 20-8735265 П Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 672 Summit Ave Number 302 651-647-1425 City or town, state or province, country, and ZIP or foreign postal code **7** Final return/terminated Amended return St Paul, MN, 55105 G Gross receipts \$ Application pending F Name and address of principal officer H(a) is this a group return for subordinates? Yes No Stuart Alger 672 Summit Ave, Number 302, St Paul, MN 55105 H(b) Are all subordinates included? Yes Mo ) ◀ (insert no ) ☐ 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status 501(c)(3) 501(c) ( Website: ▶ www.mn2020.org H(c) Group exemption number ▶ Form of organization. Corporation Trust Association ☐ Other ▶ L Year of formation M State of legal domicile MN Part I Briefly describe the organization's mission or most significant activities: To focus public policy debate on the issues that determine Minnesota's future success. Check this box ▶ ☑ If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a). . . . Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 9 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C) in e-12 7a 0 Net unrelated business taxable income from Form 990-1-11he-34 0 **Current Year** . JUN. Q. 1. 2015 Contributions and grants (Part VIII, line 1h)1.83 458,660 355,377 Revenue Program service revenue (Part VIII, line 2g) 7,000 315 Investment income (Part VIII, column (A), lines 3 4 and (4) 10 33 8,490 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9o, 10c at 0 0 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 465,693 364,182 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 306,255 283,730 16a Professional fundraising fees (Part IX, column (A), line 11e) 24,000 43,760 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 115,168 105,601 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 465,183 413,331 19 Revenue less expenses. Subtract line 18 from line 12 510 -49.149 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 0 21 Total liabilities (Part X, line 26) 12,666 0 Net assets or fund/balanges. Subtract line 21 from line 20 49,181 0 Part II Signature Block Under penalties of perjury, I decle he than I have e hed this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. [ er fother than officer) is based on all information of which preparer has any knowledge. Sign Here Type of print name and title Print/Type preparer's name Paid Bill Cranford Preparer ▶ Finalys Inc Use Only Firm's address ▶ 931 Hawthorne Ave E Number 302, St Par

May the IRS discuss this return with the preparer shown above? (see For Paperwork Reduction Act Notice, see the separate instructions.

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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To focus public policy debate on the issues that determine Minnesota's future success.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  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 \$ 333,540 including grants of \$
4b	(Continued on Schedule O, Statement 1) (Code: ) (Expenses \$ uncluding grants of \$ ) (Revenue \$ )
-110	(Code:) (Expenses #
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
	Total program service expenses ► 333,540

Part I	V Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ļ	_	1
_	oomplete Schedule A	1	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<sub>-</sub> ,-	1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
		20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		-

Part	V Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>✓</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29	✓	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	1	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	<b></b>	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			,
200	Part VI	37	<b> </b>	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	/	

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	<u> </u>	<u> </u>	
4.	<b></b>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		-
	Statements, filed for the calendar year ending with or within the year covered by this return 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	_	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	L.	✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	}		ŀ
	(FBAR).			
5a		5a		<b>/</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b></b> -
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		١,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	<b>-</b>
•	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	UD		<del> </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g	L	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>✓</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		-
a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del>	<b>-</b>
10	Section 501(c)(7) organizations. Enter:		<del> </del>	<del> </del>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	] '		
þ	Gross income from other sources (Do not net amounts due or paid to other sources		[	ļ
	against amounts due or received from them.)			L
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10:	<del> </del> -	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which		1	
.,	the organization is licensed to issue qualified health plans		}	
С	Enter the amount of reserves on hand	1	İ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del> -	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<del>                                     </del>	<del></del>

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Section	on A. Governing Body and Management	<u> </u>	<u> </u>	<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>_</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		/
6	Did the organization have members or stockholders?	6		<b>✓</b>
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?	-		/
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		<del>                                     </del>
8	stockholders, or persons other than the governing body?	7b		<b>✓</b>
	the year by the following:			
а	The governing body?	8a	✓	
Ь	Each committee with authority to act on behalf of the governing body?	8b	✓	L
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		<b>✓</b>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.) Yes	 
100	Did the ergenization have lead chapters branches or efflicted?	10a	165	No /
10a b	Did the organization have local chapters, branches, or affiliates?	iva		<del>  •</del>
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	<b>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
42	describe in Schedule O how this was done	12c	1	<del> </del> -
14	Did the organization have a written document retention and destruction policy?	14	<b>▼</b>	<del> </del>
15	Did the process for determining compensation of the following persons include a review and approval by	H-	· V	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<b>✓</b>
b	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			
Cost!	organization's exempt status with respect to such arrangements?	16b		
Section 17	Description C. Disclosure  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 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: <b>▶</b>	
	Matt Entenza (651)647-1425			

	(2014)	

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	B) (do not check in box, unless per officer and a di				is both	an		(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)	ndıvldua or direct	Institutional trustee	Officer	Key employee	from	trom the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
Matt Entenza	1									
Treasurer	0	✓	<u> </u>	✓			<u>L</u> _	0	0	0
Stuart Alger	1								•	
Board Chair	0	✓		✓				0	0	O
Tom Welna	1									
Secretary	0	✓		✓	_			0	0	O
Steve Fletcher	40									
Executive Director	0			✓				54,000	0	0

Part	Section A. Officers, Directors, Trust	tees, Key E	mplo	yees		nd H C)	lighe	st C	ompensated E	mployees (con	tinued)				
	(A)	(B)	lan-	104 -L		ition	e than o	ne	(D)	(E)		0	F)		
	Name and title	Average						ıs both		Reportable	Reportable			nated	
		hours per week (list any	——	er and	_		or/trust	<u> </u>	compensation	compensation from related	n		unt of her		
		hours for	Individual trustee or director	Insti	Officer	χ <sub>Θ</sub>	High	Former	the	organizations		compe	nsatio	n	
		related organizations	9 2	T E	ĕ	3	loye	₽	organization (W-2/1099-MISC)	(W-2/1099-MISC)	'		n the ızatıon	,	
		below dotted	or in	Institutional trustee		employee	* 6		,			and r	elated		
		line)	stee	la Si		8	Pens					organi	zations	S	
				8			Highest compensated employee								
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		+	1												
		<del>                                     </del>			$\vdash$	<u> </u>	<u> </u>	┢	<del> </del>		+		_ <del></del> -		
		·	1												
1b	Sub-total							<b>&gt;</b>	54,000		0			0	
C	Total from continuation sheets to Part	-						<b>•</b>							
<u>d</u>								<u> </u>	54,000	<del></del>	0			0	
2	Total number of individuals (including burreportable compensation from the organization)			nose	e list	ted	above	e) w	ho received m	ore than \$100,0	000 of				
	reportable compensation from the organ	ization > 0	)										Yes	No	
3	Did the organization list any former of	fficer, direc	tor.	or tı	rust	ee.	kev e	emp	olovee, or high	est compensa	ted [		163	140	
	employee on line 1a? If "Yes," complete											3		1	
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	n a	and other comp	ensation from	the	$\dashv$			
	organization and related organizations									nedule J for s	uch				
	ındıvidual										. [	4		✓	
5	Did any person listed on line 1a receive of														
	for services rendered to the organization	? If "Yes," (	comp	lete	Sci	nedi	ule J i	or s	such person	· · · · ·	<u>.                                    </u>	5		<u> </u>	
	on B. Independent Contractors										100.00	20 -6			
1	Complete this table for your five highest compensation from the organization. Rep													24	
	year.	port compe	iisau	011 1	OI LI	ile C	alenc	iai y	year ending wit	ii oi widiiii die	organ	Zatio	#11 <b>5</b> to	2.	
	(A)							Т	(B)			(C)			
	Name and business add	dress							Description of s	ervices	Con	npens	ation		
								$\vdash$							
								<u>L.</u>							
2	Total number of independent contractor received more than \$100,000 of compensations.							o th		ove) who					
	received more man production compens	SauOH ITOM	ure C	yal	ıı∠d	uON			0			<del></del>	000		
												Form	1 99U	(2014	

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Part	VIII	Statement of Revenue						_
	•	Check if Schedule O contains a	a resp	onse or note to	any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्ष क	1a	Federated campaigns	1a	0				
iran Du	b	Membership dues	1b	0		}	İ	
s, G	С	Fundraising events	1c	0				
# 1	d	Related organizations	1d	0		į		
S E	е	Government grants (contributions)	1e	0				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
き		and similar amounts not included above	1f	355,377				
	g	Noncash contributions included in lines 1a-	1f: \$	25,093			İ	
SE	h	Total. Add lines 1a-1f		•	355,377	i		
				Business Code		****		
Ē	2a	Fiscal Agent Fee		813410	315	315	0	0
æ	b							
<u>8</u>	С					-		
ě	d							
Ē	е							
Program Service Revenue	f	All other program service revenu	е.		0	0	0	0
ă	g	Total. Add lines 2a-2f	<del>-</del>	▶	315			
	3	Investment income (including	dıvide	nds, interest,				
		and other similar amounts) .		▶ [	348	0	0	348
	4	Income from investment of tax-exer	npt bo	nd proceeds ►	0	0	0	0
	5	Royalties			0	0	0	0
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)	0	0				
	d	Net rental income or (loss) .	· · · · ·	🕨				
	7a	Gross amount from sales of (i) Securiti	es	(ii) Other				1
		assets other than inventory	0	8,142	İ			
	b	Less: cost or other basis	ļ		:			
		and sales expenses .	0	0				
	C	Gain or (loss)	0	8,142				
	đ	Net gain or (loss)	г	<u> ▶</u>	8,142	8,142	0	0
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 10	, ,					
hei		See Part IV, line 18						
Ö		Less: direct expenses						
		Net income or (loss) from fundra Gross income from gaming activity		events . ►				
	9a	See Part IV, line 19						
			L					
		Less: direct expenses Net income or (loss) from gaming		vities ▶				
	100	Gross sales of inventory, I		/IIIes P				<del></del> -
	104	returns and allowances	- 1					
			- 1	0				
	Ì	Less: cost of goods sold Net income or (loss) from sales of		o ntony			·	
	С	Miscellaneous Revenue	T	Business Code	0	0	0	0
	110	MISOSIIDI IOOUS FIEVEI IUG		Dubilies Voud	L			
	11a		}					
	b		}					
	C d	All other revenue	}					
	e	Total. Add lines 11a-11d	· [		0			
	12	Total revenue. See instructions.			364,182	8,457	0	340
			• •		304, 182	0,43/		348

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, 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	0	0		
2	Grants and other assistance to domestic			ļ	
_	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	· · · · · · · · · · · · · · · · · · ·	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors,	0	0		
3	trustees, and key employees				
6	Compensation not included above, to disqualified	54,000	48,900	2,700	2,400
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	0	o	•
7	Other salanes and wages	205,667	193,050	12,617	0
8	Pension plan accruals and contributions (include	200,007	100,000	12,017	
	section 401(k) and 403(b) employer contributions)	o	O	o	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	24,063	18,509	5,370	184
11	Fees for services (non-employees):				
а	Management	0	0	0	0
b	Legal	120	0	120	0
C	Accounting	6,405	0	6,405	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	24,000			24,000
7	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
g	(A) amount, list line 11g expenses on Schedule O.)	24.270			
12	Advertising and promotion	34,376	23,844	10,532	
13	Office expenses	13,882	13.408	0 1,474	0
14	Information technology	7,949	12,408 6,829	1,120	0
15	Royalties	7,545	0,023	0	0
16	Occupancy	29,443	24,096	4,335	1,012
17	Travel	3,761	3,761	0	0
18	Payments of travel or entertainment expenses				<del>_</del>
	for any federal, state, or local public officials	0	0	O	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	6,996	0	6,996	0
23	Insurance	2,308	2,077	231	0
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	ļ		}	
а	Bank and Credit Card Fees	251	0	251	0
b	Dues and Subscription	110	66	44	0
c			- 50	3-4	<u>_</u>
d					<del></del>
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	413,331	333,540	52,195	27,596
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) if				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . (B) Beginning of year End of year 1 39,815 1 0 2 0 2 0 3 Pledges and grants receivable, net . . . . . . 10,000 3 0 4 4 0 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 0 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 ol 0 Assets 7 7 0 0 Inventories for sale or use . . . . . . . . 8 0 0 Prepaid expenses and deferred charges 5.036 9 0 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . 6,996 10c 11 Investments—publicly traded securities . . . . . 11 0 12 Investments—other securities, See Part IV, line 11 . 12 0 13 Investments—program-related. See Part IV, line 11 . . . . . . 13 0 14 14 0 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 61,847 0 17 Accounts payable and accrued expenses . . . . . . . . 17 12,666 0 0 18 18 0 0 19 19 0 0 20 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 Loans and other payables to current and former officers, directors, Liabilities 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 Unsecured notes and loans payable to unrelated third parties . . . 0 24 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . . 12,666 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . -49,156 27 27 0 28 98,337 28 0 Net Assets or Fund 29 ol 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 49,181 0 Total liabilities and net assets/fund balances . . 34 61,847

0

D	4	•
Page		_

0,,,,	- 1				9
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		36	4,182
2	Total expenses (must equal Part IX, column (A), line 25)	2		41	<u>3,331</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		4	9,149
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	9,181
5	Net unrealized gains (losses) on investments	5	···-·		0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-32
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	[			
	33, column (B))	10			0
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	•	<u> </u>		للہ
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	1-1-7	_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain i	n		
_			-	<b> </b>	
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 comp				<b>✓</b>
	reviewed on a separate basis, consolidated basis, or both:	med C	"		
	Separate basis Consolidated basis Both consolidated and separate basis		01-		
b	Were the organization's financial statements audited by an independent accountant?		. 2b		
	separate basis, consolidated basis, or both:	u on	a		
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	oreiah			
C	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, exp				
	Schedule O.	Jiani i	'		}
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set to	orth i	,		
Ja	the Single Audit Act and OMB Circular A-133?	ÇIUI II	. 3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	an th		-	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b	1	
	, the same of the			, QQA	(2014)
			ron	11 330	(2014)

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

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name	of the organization					Employer identification	number
Minn	esota 20-20					20-87:	35265
Par	t I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The c	organization is not a private foundati		<del></del>				
1	A church, convention of church		· · · · · · · · · · · · · · · · · · ·		-	•	
2	☐ A school described in section					, ,, ,, ,,,	
3	A hospital or a cooperative hos			n section	170(b)(1	)(A)(iii).	
4	A medical research organization hospital's name, city, and state	n operated in co					iii). Enter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	he benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
6 7							
8	☐ A community trust described in			Dart II )			
							hin food and arose
9	An organization that normally in receipts from activities related support from gross investment acquired by the organization af	to its exempt into income and	functions—subject to unrelated business t	certain taxable II	exceptioi ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	An organization organized and	operated exclus	sively to test for public	safety. S	See <b>sect</b> i	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11c	organizations de	escribed in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	☐ <b>Type I.</b> A supporting organization the supported organization organization. <b>You must com</b>	the power to re	gularly appoint or ele				
b	Type II. A supporting organiz	ation supervised	d or controlled in cont	nection w	ith its sui	pported organization	n(s), by having
	control or management of the organization(s). You must co	supporting org	anization vested in th			•	
С	Type III functionally integratits supported organization(s)						y integrated with,
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructions	ited. The organiz	zation generally must	satisfy a	dıstnbutı	on requirement and	•
е	Check this box if the organization functionally integrated, or Type						I, Type III
f			mogration oupp	orang or	gaineano	· ··	
g		•	orted organization(s)				• • []
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Total

0

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) 2010 (f) Total **(b)** 2011 (c) 2012(d) 2013 (e) 2014 Gifts, grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . 482,309 314,740 373,882 249,144 458,660 1,878,735 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 Total. Add lines 1 through 3. . . . 482,309 314,740 373,882 249,144 458,660 1,878,735 The portion of total contributions by person each (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 1,250,156 Public support. Subtract line 5 from line 4. 628,579 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 . . . . . . 482,309 314,740 249,144 458,660 373,882 1,878,735 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . 7,500 7,033 8,156 22,689 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . n 0 11 **Total support.** Add lines 7 through 10 1,901,424 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) . . . . 14 33.06 % Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 25.25 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/a% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2014. 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 10%-facts-and-circumstances test - 2013. 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 gualifies as a publicly  $\sqrt{\phantom{a}}$ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

• •	•	* * * *	
(Complete only	if you checked the box	on line 9 of Part I or if the organization failed to qualify under Part	rt II.
If the organizat	ion fails to qualify under	the tests listed below, please complete Part II.)	

<del></del>	in the organization rails to quality	under the te	sts listed bei	ow, please co	ompiete Part	11.)	
	on A. Public Support		r		T" "		T
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees				ļ	ĺ	ļ
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise		ļ <u>.</u>		<u> </u>	<del> </del>	
2	sold or services performed, or facilities				•		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			1			L
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
6	organization without charge			_		[	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		<u> </u>				
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			I			
8	Public support (Subtract line 7c from		ţ			•	
	line 6.)		<u> </u>	<u> </u>	<u> </u>	<u></u>	<u></u>
	on B. Total Support	<sub>r</sub>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6				ļ		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					1	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less		}				
	section 511 taxes) from businesses						
	acquired after June 30, 1975				<u></u>		
С	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						1
	loss from the sale of capital assets		1			1	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		[		1		
	and 12.)	L	<u> </u>	<u> </u>	1	<u> </u>	
14	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop he				· · · · ·	<del></del>	· · · <b>P</b> []
	on C. Computation of Public Suppo	<del></del>				1.5	
15	Public support percentage for 2014 (line		•			<del></del>	%
16	Public support percentage from 2013 Sci			<del></del>	<u> </u>	16	%
	on D. Computation of Investment In			u line 10 actio	(A)	147	
17	Investment income percentage for 2014 (			-			<u>%</u>
18	Investment income percentage from 2013						% and line
19a	331/s% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box	-	_			_	
b	331/x9% support tests—2013. If the organiz						
00	line 18 is not more than 33½%, check this	-	_				لميا
20	Private foundation. If the organization di	и посспеска	DOX OR TIME 14	, 19a, OF 19D,	UNEUK MIS DOX	and see instri	uctions 🕨 🔲

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

-	on A. All Supporting Organizations	ait V	·/	
Secur	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
3a	organization was described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		
b	(b) and (c) below.  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3a		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3b 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		

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

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			]
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Coati	on C. Type II Supporting Organizations	2		
Secu	on C. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Γ	163	140
_	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1_		
Secti	on D. All Type III Supporting Organizations			
	Did the experience are under the earth of the experience described as a second transfer of the fifth and the fifth		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			ļJ
•	the organization maintained a close and continuous working relationship with the supported organization(s).	_2_		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ	T	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			<b> </b>
	•	2a	ļ	
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	•		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	21-		نــــا
	or its supported organizations: if res, describe in rain vi the role played by the organization in this regard.	3b		L

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	an	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
other Type III non-functionally integrated supporting organizations must co			
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	1.0	(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		<u> </u>
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Section C - Distributable Amount	· <del>'</del>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	* *** *********************************	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y-ın	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)			
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted			
	organizations, in excess of income from activity					
3_	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets	<del></del>				
5	Qualified set-aside amounts (pnor IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.	<u> </u>				
8	8 Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in Part VI). See instructions.			<u> </u>		
9	Distributable amount for 2014 from Section C, line 6	<del></del>				
10	Line 8 amount divided by Line 9 amount	1	/est	# # # # # # # # # # # # # # # # # # #		
Se	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
_1_	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014		<del>-</del>			
	(reasonable cause required-see instructions)					
_3_	Excess distributions carryover, if any, to 2014:					
a	1 1 		<u> </u>			
<u> </u>			· <del>··</del>			
<u>c</u>						
<u>d</u>			<del> </del>			
<u>ө</u>	From 2013		· · · · · · · · · · · · · · · · · · ·			
<u>f</u>	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u> i	Applied to 2014 distributable amount  Carryover from 2009 not applied (see instructions)		<del></del>			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
	Distributions for 2014 from Section					
4	D, line 7: \$					
	Applied to underdistributions of prior years					
<u>b</u>	Applied to 2014 distributable amount					
	Remainder, Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · · · · ·			
	Remaining underdistributions for years prior to 2014, if					
5	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2014. Subtract lines 3h		<del></del>			
	and 4b from line 1 (if amount greater than zero, see	i				
	instructions).					
7	Excess distributions carryover to 2015. Add lines 3 <sub>j</sub> and 4c.					
8	Breakdown of line 7:					
а						
b	1					
С						
d	Excess from 2013					
е	Excess from 2014					

Schedule A (F	orm 990 or 990-EZ) 20	14 Pa	age 8
Part VI	Supplemental Part III, line 12	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Also complete this part for any additional information. (See instructions.)	nd
			<del>-</del>

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014

Name of the omanization **Employer identification number** Minnesota 20-20 20-8735265 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations b  $\square$ f Solicitation of government grants Phone solicitations g 

Special fundraising events C d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes ☐ No. b If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? (or retained by) organization or entity (fundraiser) from activity col. (i) Yes No 1 See Schedule G, Part IV, Statement 2 3 5 6 7 8 9 10 173,000 24,000 149,000 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

	registration or licensing.	
MN	•	
		. <b>-</b> .
	***************************************	
		٠

		gross receipts greater tha	n \$5,000.			
	•		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				<del></del>
۳	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				· · · · · · · · · · · · · · · · · · ·
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	d lines 4 through 9 in cact line 10 from line 3, c	olumn (d)		· · · · · · · · · · · · · · · · · · ·
Pa	rt III	Gaming. Complete if the	e organization answe	red "Yes" to Form 990	), Part IV, line 19, or re	eported more
•		than \$15,000 on Form 99	30-EZ, line 6a.	(b) Pull tabs/instant	· · · · · · · · · · · · · · · · · · ·	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Rev		0				
$\dashv$	_1_	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs	1		ľ	
		•			· · · · · · · · · · · · · · · · · · ·	
$ \bot $	5	Other direct expenses .				
	5 6	·	☐ Yes% ☐ No	☐ Yes%	☐ Yes%	
		Other direct expenses .	□ No	□ No	□	
	6	Other direct expenses . Volunteer labor	No d lines 2 through 5 in co	olumn (d)	□ No	
	6 7 8	Other direct expenses .  Volunteer labor  Direct expense summary. Ad  Net gaming income summary	No Id lines 2 through 5 in co	olumn (d)	□ No	
	6 7 8 Er	Other direct expenses  Volunteer labor  Direct expense summary. Ad  Net gaming income summary  Inter the state(s) in which the ore the organization licensed to co	No Id lines 2 through 5 in conducts games and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities and activities are activities and activities	olumn (d)	□ No	. Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

ocnedu	(10 G (FORM 350 OF 350-CZ) 2014		Pa	ige 🍮
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes		Nο
13	Indicate the percentage of gaming activity conducted in:	163		.,,
а	The organization's facility			%
- b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►		<b>-</b>	<b></b> -
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	. [7]	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		<i>'</i>	
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶	· <del>-</del>		
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	☐ Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor instructions).	nd (v), a mation	nd (see	
			<b>-</b>	
	······	·	<b></b>	

Schedule G, Part IV, Statement 1

Form: Schedule G

Page: 1 -

Line Number: Part I Line 2b

Minnesota 20-20 20-8735265

### **Fundraiser Activity Information**

Name and Address	Activity	C1	Gross	C2	C3
	,	•	Receipts		
Will Blauvelt	Will assisted with all forms of fundraising for	No	173,000	24,000	149,000
504 West Franklin Ave	MN2020				
Apt 3D					
Minneapolis, MN 55405					
Total:			173,000	24,000	149,000

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open To Public Inspection

Name of the organization
Minnesota 20-20

Department of the Treasury Internal Révenue Service

Employer identification number 20-8735265

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art Works of art							
2	Art — Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household			-				
	goods							
6	Cars and other vehicles			**:				
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	/	1	25.002	Cash Value			
10	Securities—Closely held stock .	•		23,033	Casii Value			
11	Securities—Partnership, LLC,		<del></del>					
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
• •	contribution—Other							
15	Real estate – Residential				<u> </u>			
16	Real estate—Residential							
17	Real estate—Other			,				
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies			<del> </del>				
21	=							
22	Taxidermy							
	Historical artifacts							
23 24	Scientific specimens							
	Archeological artifacts							
25 06	Other ► ( )							
26	Other ► ()							
27	Other ► ()							
28 29	Other ► ( ) Number of Forms 8283 received	by the cr	ionization durant the tax	your for contributions for	<del></del>			
25	which the organization completed							_
	which the organization completed	1 01111 0203	, I ait iv, Donee Acknowled	ugement	29	<del></del>	Yes	No
00-	Donne Herman P. H. Herman						res	MO
30a	, ,							1
	28, that it must hold for at least th							}
	to be used for exempt purposes f		e notating period?			30a		<b>✓</b>
b	If "Yes," describe the arrangement							
31	Does the organization have a				n-standard			
	contributions?					31	1	
32a	Does the organization hire or use		=	-	II noncash			
		• • • •				32a		✓
b	If "Yes," describe in Part II.							1
33	If the organization did not report ar describe in Part II.	n amount in	column (c) for a type of pro	perty for which column (a)	s checked,			

	Form 990) (2014) Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received,
	or a combination of both. Also complete this part for any additional information.
·	
·	
·	
	,
	***************************************

### SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, Ilne 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of t	ne organization					Empi	oyer identificat	ion number	
Minneso	ota 20-20						20-87	35265	
Part I	Liquidation, Termination,	or Dissolution.	Complete this part in	f the organization ar	nswered "Yes" to Fo	orm 990, Part IV, line 31	, or Form S	90-EZ, line	e 36.
	Part I can be duplicated if a	additional space	is needed.						
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of red	•	(g) IRC section recipient(s) ( tax-exempt) or of entity	(if
See Sch	edule N, Part III, Statement 1								
			<u></u>	1		<u>L</u>		Yes	s No
2 [	Did or will any officer, director, tr	ustee, or key empl	oyee of the organization	on:					
	Become a director or trustee of a							2a	✓
	Become an employee of, or inde							2b	<b>√</b>
	Become a direct or indirect owne Receive, or become entitled to, o							2c	<b>√</b>
	f the organization answered "Ye	•	• •	•	· · · · · · · · · · · · · · · · · · ·			Zu	_ ▼
- 1		s to any or and qui		ough Eu, promus tile i	tarrio or the person in	toitou aila explaiii III i all	, m		

Part	Liquidation, Termination,	or Dissolution	n (continued)					-	
		ted all of its as	sets during the tax	year, then Form 990	, Part X, column (B)	, line 16 (Total assets), and line 2	6 <i>.</i>	Yes	No
	(Total liabilities), should equal -0							162	NO
3	Did the organization distribute its a	ssets in accorda	nce with its governing	instrument(s)? If "No,	" describe in Part III .		3	1.	
4a	Is the organization required to notif	y the attorney ge	eneral or other approp	riate state official of its	s intent to dissolve, lic	quidate, or terminate?	4a	1	
b	If "Yes," did the organization provide	de such notice?					4b	1	
5	Did the organization discharge or p	ay all of its liabili	ties in accordance wit	h state laws?			5	1	
6a							6a		1
b						the Internal Revenue Code and state laws?	6b	i	
C	If "Yes" to line 6b, describe in Part								
Pari	Sale, Exchange, Dispositi "Yes" to Form 990, Part IV	on, or Other T	ransfer of More Th	nan 25% of the Org	janization's Assets	Complete this part if the organizace is needed.	ation a	ınswe	ered
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of reciplent	(f) Name and address of recipient	tax-exem	ent(s) (if	
2 a b c d	Did or will any officer, director, trus Become a director or trustee of a si Become an employee of, or indepe Become a direct or indirect owner of Receive, or become entitled to, cor If the organization answered "Yes"	uccessor or trans ndent contractor of a successor or npensation or otl	sferee organization? for, a successor or tra transferee organization for similar payments a		?	isposition of assets?	2a 2b 2c 2d	Yes	No

Schedule N (Fo	orm 990 or 990-EZ) (2014)
Part III	<b>Supplemental Information.</b> Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.
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Schedule N, Part III, Statement 1

Form: Schedule N

Page: 1

Line Number: Part I Line 1

Minnesota 20-20 20-8735265

### Description of Liquidation, Termination, or Dissolution

		Fair market value
Description	Office Furniture	250
Date	10/31/2014	
Method of determining FMV	Thrift store value	
EIN	23-7232208	
Name and address	Project for Pride in Living	
	1035 East Franklin Avenue Apt 3D	
	Mınneapolis, MN 55404	
IRC Section	501(c)(3)	
Description	Computer Equipment	150
Date	10/31/2014	
Method of determining FMV	Thrift Store Value	
EIN	27-2295466	
Name and address	Tech Dump Division of Jobs Foundation	
	825 Boone Ave North Suite 100	
	Golden Valley, MN 55427	
IRC Section	501(c)(3)	
Description	Office Furniture	150
Date	10/31/2014	
Method of determining FMV	Thrift Store Value	
EIN	53-0196517	
Name and address	Goodwill Industries	
	15810 Indianola Drive	
	Rockville, MD 20855	
IRC Section	501(c)(3)	
Description	Office Supplies	25
Date	10/31/2014	
Method of determining FMV	Thrift Store Value	
EIN	13-4209510	
Name and address	Growth and Justice	
	640 Raymond Avenue Suite 105	•
	St Paul, MN 55114	
IRC Section	501(c)(3)	

### SCHEDULE O (Form 990 or 990-EZ)

## 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.

20**14** 

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Minnesota 20-20  20-8735265  Form 990, Part III, Line 3 - Minnesota 20-20 ceased operations in October 2014. The organization is formally dissolved.	Name of the organization	Employer identification number		
Form 990, Part VI, Section B, Line 15 - Ouples of the 990 will be reviewed by the board before filing.  Form 990, Part VI, Section B, Line 15c. All board members and staff are required to sign a conflict of interest statement annually.  Form 990, Part VI, Section B, Line 15 - The board of directors determines the compensation of the Executive Director.  Form 990, Part VI, Section C, Line 19 - These documents are available upon request.  Form 990, Part XI, Line 9 - PY Adjustment to Equity	Minnesota 20-20			
Form 990, Part VI, Section B, Line 12c - All board members and staff are required to sign a conflict of interest statement annually.  Form 990, Part VI, Section B, Line 12 - The board of directors determines the compensation of the Executive Director.  Form 990, Part VI, Section C, Line 19 - These documents are available upon request.  Form 990, Part XI, Line 9 - PY Adjustment to Equity.	Form 990, Part III, Line 3 - Minnesota 20-20 ceased operations in October 2014. The organization is for			
Form 990, Part VI, Section B, Line 12c - All board members and staff are required to sign a conflict of interest statement annually.  Form 990, Part VI, Section B, Line 15 - The board of directors determines the compensation of the Executive Director.  Form 990, Part VI, Section C, Line 19 - These documents are available upon request.  Form 990, Part XI, Line 9 - PY Adjustment to Equity				
Form 990, Part VI, Section B, Line 15 - The board of directors determines the compensation of the Executive Director.  Form 990, Part VI, Section C, Line 19 - These documents are available upon request.  Form 990, Part XI, Line 9 - PY Adjustment to Equity	Form 990, Part VI, Section B, Line 11b - Copies of the 990 will be reviewed by the board before filing.			
Form 990, Part VI, Section B, Line 15 - The board of directors determines the compensation of the Executive Director.  Form 990, Part VI, Section C, Line 19 - These documents are available upon request.  Form 990, Part XI, Line 9 - PY Adjustment to Equity				
Form 990, Part VI, Section B, Line 15 - The board of directors determines the compensation of the Executive Director.  Form 990, Part VI, Section C, Line 19 - These documents are available upon request.  Form 990, Part XI, Line 9 - PY Adjustment to Equity	Form 990, Part VI, Section B, Line 12c - All board members and staff are required to sign a conflict of i	nterest statement annually.		
Form 990, Part VI, Section C, Line 19 - These documents are available upon request.  Form 990, Part XI, Line 9 - PY Adjustment to Equity				
Form 990, Part XI, Line 9 - PY Adjustment to Equity	Form 990, Part VI, Section B, Line 15 - The board of directors determines the compensation of the Exe	cutive Director.		
Form 990, Part XI, Line 9 - PY Adjustment to Equity				
	Form 990, Part VI, Section C, Line 19 - These documents are available upon request.			
	Form 990, Part XI, Line 9 - PY Adjustment to Equity			
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Schedule O, Statement 1

Form: 990 Page: 2 .

Line Number: Part III Line 4a

Minnesota 20-20 20-8735265

### First Program Service Accomplishments Description

### Description

2020 daily blog, Twitter, Facebook, and our YouTube channel. Minnesota 2020 delivers research content through traditional media by contributing to daily print newspaper op-ed pages; appearing on television news programs as expert analysts and commentators; weekly guest appearances on AM radio programs; and periodic appearances as experts on rural and urban radio stations. Minnesota 2020 makes a concerted effort to daily share its policy research content with Minnesotans. The results of Minnesota 2020's research and publication are that all citizens of Minnesota have the opportunity to learn about the issues facing us, and to become involved in civil, public discourse about these issues. By creating and disseminating non-partisan, accurate, independent research on public policies issues that matter to Minnesotans, Minnesota 2020 created a strong list of achievements in the public good.

WWW.MM2020.org

2324 University Ave. W, Suite 204 Saint Paul VN 55114

351 917 1026 mam 351 917 0735 fm info@MN2020 org



October 30, 2014

TO: Minnesota Secretary of State - Business Services Retirement Systems of Minnesota Building 60 Empire Drive, Suite 100 St Paul, MN 55103

Re: Dissolution of Non-Profit Organization Minnesota 2020 Education Fund

This is a notice of intent to dissolve Minnesota 2020 Education Fund (MN 2020) which is located at 2324 University Ave W Ste 204. St. Paul. MN 55114, a non-profit organization registered with the State of Minnesota. On October 27, 2014 the board of directors of MN 2020 voted to dissolve the organization effective October 31, 2014. The Board of Directors authorized David Colling to handle all dissolution activities and sign related documents on behalf of MN 2020

MN 2020 filed a notice of intent to dissolve with the Minnesota Attorney General on October 30, 2014.

All remaining assets of MN 2020 that cannot be sold for cash to pay towards any remaining debt will be donated in accordance with Minnesota law to another non-profit organization.

Attached is the plan approved by the MN 2020 Board of Directors on October 30. 2014 to pay invoices for services rendered to the organization as well as its plan for the organization after filing its intent to dissolve with the Minnesota Attorney General and the Minnesota Secretary of State.

All services received and employee payroll prior to October 1, 2014 have been paid in full. Most employees and most vendor services were terminated as of September 30, 2014. Services rendered since September 30, 2014, as of this filing, have also been paid in full.

Possible contractual obligations remain for several vendors:

Popp Communications, phones, approximately \$10.500 for the remaining 18 months of a 24 month contract

Wells Fargo for for the remaining 16 months of a 24 month lease, approximately \$10.500 for the remaining lease.

NGPvan, \$2.450 for un-billed data storage.

Midtown Commons. \$67.040 for 25 months remaining on a 3 year office space lease. Comcast, approximately \$272.87 for one month of internet and cable for not providing

the required 6 day notice of cancellation.

Notice will be sent to all creditors and claimants that MN 2020 has filed an intent to dissolve through both written letters and through publication of the notice of intent to file with a newspaper recognized by the state of Minnesota to carry legal notifications in Ramsey County.

The remaining assets of the corporation will be distributed as listed above and are covered under section 317A.735.

There are no pending legal, administrative, or arbitration proceedings by or against the corporation..

Sincerely,

David Colling Administrator of Dissolution MN 2020 -LEWIN MEN 2020.019

2324 University Ave W Suite 204

Sant Paul MN 55114

35) 917 1026 men 351 917.0785 na.

rafo @ V.N.2020 org



October 30,2014

TO: Office of the Minnesota Attorney General

Charities Civil Division Ste. 1200. Bremer Tower 445 Minnesota Street St. Paul. MN 55101

Re: Dissolution of Non-Profit Organization Minnesota 2020 Education Fund

On behalf of the Minnesota 2020 Education Fund I would like to request a waiver of the 45 day waiting period for final dissolution of the organization. The organization has paid all debts for services rendered and has made arrangements to pay for all other outstanding services related to it's dissolution as outlined in the notice of intent to dissolve filed with the Minnesota Attorney General on October 30, 2014

David Colling

Administrator of Dissolution

MN 2020

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;	5: 75 - ADP (Payro) service fee for the closing of account and employee payror fees)
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ai .: .	ist the recipients (including other nonprofit comparations, associations, or other persons) to which the issue will be transferred used to the sasets which will be transferred the amounts indicated or as described. If the recipients of the assets are not known, please indicated provide the list of recipients after transfer is completed pursuant to Mirm. Stan. § 317A.813 act. 4.)
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`	Boodwii - Heros pede s with berriers to emploj ment gallakilis and find joos.
L: cc	st the verms, conditions or restrictions, if any, to be imposed on the managemed assets: (List terms, relations or restrictions and then thy the assets so restricted)
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# SUBMITTED SY:

MOTH: The Notice of Intent to Dissolve, Marga, Consolidate or Transfer Assets must be signed on behalf of the corporation by an authorized person. Please submit a resolution of the Board of Directors or other decuments demonstrating the rightnories anthough.

Signeture C Signet

Please submit a copy of this nodes to:

Office of the Attorney General
AUTTO: Cheryl Box
Charides Civil Division
1230 Bremer Tower, Auf Charlesons Street
St. Paul, Minnesons 55101-2130

AG 383689. 01

Question 2 from the MM Attorner, General natice of intent to dissolve

transportation, economic development and sustainability, principal policy issues affecting Minnesota. Minnesota 2020 distributes its findings to educate winnesota 2020 conducts public policy research in education, healthcare, Minnesotens ebout the policy issue challenging the state.

Question 5 from the MM Amomey General notice of intentito dissolve

Possible contracted obligations for fitture sectioes:

- Remaining lease payments to Microwi Commons (\$67,240)
  Remaining contract obligations for phone service to Popp
  Communications (ast sid 500)
  N.GR ar for un-offectible storage (\$2,450)
  Compast internal and televions for one month of service, 50 day notice
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Question 8 from the Milliattisms. General rictice of mishing dissoive

Growth and Justice, a NIVI. Tomprofit organization rede led office slup as valued at less then \$25. Project for Filip and Living (PPL) a Northrofic corporation received severa desks, tables and other office related materials valued at less then \$250. Fen Jumpla advision of the Jobs Foundation a NN northrofic corporation, \$250. Fen Jumpla advision of the Jobs Foundation a NN northrofic at received 2 non-rocking computers capies and other at received 2 non-rocking computers capies and other at less then \$150. Goodwit, a no cooffice related goods the cools not be sold, valued that for the large and other office related goods the cools not be sold, valued at lower than office. at less then SISC.

Schedule A, Part VI, Statement 1

Form: Schedule A

Page: 2 . Line Number Minnesota 20-20 20-8735265

### **Facts And Circumstances Test Explanations**

### **Facts And Circumstances Test**

Minnesota 20-20 is an organization founded in 2007 with a mission "to focus public policy debate on the issues that determine Minnesota's future success". Minnesota 2020 was founded with an expressed commitment to responsible civic discourse for all citizens. Minnesota 2020 pursues a reader engagement strategy designed to foster thoughtful and respectful civic discourse for all citizens while moving Minnesota's public policy debate forward. The organization is accomplishing this mission. Minnesota regularly solicits funds from the general public, the community, and from other public and private chanties. These solicitations are done via the website, via targeted communications, and via grant applications. Funding in 2012 came from a vanety of sources including individuals, from private foundations and from other organizations. Fundraising efforts are on-going Grant applications are submitted when opportunities arise. The website is active at all times. Minnesota 2020 actively solicits thru Razoo /GiveMN The Minnesota 2020 Board of Directors is a group of individuals that are volunteers, are residents of the state of Minnesota, and are involved in the important issues of our state. They represent a cross-section of the residents of the state. Minnesota does not compensate the volunteer members of the Board. Minnesota 2020 conducts public policy research in education, healthcare, transportation, economic development and sustainability, principal policy issues affecting all residents of Minnesota Minnesota 2020 widely distributes its findings to educate all Minnesotans about the policy issue challenging the state. Minnesota 2020 conducts its research in a wide variety of methods including in-person interviews with knowledgeable sources; government collected economic and financial data; government publications, print and web-based media; independent survey research. All of this research is made available to the general public through a variety of sources with a concerted effort to reach all of the general public Minnesota 2020 delivers research content to Minnesota citizens through new and traditional media platforms including most Minnesota newspapers, all major TV networks, a daily blog, Twitter, Facebook, and You Tube Chanel. Minnesota 2020's 2012 work was published in most Minnesota newspapers and covered in every major TV market, producing over 51.2 million media impressions. Minnesota 2020 has over 50,000 subscribers to multiple channels including the Hindsight 2020 daily blog, Twitter, Facebook, and YouTube channel. Minnesota 2020 does not endorse any particular point of view. It does not endorse the views of any particular board member, contributor, political party or other organization. Is provides a means for all citizens to enjoy, to learn, and to discuss the statewide public policy issues that are important to them. We feel our actions and activities are those of publicly supported 501(c)(3) organization