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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

	For t	he 2009 calenda	ar year,	or tax year beginning 1/01	, 200	9, and endin	12/	31	,	2009	
В	Check	if applicable		C				D Employ	er Identific	ation Number	
	ΠA		lease use IRS label	TAKEACTION MINNESOTA				20-	33386	91	
	\vdash	ame change	or print or type.	1821 UNIVERSITY AVENU	E W S-137			E Telepho	ne number	r -	
	\vdash	nitial return	See specific	ST. PAUL, MN 55104				651	-641-	6199	
	\vdash		Instruc-					- 551	041	0133	
	H	ermination	tions.	ĺ				ا ا		1 570	C00
	\vdash	mended return			2023 877		144 5 1. 11	G Gross re		1,570	
	L A				CGRATH			a group retur		₽ ₽ `**	\blacksquare
				AS C ABOVE				affiliates incl attach a list		ictions) Yes	∐ No
1	Tax	c-exempt status			4947(a)(1) or	527			•	,	
<u>J</u>	We	bsite: ► WWW	. TAKE	ACTIONMINNESOTA.ORG			H(c) Group	exemption nu	ımber 🟲		
<u>K</u>	Forn	n of organization	Corpora	ation Trust Association Othi	er ►	L Year of Format	tion 2000	6 M s	tate of leg	al domicile MN	1
Pa	ırt I	Summar	у								
	1	Briefly describe	the org	ganization's mission or most signifi	cant activities	TO_UNITE	THE P	OWER O	F DIV	ERSE	
Φ				OMMUNITIES, AND ORGANI							
anc		BUILDS_SO	CIAL	RACIAL, AND ECONOMIC	JUSTICE		. .			-	
Activities & Governance									 - -	 -	
ð	2	Check this box	▶ □ (if the organization discontinued its	operations or dis	sposed of mo	ore than 25	5% of its	assets		
ঞ	3	Number of voting	ng mem	ibers of the governing body (Part V	/I, line 1a)				3		14
88				it voting members of the governing	body (Part VI, III	ne 1b).		ı	4		11
Viti.				yees (Part V, line 2a)					5		132
cti				eers (estimate if necessary)					_ 6		<u>1,000</u>
•		_		ousiness revenue from Part VIII, co							0.
	<u> b</u>	Net unrelated b	usiness	taxable income from Form 990-T,	Ine 34				_7b		0.
							P	rior Year		Current Y	
<u>o</u>			_	ts (Part VIII, line 1h)				728,4			,147.
0 E		_		ue (Part VIII, line 2g)			1	,089,6		1,011	
∑			•	art VIII, column (A), lines 3, 4, and	•				76.		961.
2				II, column (A), lines 5, 6d, 8c, 9c,				63,7			<u>,688.</u>
2				nes 8 through 11 (must equal Part		line 12)	1	,882,4	44.	1,509	<u>,825.</u>
CINN Revenue	13	Grants and sim	ılar amo	ounts paid (Part IX, column (A), lin	es 1-3).				_		
ر	14	Benefits paid to	or for r	members (Part IX, column (A), line) 4)				_		-
Ç,	15	Salaries, other	compen	nsation, employee benefits (Part IX	., column (A), line	es 5-10)	1	,029,8	51.	<u>1,</u> 255	<u>, 668 .</u>
Uld Perpenses	16 a	Professional fur	ndraisin	g fees (Part IX, column (A), line 11	le)				_		
_ <u>ē</u>	ь	Total fundraisin	a exper	nses (Part IX, column (D), line 25)	>	55,421.					
اشجي				X, column (A), lines 11a-11d, 11f-2	REC		-	415,9	90	341	,350.
2				nes 13-17 (must equal Part IX, colu	unn (A) line Six	EIVED	1 1	,445,8		1,597	
				s Subtract line 18 from line 12	101		761 -	436,6			, 193.
	12	Treveride less e	xperises	3 Subtract line 18 from line 12	3 SEP 2	7 2010	 \text{\tik}}\text{\ti}\text{\texi{\text{\ti}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}				
# E		T. I. I	- 1 2/ 1	10			Begin	ning of Y		End of Ye	
Ba		Total assets (Pa		·	OGDE		\$	556,2 80,5			,894. ,368.
Net Assets or Fund Balancos		Total liabilities	• .	•	OGDE	NUT	H				
	22			ances Subtract line 21 from line 20)	-	<u>≈</u>	475,7	19.]	388	<u>,526.</u>
Pa	rt II	Signatur	e Bloc	<u>:K</u>							
		Under penalties of true, correct, and	f perjury, l complete	declare that I have examined this return, inclu Declaration of preparer (other than officer) is	iding accompanying so based on all information	thedules and state on of which prepa	ements, and irer has any k	to the best of knowledge	f my knowl	edge and belief, i	t ıs
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Sig He	ļn								4/10		
пе	re	Signature of	onice:	N-1-2		\	Dat	le			
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		Type or print	name and	title					I Down		
.				\sim		Date	Ch se	neck if	(see	arer's identifying i instructions)	number
Pai		Preparer's		1/1/2 . #		11/		nployed P			
Pre	er's	signature	<u> </u>	IV Cayung	<i>?</i>	8/27/	<u>ര</u>		P00	0041280	
Us	6 612	Firm's name (or		PENTER EVERT & ASSOCIA	TES						
On		yours if self- employed),	- 2160	O FRANCE AVE. S. #940			EII		<u>1-153</u>		
		address, and ZIP + 4	BLOC	OMINGTON, MN 55435			Ph	опе по 🟲	(952)		5
				with the preparer shown above? (se						X Yes	No
BAA	\ For	Privacy Act and	d Papen	work Reduction Act Notice, see th	e separate instru	ctions.		TEEA0113L	12/29/09	Form 99 0	(2009)

	n ' 990 (2			CTION													<u> 20-3</u>	3386	91		Pa	ge 2
Pā		Sta	tement	of Prog	ram S	<u>Servic</u>	e Acc	omj	olishi	ment	S											
1	Briefly	descr	ibe the org	ganızatıon	's miss	sion																
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2	Did the	e orgai	nızatıon ur	ndertake a	any sig	nıfıcant	progra	am se	ervices	durin	g the y	ear w	hich w	ere no	ot listed	d on the	prior			_		
	Form 9	990 or	990-EZ?															L	Ye	5 X] r	Vo
			cribe these															_	,	_		
3			nization ce					nificar	nt char	nges in	n how	it cond	lucts, a	any pr	ogram	services	57		Ye	s X	j 1	Vo
			ribe these																			
4	Descri	be the	exempt p l) organiza	urpose ac	hieven	nents fo	or each	of th	ne orga	anızatı	on's th	ree la	rgest p	orogra	m serv	ices by	expen	ses S	ection	501(c)(3))
	expens	or (c)(4 ses. ar	nd revenue	e, if any, f	for eac	h progr	am ser	rvice	reporte	ed ed	ı to re	portui	e anno	Julii Oi	grants	anu an	ocalio	115 10	JU 161 3	, uie i	Ulai	
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46	Total p	rogra	m service	expenses	5 ▶		1,3	<u> 559,</u>	218.					-								

	m 990 (2009) TAKEACTION MINNESOTA rt IV . Checklist of Required Schedules	20-3338691	<u>_</u> F	Page
<u> </u>	The state of the dame of the dame of the state of the sta		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes, Schedule A	complete 1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition for public office? If 'Yes,' complete Schedule C, Part I	to candidates 3	X	
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III) notice and 5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Part I	re the right to Schedule D,		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	ce, the 7	ļ	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Y complete Schedule D, Part III	'es,'		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part Part IV or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' comp. Schedule D, Part IV	art X, lete		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-eyes, complete Schedule D, Part V	endowments? //		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII X as applicable	, IX, or 11	х	
•	 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' comp D, Part VI 	lete Schedule		
,	 Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or m assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 	ore of its total		
•	 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or massets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 	ore of its total		
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total ass Part X, line 16? If 'Yes,' complete Schedule D, Part IX. Pod the organization report an amount for other health as a Part X, line 253 /f IXes / complete Schedule D. 			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D			
,	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X 	addresses	<u> </u>	
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' co Schedule D, Parts XI, XII, and XIII	12		х
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes No		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	1	Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundr business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part l	aising,		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	organization 15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistantividuals located outside the United States? If 'Yes,' complete Schedule F, Part III	ance to 16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	on Part IX,		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	n Part VIII,	х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Pai	rt IV . Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
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		Х
24 8	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
Ł	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule Q	38	х	

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Form 990 (2009)

Pa	art V . Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1	1à Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable	4		
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	-	•
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x -	
2	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 13	32		
2	Rb If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	Ì
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3Ь		
4	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		Х
	b If 'Yes,' enter the name of the foreign country			ļ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	х	
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were redeductible?	not 6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	es 7a		
	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?	7с		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	_	l i	
	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
6	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		
	Section 501(c)(7) organizations. Enter	-		
	a 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]	4		
	Section 501(c)(12) organizations. Enter			ľ
	a Gross income from other members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b	-		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	L
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form 990 (2009)

Page 6 Part VI. Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Scriedule C. See instructions.			
Sect	tion A. Governing Body and Management		Ye	s No
1 2	Enter the number of voting members of the governing body	14	16	3 110
	Enter the number of voting members that are independent 1b	11		
	Did any officer, director, trustee, or key employee have a family relationship or a business relation	iship with any other		
	officer, director, trustee or key employee?	2	<u> </u>	+
3	Did the organization delegate control over management duties customarily performed by or under of officers, directors or trustees, or key employees to a management company or other person?	the direct supervision		X
4	Did the organization make any significant changes to its organizational documents	4	4	<u> </u>
	since the prior Form 990 was filed?			
	Did the organization become aware during the year of a material diversion of the organization's as	1		<u> </u>
_	Does the organization have members or stockholders? SEE SCHEDULE O	6	X	+
9	Does the organization have members, stockholders, or other persons who may elect one or more governing body? SEE SCHEDULE O		a X	
b.	Are any decisions of the governing body subject to approval by members, stockholders, or other p	ersons?	b	X
	Did the organization contemporaneously document the meetings held or written actions undertake the following	n during the year by		
	The governing body?	8	a X	
b	Each committee with authority to act on behalf of the governing body?	8	b X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	be reached at the	,	x
	ion B. Policies (This Section B requests information about policies not requi			
	nue Code)			
			Yes	
10 a l	Does the organization have local chapters, branches, or affiliates?	10	a	X
b i	If 'Yes,' does the organization have written policies and procedures governing the activities of sucl and branches to ensure their operations are consistent with those of the organization?	h chapters, affiliates,	ь	
	Has the organization provided a copy of this Form 990 to all members of its governing body before	e filing the form?	X	
11 A I	Describe in Schedule O the process, if any, used by the organization to review this Form 990 S	EE SCHEDULE O		
12 a l	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12	a X	
b i	Are officers, directors or trustees, and key employees required to disclose annually interests that of conflicts?	could give rise	ЬΧ	
c l	Does the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this is done SEE SCHEDULE O	If 'Yes,' describe in	c X	
	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and appropriately comparability data, and contemporaneous substantiation of the deliberation and decision	oval by independent		
	The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15	a X	
	Other officers of key employees of the organization	15		X
1	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrar entity during the year?	ngement with a taxable	a	X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to ever in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the constatus with respect to such arrangements?	valuate its participation organization's exempt	ь	
	ion C. Disclosures			
17	List the states with which a copy of this Form 990 is required to be filed - MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99 inspection. Indicate how you make these available. Check all that apply	0-T (501(c)(3)s only) availa	ble fo	r public
	Own website Another's website X Upon request			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents statements available to the public SEE SCHEDULE O			nancial
	State the name, physical address, and telephone number of the person who possesses the books <u>DAN MCGRATH 1821 UNIVERSITY AVENUE W, S-137 ST. PAUL MN 5510</u>		ation 	

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 organizations's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 the organization did n	ot comper	isate a	any o	curre	ent	officer	, dır	ector, or trustee		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours		ition (k all t	that app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	arrount or other compensation from the organization and related organizations
MONICA BRYAND										
DIRECTOR	2	X						0.	0.	0.
MARTHA SKOLD										
DIRECTOR	2	X						0.	0.	0.
GARY FULLER										
DIRECTOR	2	Х						0.	0.	0.
ANNE HUNT										
DIRECTOR	2	Х						0.	0.	0.
MONICA MEYER									_	
CHAIRMAN	2	Х		X				0.	0.	0.
MARY CATHRYN RICKER										·
DIRECTOR	2	Х						0.	0.	0.
VIC ROSENTHAL										
DIRECTOR	2	Х						0.	0.	0.
SARA RUMMEL										
DIRECTOR	2	X						0.	0.	0.
MARK SCHULTZ										
DIRECTOR	2	X			L			0.	0.	0.
HASHI SHAFI										
DIRECTOR	2	Х						0.	0.	0.
TIM STANLEY										
TREASURER	2	_X_		X				0.	0.	0.
MAI THOR										
DIRECTOR	2	X						0.	0.	<u> </u>
JIGME_UGEN										
DIRECTOR	2	Х						0.	0.	0.
DOUG WILLIAMS										
DIRECTOR	2	Х						0.	0.	0.
DAN MCGRATH										
EXECUTIVE DIREC	40			Х				81,155.	0.	<u> </u>
								<u> </u>		

Part VII. Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	уе	es,	an	d Highest Con	pensated Emp	oloyees (cont.)
(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours per week					_		Reportable compensation from	Reportable compensation from	Estimated amount of other compensation
	hours per week	direc	Institutional trustee	Officer	Key em	Highest compensatemployee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization
		tor tru	onal		employee	com				and related organizations
		stee	truste		ă	pensa				İ
			e			ited				
						_	\vdash			
							\vdash			
										
								-		
1 b Total	LI	Ĺ	1					81,155.	0.	0.
2 Total number of individuals (including but not limited	to thos	se lis	sted	abo	ve)	wh				
from the organization 0									<u> </u>	
3 Did the organization list any former officer, director	or truct	aa l		omo	امدا	20. (or hi	ahest component	nd amployee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdua	l								3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	oortable nan \$15	0,00	nper 0? <i>l</i>	nsat If 'Yo	ion es' d	and com	oth plet	er compensation t e Schedule J for s	rom cuch	4 X
5 Did any person listed on line 1a receive or accrue or	ompens	atıor	n fro	m a	ny i	unre	elate	d organization for	services	
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors	iedule J	tor	suci	n pe	rsoi	1	_		<u>_</u>	5 X
Complete this table for your five highest compensate compensation from the organization	ed indep	end	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business address								(B) Description o	f Sanucas	(C) Compensation
ivanie and business address								Description 0	i del vices	Compensation
								· · · · · · · · · · · · · · · · · · ·		
					_					
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımıt	ed t	o th	ose	liste	ed a	bove) who receive	ed more than	5 6 3

Pa	rt VIII Statement of Revenue				
_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
rs S	1a Federated campaigns 1a				-
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	b Membership dues. 1b	_			
S, G	c Fundraising events 1c				
S. F.	d Related organizations		1		1
SNS,	e Government grants (contributions)	⊣			
ER S	f All other contributions, gifts, grants, and similar amounts not included above 1f 447,14	7			1
TREE C	g Noncash contributed in line 1a-1f.		1		
S S	h Total. Add lines 1a-1f	447,147.	j j		
- H	Business Code				
VEN	2a PROGRAM SERVICE FEES	889,656.	889,656.		
ERE	b CONTRACT SERVICE FEES	121,373.	121,373.		
Ž	c		<u> </u>		
I SEF	d				
RAN	6 All all and a second a second and a second a second and	<u></u>			
200	f All other program service revenue	► 1,011,029.			<u> </u>
	3 Investment income (including dividends, interest and				
	other similar amounts)	▶ 961.			961.
	4 Income from investment of tax-exempt bond proceeds	•			
	5 Royalties	•			
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses. c Rental income or (loss)				
	d Net rental income or (loss)	→			1
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less cost or other basis		1		
	and sales expenses				
	c Gain or (loss)	_	1		
	d Net gain or (loss)	•			
Щ	8a Gross income from fundraising events				1
VEN	of contributions reported on line 1c)		}		
~ RE	See Part IV, line 18 a 111,041	1.			
OTHER REVENU	b Less direct expenses b 60,864				
ò	c Net income or (loss) from fundraising events	▶ 50,177.			50,177.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	•			
	10 a Gross sales of inventory, less returns and allowances				,
	b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory	>	-		- '
	Miscellaneous Revenue Business Code				
	11a OTHER REVENUE	511.	511.		
	b				
	¢				
	d All other revenue	▶ 511	 		
,	e Total. Add lines 11a-11d	711.	1,011,540.	0	. 51,138.
	12 Total revenue. See instructions	- I,JUJ,043.	1 1,011,040.	U	. 01,100.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must com	iplete column (A) but are	e not required to com	plete columns (B), (C), and (D),
rai oution organizations intest con	()		p. c. c c c c c c c c c c c c c c c c c

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			·	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				·
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	81,155.	73,009.	5,018.	3,128.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	942,538.	848,522.	57,492.	36,524.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits	140,352.	125,266.	10,022.	5,064.
10	Payroll taxes	91,623.	82,661.	5,472.	3,490.
11	Fees for services (non-employees)				
ā	Management				
t	Legal				
(: Accounting				
C	Lobbying				
e	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	Other	76,175.	31,869.	44,053.	253.
12	Advertising and promotion				
13	Office expenses	11,991.	10,717.	908.	366.
14	Information technology				
15	Royalties.				
16	Occupancy	61,582.	<u>54,939.</u>	4,416.	2,227.
17	Travel	26,767.	25,434.	1,017.	316.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,090.	8,980.	706.	404.
23	Insurance	19,282.	17,707.	1,069.	506.
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	BAD DEBT EXPENSE	32,685.		32,685.	
	TELEPHONE AND COMMUNICATION	32,286.	29,728.	1,747.	811.
	TRAINING AND CONFERENCES	18,951.	18,366.	21.	564.
	PRINTING AND PUBLICATIONS	17,365.	16,974.	31.	360.
	MISCELLANEOUS	16,991.	1,135.	15,856.	
	All other expenses	<u>17,185.</u>	14,211.	1,566.	1,408.
	Total functional expenses. Add lines 1 through 24f	1,597,018.	1,359,518.	182,079.	55,421.
26	Joint costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

	_			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			296,725.	1	89,431
2	Savings and temporary cash investments				2	151,185
3	Pledges and grants receivable, net		[3	
4	Accounts receivable, net			203,375.	4	240,920
5	Receivables from current and former officers, director and highest compensated employees. Complete Part	rs, trus II of S	stees, key employees, schedule L		5	
6	Receivables from other disqualified persons (as defin	ed und	der section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B) Com	plete F	Part II of Schedule L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use.		[8	
9	Prepaid expenses and deferred charges			26,248.	9	21,251
10	a Land, buildings, and equipment, cost or other basis	10 a	56,138.			
	Complete Part VI of Schedule D					
	b Less accumulated depreciation	10Ь	38,803.	24,105.	10 c	17,335
11	Investments - publicly-traded securities				11	
12	Investments – other securities See Part IV, line 11				12	
13	Investments - program-related See Part IV, line 11				13	
14	Intangible assets				14	
15	Other assets See Part IV, line 11			5,772.	15	5,772
16	Total assets Add lines 1 through 15 (must equal line	34)		556,225.	16	525,894
17	Accounts payable and accrued expenses			38, 114.	17	59,930
18	Grants payable		[_	18	
19	Deferred revenue			42,392.	19	77,438
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part I	V of S	chedule D		21	
22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	stees, sons	key employees, Complete Part II			
	of Schedule L				22	
23	Secured mortgages and notes payable to unrelated th	nrd pa	rties		23	
24	Unsecured notes and loans payable to unrelated third	partie	es.		24	
25	Other liabilities Complete Part X of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			80,506.	26	137,368
	Organizations that follow SFAS 117, check here ►	X ar	nd complete lines			
I .	27 through 29 and lines 33 and 34.		j _			
27 28	Unrestricted net assets.			475 <u>,</u> 719.	27	305,656
28	Temporarily restricted net assets				28	82,870
29	Permanently restricted net assets		[29	· -
	Organizations that do not follow SFAS 117, check he	re 🟲	and complete			
30	lines 30 through 34.					
30	Capital stock or trust principal, or current funds			·	30	
31	Paid-in or capital surplus, or land, building, and equip	ment	fund		31	
32	Retained earnings, endowment, accumulated income,	or oth	ner funds.		32	
33	Total net assets or fund balances			475,719.	33	388,526
34	Total liabilities and net assets/fund balances			556,225.	34	525,894

BAA

Form 990 (2009)

Part XI - Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2 b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
Separate basis X Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

BAA

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

If the organization answered "	Yes,' to	Form 990.	Part IV	. line 5 (Prox	/ Tax), then
--------------------------------	----------	-----------	---------	------------	------	-------	---------

• ;	<u>Section 501(c)(4), (5), or (6) (</u>	organizations Complete Part III			
Name	of organization			Employer identific	ation number
TA	KEACTION MINNESOTA			20-3338 <u>69</u>	1
Pa	rt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.
1	Provide a description of the	organization's direct and indirect political	campaign activities in	Part IV SEE PART	IV
2	Political expenditures			► \$	2,750.
3	Volunteer hours				800
Pa	rt I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955	▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	► \$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
43	Was a correction made?				Yes No
ŧ	If 'Yes,' describe in Part IV				
Pai	t I-C Complete if the o	rganization is exempt under secti	on 501(c), excep	t section 501(c)(3).	·
1		spended by the filing organization for section			
2	Enter the amount of the filin function activities	ng organization's funds contributed to other	organizations for sec	ction 527 exempt	
3	Total of exempt function expline 17b	penditures Add lines 1 and 2 Enter here a	and on Form 1120-PO	L, ▶ \$	
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes X No
5	made For each organization contributions received that w	s and employer identification number (EIN) n listed, enter the amount paid from the fili vere promptly and directly delivered to a se ee (PAC). If additional space is needed, pr	ng organization's fun eparate political organ	ds Also enter the amounization, such as a sepa	ant of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political
	,,			organization's funds If none, enter-0-	contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	·				

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

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if t section 501(n is exempt under se	ction 501(c)(3) a	nd filed Form 5768 (e	ection under
A Check ► If the filin	g organization bel	ongs to an affiliated group			
B Check ► If the filin	g organization che	ecked box A and 'limited co	ntrol' provisions app	oly.	
(The term '	Limits on Lobbyi expenditures' me	ng Expenditures — ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	res to influence pi	ublic opinion (grass roots lo	bbying)		
b Total lobbying expenditu	res to influence a	legislative body (direct lobb	oying)		
c Total lobbying expenditu	res (add lines 1a	and 1b)			
d Other exempt purpose e	xpenditures				
e Total exempt purpose ex	kpenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable am both columns	ount Enter the an	nount from the following tal	ble ın		
If the amount on line 1e, colu	mn (a) or (b) is	The lobbying nontaxable a	mount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,0	000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$1	,500,000				
Over \$1,500,000 but not over \$1	7,000,000	over \$1,500,000			
Over \$17,000,000					
g Grassroots nontaxable a	· · · · · · · · · · · · · · · · · · ·	•			
h Subtract line 1g from line		· ·			
i Subtract line 1f from line	to If zero or less	s, enter -0-			
j If there is an amount oth section 4911 tax for this	ner than zero on ei year?	ther line 1h or line 1i, did th	he organization file l	Form 4720 reporting	Yes No
(Some	organizations that column	4-Year Averaging Period U at made a section 501(h) ele ns below. See the instruction	ection do not have f	to complete all of the five	
	Lobi	ying Expenditures During	4-Year Averaging P	Period	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e)).					
f Grassroots lobbying expenditures			1		
BAA				Schedule C (Forn	n 990 or 990-EZ) 2009

(election under section 501(h)). 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?	Yes	No		(b)	nt
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?	Yes	No		Amou	ınt
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements?		٠.			
c Media advertisements?			l		
IAA I I III Janaalataa ay Haa ay kaba 9			_		
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?	<u> </u>				
f Grants to other organizations for lobbying purposes?	L				
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV					
j Total Add lines 1c through 1i		-			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912	<u> </u>				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			_		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u></u>	- F01	· \((C)
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ectio	n 501	(c)(6).
			-		
					es No
1 Were substantially all (90% or more) dues received nondeductible by members?			-	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			-	2	-
3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	(cVE)	- Or 6	octio		(c)(6)
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3	is a	nswe	ered 'Y	es.'	(0)
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b	_		
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit expenditure next year?	is ical	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5		_	
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; ar Also, complete this part for any additional information	nd Pari	t II-B, 	line 1:		-
PART 1-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES				_ _	
TAKEACTION MINNESOTA BRINGS TOGETHER MEMBERS TO SCREEN AND ENDORS	E CA	NDI	DATES	.	
_ ^ - **********************************	4 # :	= '	-2-2-2~		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions

OMB No 1545-0047_ 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TA	KEACTION MINNESOTA					
					20-3338691	
Pa	rt I Organizations Maintaining Dono the organization answered 'Yes'	o r Advised Funds or Oth to Form 990, Part IV, In	ner Similar Fu ne 6.	nds or Acco	unts Complete	e if
		(a) Donor advised	funds	(b) Fu	unds and other acc	counts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and do funds are the organization's property, subject			donor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or do	ting that grant ful onor advisor or fo	nds may be or any other	∏Yes	∏No
Pai	rt II Conservation Easements Compl		nswered 'Yes'	to Form 99	0. Part IV. line	7.
	Purpose(s) of conservation easements held b			10 1 01111 95	<u> </u>	<u>-i-</u>
•	Preservation of land for public use (e.g.,	•		of an historica	lly important land	area
	Protection of natural habitat	recreation or productor	_	of certified his	-	u. 0u
	Preservation of open space			01 001111100 1110	10110 011 001010	
2		ion held a qualified conservat	ion contribution i	n the form of a	conservation eas	ement on the
_	last day of the tax year					
		-			Held at the End o	f the Year
a	Total number of conservation easements.			2a		
t	Total acreage restricted by conservation ease	ments		2 b		
c	Number of conservation easements on a certi	ified historic structure include	d ın (a)	2c		
c	Number of conservation easements included	in (c) acquired after 8/17/06		2 d		
3	Number of conservation easements modified,	transferred, released, exting	uished, or termin	ated by the org	anization during t	he tax
4	Number of states where property subject to co	onservation easement is loca	ted ►			
5	Does the organization have a written policy re			— andling of viola	tions	
6	and enforcement of the conservation easeme Staff and volunteer hours devoted to monitori	nt it holds?	-	-	Yes	No
7	during the year ► Amount of expenses incurred in monitoring, if during the year ►	nspecting, and enforcing cons	servation easeme	ents		
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the i	equirements of s	ection	Yes	— ☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its to the organization's financia	revenue and expe I statements that	ense statement, describes the d	and balance sheet, organization's acc	and ounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica wered 'Yes' to Form 990	I Treasures, o D, Part IV, line	r Other Sime 8.	ilar Assets	
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	ilic exhibition, education, or re	esearch in further	nent and balan ance of public	ce sheet works of service, provide, i	art, historica n Part XIV,
b	 If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items 					
	(i) Revenues included in Form 990, Part VIII,	, line 1			► \$	
	(ii) Assets included in Form 990, Part X				⊳ \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or oth 116 relating to these items	ier similar assets	for financial ga	in, provide the fol	llowing
а	Revenues included in Form 990, Part VIII, line	e 1			- \$	
ь	Assets included in Form 990 Part X				► \$	

Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	<u>orica</u>	l Treasures, or	Other S	<u>Similar Ass</u>	ets_(c	<u>ontınu</u>	ied)
 Using the organization's acquisit items (check all that apply) 	ion accession	and oth	ner records, che	ck an	y of the following t	hat are a	significant us	e of its	collecti	on
a Public exhibition			d Loan	or exc	change programs					
b Scholarly research			e U Other							
c Preservation for future generations										
Part XIV.										
5 During the year, did the organiza assets to be sold to raise funds in	tion solicit or ather than to	receive be mai	donations of aintained as part	rt, hist of the	orical treasures, o organization's col	r other sir lection?	nılar	Yes	Γ	No
Part IV Escrow and Custodia							to Form 99	90, Pa	rt IV,	line
9, or reported an amo	unt on Forn	n 990,	, Part X, lıne	21.			·-··			
1a is the organization an agent, trus included on Form 990, Part X?						er assets	not [Yes	[No
b If 'Yes,' explain the arrangement	in Part XIV a	nd com	plete the follow	ing ta	ble					
								<u>Amoun</u>	<u>t </u>	
c Beginning balance						1c				
d Additions during the year								_		
e Distributions during the year										
f Ending balance						1f				
2a Did the organization include an a		m 990,	Part X, line 213	7			l	Yes	L	No
b If 'Yes,' explain the arrangement				1 184	(14- F 00	0 0 - 4	V l 10			
Part V Endowment Funds Co								1		
	(a) Current	year	(b) Prior yea	r	(c) Two years back	(a)	hree years back	(e)	Four years	s Dack
1 a Beginning of year balance										
b Contributions							·			
c Net Investment earnings, gains, and losses										
d Grants or scholarships								1		
 Other expenditures for facilities and programs 	<u>-</u>				·			ļ		
f Administrative expenses										
g End of year balance								<u> </u>		
2 Provide the estimated percentag	e of the year e	end bal	ance held as [.]							
a Board designated or quasi-endow	vment ►		 %							
b Permanent endowment ▶	8									
c Term endowment ►	 %									
3a Are there endowment funds not organization by	in the possess	ion of 1	the organization	that a	are held and admi	nistered fo	or the	[Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations.								3a(ii)		
b If 'Yes' to 3a(ii), are the related of	organizations I	isted a	s required on S	chedu	le R ⁷			3b		
4 Describe in Part XIV the intender	d uses of the o	organiz	ation's endowm	ent fu	nds					
Part VI Investments-Land, B	uildings, ar	nd Eq	uipment. Se	e For	m 990, Part X,	line 10.				-
Description of investment (a) Cost or other basis (b) (investment)					Cost or other pasis (other)		umulated eciation	(d) E	Book Va	alue
1 a Land	Ļ									
b Buildings .	Ļ									
c Leasehold improvements	Ļ									
d Equipment	Ĺ				51,907.	_	34,572.		<u> </u>	<u>, 335 .</u>
e Other					4,231.		4,231.			0.
Total. Add lines 1a through 1e (Colum	n (d) must eq	ual For	m 990, Part X, c	colum	n (B), line 10(c))		<u> </u>		17,	, 335.

Federal Income Taxes

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

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

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	edule D (Form 990) 2009 TAKEACTION MINNESOTA	20-3338	3691	Page 4
Păr	t XI . Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII,column (A), line 12)		1,50	9,825.
2`	Total expenses (Form 990, Part IX, column (A), line 25)	Γ	1,59	7,018.
3	Excess or (deficit) for the year Subtract line 2 from line 1	Γ	-8	7,193.
4	Net unrealized gains (losses) on investments	[
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-8	<u>7,193.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return		
1	Total revenue, gains, and other support per audited financial statements	1	1,50	<u>9,825.</u>
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
	Net unrealized gains on investments 2a	_		
	Donated services and use of facilities 2b			
	Recoveries of prior year grants 2c			
	Other (Describe in Part XIV).			
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3	1,50	9,825.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)	→ .		
	Add lines 4a and 4b	4c	1 50	0.005
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 Detur		9,825.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p			7,018.
	Total expenses and losses per audited financial statements	1	1,39	7,016.
	Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a			
	Prior year adjustments 2b	-		
	Other losses 2c	\dashv \sqcup		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3	1.59	7,018.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)	7		
	Add lines 4a and 4b	4c		
5_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	1,59	7,018.
Par	t XIV Supplemental Information			
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this nation	IV, lines 1 part to pro	b and 2b, Povide any ad	art V, dditional
	·		. 	
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		. .	_	
		- -		
		 -		

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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 Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization					_	Employer identification	ation number	
TAKEACTION MINNESOTA						20-333869	1	
Part I Fundraising Activities. Comp	plete if the organized to complete	nization ai	nswered 'Y	es' to Form 990, Part I	V, line	7		
1 Indicate whether the organization				owing activities Check	all that	apply		
X Mail solicitations				X Solicitation of non-				
X Internet and email solicitation	c			Solicitation of gove				
X Phone solicitations	3			X Special fundraising		grants		
				A special fundraising	events			
X In-person solicitations 2a Did the organization have written employees listed in Form 990, Pa	or oral agreeme	ent with an	ny individu	al (including officers, di	rectors,	trustees or key	Yes	X No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndividuals or en		•	-				<u></u>
	T J				(v) An	nount paid to		
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	or r	etained by) aiser listed in col (i)	(vi) Amount pa (or retained organization	by)
							- Organizatio	
		Yes	No					
	ļ							
		 	. —		<u> </u>			
			_		_			
	}							
Total			>					0.
3 List all states in which the organiz	ation is register	ed or licer	nsed to so	licit funds or has been	notified	it is exempt fro	m registration	
or licensing								
			_	. 	-	_	- -	
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Page 2

Pal	rt II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a form 990-EZ, line 6	inswered 'Yes' to Fo Sa. List events with	orm 990, Part IV, I gross receipts gre	ine 18, o ater than	r \$5.0	00.
RE			(a) Event #1 ANNUAL DINNER (event type)	(b) Event #2	(c) Other Events	(d) To	al Eve	nts
REVENUE	1	Gross receipts	111,041.				111,	041.
Ĕ	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)	111,041.				111,	041.
	4	Cash prizes						
	5	Noncash prizes						
D R E C T	6	Rent/facility costs						
	7	Food and beverages						
X	8	Entertainment	<u> </u>					
EXPERSES	9	Other direct expenses	60,864.				60,	864.
,	10 11	Net income summary Combine lines 3, o	-		•			864. 177.
Par	t III	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	rt IV, line 19, or re	ported m	ore th	nan
RESESDE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col co	al gam (a) thr I (c))	ing ough
Ē	1	Gross revenue.						
D X	2	Cash prizes						
DIRECT	3	Non-cash prizes			-			
3	4	Rent/facility costs			· 			
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•			
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	<u> </u>		YES	NO
		er the state(s) in which the organization of ne organization licensed to operate gaming						NO
		lo,' explain.	,					
	 							,
		e any of the organization's gaming license es,' explain	s revoked, suspended	or terminated during the	e tax year?	10:		
11	 Doe	s the organization operate gaming activities	es with nonmembers?			 <u>11</u>		
	ls th	ne organization a grantor, beneficiary or truinister charitable gaming?		ember of a partnership o	or other entity formed to	12		

Schedule G (Form 990 or 990-EZ) 2009 TAKEACTION MINNESOTA	20-3338693	1	Page 3
•		Y	S NO
13 Indicate the percentage of gaming activity operated in			,
a The organization's facility	8	- 1	
b An outside facility 13b	8		. 1
14 Enter the name and address of the person who prepares the organization's gaming/special events bo	oks and records		. '
		1	•
Name •			
		1	- 1
Address •			
15a Does the organization have a contact with a third party from whom the organization receives gaming	revenue?	15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$a			
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party		1	1
en rest, enter name and address of the time party	ļ		
Name •			
Tullo			
Address •			
16 Gaming manager information]
- Carming manager marmation			- 1
Name •			1
			1
Gaming manager compensation ► \$			
Description of services provided		İ	- 1
Director/officer Employee Independent contractor		- 1	
17 Mandatory distributions			
	la ta rataur 15-	ł	'
a Is the organization required under state law to make charitable distributions from the gaming proceed state gaming license?	s to retain the	17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizat	ions or spent in the		<u> </u>
organization's own exempt activities during the tax year > \$,	ł	
	hedule G (Form 990	or 990-	EZ) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

2009 ellingomed Length

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

or 990-EZ.

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization							Employer i			mber		
TAKEACTION MINNESOTA							<u> 20-33</u>					
Excess Benefit Transaction Complete if the organization ans	ons (sect wered 'Yes'	ion 501 on Form	(c)(3) a 1 990, Pai	and section rt IV, line 25a	501(c)(or 25b, or	(4) organı Form 990-E	zations Z, Part \	s only /, line	/). 40b.			
1 (a) Name of disqualified perso	n				(h) Descripti	on of transaction	NO.				(c) Cor	rrected?
1 (a) Name of disqualified perso		-			(b) Description	on or transactio			and .		Yes	No
									•			
							_					
2 Enter the amount of tax imposed on the section 4958	-					iring the ye	ar under	• \$				<u>. </u>
3 Enter the amount of tax, if any, on line	2, above,	reimburs	ed by the	e organizatior	1			▶ \$				
Complete if the organization ans				t IV, line 26 o	r Form 990	O-EZ, Part V	, line 38	a.				
(a) Name of interested person and purpose	(b) Loan the orga	to or from inization?	(c princ	principal amount by		by bo	oroved ard or ottee?	(g) W agree	Vritten ment?			
	То	From				Yes No		No	Yes	No	Yes	No
												
Total	•			► \$			P. Sarping		70			
Part III Grants or Assistance Ben Complete if the organization	efitting I	nterest ered 'Ye	ed Perses' on F	sons. form 990, F	Part IV,	ine 27.						
(a) Name of interested person	(b) Relations	ship between the orga	n interested persor nization	and		(c) Amour	nt and ty	pe of as	sistanci	9	
			-									
										_		
												-
Business Transactions In Complete if the organization	volving l	nteres tered'Ye	t ed Per s' on Fo	sons. orm 990, Pa	art IV, lı	ne 28a, 2	28b, or	28c.		-		
(a) Name of interested person	(b) Re intere	elationship l sted person organizatio	and the	(c) Amou transacti	int of on \$	(d) [Description	of transa	action		organiz	aring of zation's nues?
DEDNIE HEGGE	ON DA	C POARC	`		2 000	PAYMENT	EOD IIC	r or	CTAF		Yes	No X
BERNIE HESSE	ON PA	C BOARD	,		2,000.	CATHENI	FOR US	UF	OIME	·		
												_
BAA For Privacy Act and Paperwork Reduc	tion Act No	otice. se	e the Ins	tructions for I	Form 990	S	chedule	L (For	m 990	or 99	30-EZ	2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Name of the organization

2009

OMB No 1545-0047

Employer identification number 20-3338691

 Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. * See separate instructions. TAKEACTION MINNESOTA

限部制图 Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Rand Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during	ons (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had ring the tax year.)	ganization answere	d 'Yes' to Form 990), Part IV, line 34 b	ecause it had
(A) Name, address, and EIN of related organization		(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(f) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
TAKEACTION MN - EDUCATION FUND 1821 UNIVERSITY AVENUE W STE S-137	POLICY RESEARCH				
04	& DEVELOPMENT, PUBLIC EDUCATION	WN	501 (C) (3)	PUBLIC	TAKEACTION MN
TAKEACTION MN - POL. ACTION COMMITTEE					
ST_PAUL, MN 55104 01-0712584	POLITICAL ACTION COMMITTEE	MN	527		TAKEACTION MN
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instri	nstructions for Form 990.	TEF	TEEA5001L 02/05/10	Schedu	Schedule R (Form 990) (2009)

Page 2

20-3338691

Schedule R (Form 990) 2009 TAKEACTION MINNESOTA

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

	(J) General or	partner?	Yes No						_		-	_			
	وع	r lue		_	_										
	Code V-UBI	Sched	(Form 1065)												
	ပိုင် 	20 20 20	<u>ر</u>												
	(H) Dispropor-	ations?	8												_
	- Isid	alloc	Yes												
	Share of total income Share of end-of-year	,													
	6 of end														
	Share														
	псоте														
2	f total														
	Share o														
5			14)												
	(E) ominar orelati	d, excli	s 512-5					!							
	(E) Predominant	unrelate from	section												
	zit Vite									-					
	Direct Oling)))													
	Contr										_				
	(C) (D) Legal Direct	(state or foreign	country)												
	vity				-										
	(B) Primary Activity														
	Prime														,
	(A) Name, address, and EIN of related organization				 	! !	 		! !	! ! !	 		 	1	1
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	(A)	n ; ;		1		! ! !	 		! [!	 -	! ! !		 	 	1
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	2					1	 			} 	1		<u> </u>	l I	l l

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answer.) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)		rporation or Tru treated as a co	ust (Complete	if the organiz	ration answered 'Ye tax year.)	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, tions treated as a corporation or trust during the tax year.)	, ≥ ±
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign of	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	Legal domicile Direct Type of entity (C corp, S corp, country) (C) (G) (F) (G) (G) (G) (G) (C corp, S corp, country)	(H) Percentage ownership
			,				
		-					
ВАА		TEEA5002L 02/05/10	05/10			 Schedule R (Form 990) (2009)	990) (2009)

20-3338691

	<u></u>
	or 36.)
	34, 35, or 36.)
	34,
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	Part
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Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	S No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	×
b Gift, grant, or capital contribution to other organization(s)		1 b	×
c Gift grant or capital contribution from other organization(s)		٦٢	×
d loans or loan quarantees to or for other organization(s)	-	7 7	; >
ב בסמונס כו וסמון פתמומונכבס נס סו וסו סמונס ולממונים (פונס מונס מונס מונס מונס מונס מונס מונס מ		2	4
e Loans or loan guarantees by other organization(s)		Je	×
f Sale of assets to other organization(s)		11	×
g Purchase of assets from other organization(s)		19	×
h Exchange of assets		٦ ۲	×
i Lease of facilities, equipment, or other assets to other organization(s)		;=	×
j Lease of facilities, equipment, or other assets from other organization(s)		-	×
k Performance of services or membership or fundraising solicitations for other organization(s)		- 4	×
l Performance of services or membership or fundraising solicitations by other organization(s)		=	×
m Sharing of facilities, equipment, mailing lists, or other assets	-	E	×
n Sharing of paid employees		1 n	
o Reimbursement paid to other organization for expenses		10	×
p Reimbursement paid by other organization for expenses		1p X	
q Other transfer of cash or property to other organization(s)		19	×
- I	-	1.	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction thresho	splos	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	lved
(1) TAKEACTION MN - EDUCATION FUND	N	88	.060,688
CO TAKEACTION MN - EDICATION FIIND	Ω	ă	86 282
	4		0,505.
(3)			
(4)			
(9)			
(9)			
BAA TEEA5003L 02/05/10	Schedule	Schedule R (Form 990) (2009)	(2009)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

icycliacy that was not a letated organization. See mistractions legal	י יטו ווטופטוטאט פיווטו		utelolipo.				
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Dispropor- tionate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?
			Yes No		Yes No		Yes No
	- 1				·		
	, -						
							-
	_	;					
ВАА		TEEA5004L 02/05/10		:		Schedule R (Form 990) (2009)	п 990) (2009)

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TAKEACTION MINNESOTA

orm 990)		2009					
partment of the Treasury	Complete to provide information for responses to specific questions or Form 990 or to provide any additional information. Attach to Form 990.	Open to Public					
me of the organization		mployer identification number					
AKEACTION MIN	NESOTA 2	0-3338691					
FORM 990, PA	RT III, LINE 1 - ORGANIZATION MISSION						
TAKEACTION	MINNESOTA ENVISIONS A MINNESOTA DEDICATED TO THE PRIN	CIPLES OF STRONG					
COMMUNITIES	, DEMOCRACY AND EQUAL OPPORTUNITY FOR ALL. TO THAT EN	D, THE					
ORGANIZATIO	N'S MISSION IS TO UNITE THE POWER OF DIVERSE INDIVIDU	ALS, COMMUNITIES AND					
ORGANIZATIONS IN ACTIVE GRASSROOTS DEMOCRACY THAT BUILDS SOCIAL, RACIAL AND ECONOMIC							
JUSTICE. THE ORGANIZATION WORKS YEAR ROUND TO MAKE CHANGE THAT MATTERS TO							
MINNESOTANS BY ORGANIZING AT THE GRASSROOTS, BUILDING DYNAMIC AND EFFECTIVE							
COALITIONS, EDUCATING VOTERS, ENDORSING AND ELECTING PROGRESSIVE CANDIDATES,							
_IMPACTING_T	HE STATE AND LOCAL POLICY AND WINNING ISSUE CAMPAIGNS	·					
FORM 990, PA	RT III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS						
QUALITY, AF	FORDABLE HEALTH CARE FOR ALL: TAKEACTION MINNESOTA I	S WORKING TO ACHIEVE					
A BOLD VISI	ON OF QUALITY, AFFORDABLE HEALTH CARE FOR EVERYONE IN	MINNESOTA.					
TAKEACTION 1	MINNESOTA IS BUILDING A BROAD COALITION OF LEADERS FRO	OM_THE_FAITH,_LABOR,					
AND ADVOCAC	Y COMMUNITIES THROUGHOUT MINNESOTA BY DEMONSTRATING B	ROAD SUPPORT FOR A					
MORE ACCESS	IBLE AND AFFORDABLE HEALTH CARE SYSTEM THROUGH CONNEC	TING POLICY GOALS TO					
GRASSROOTS	ORGANIZING.						
STRENGTHENI	NG DEMOCRACY IN MINNESOTA: THE CORE PROGRESSIVE VALUE	E IS PROTECTING AND					
EXPANDING T	HE RIGHT TO VOTE. BY LEADING THE VOTING RIGHTS COALI	TION, TAKEACTION					
MINNESOTA W	ILL CONTINUE TO WORK TO PASS POLICY THAT MAKES IT EAS:	IER FOR MINNESOTANS					
TO PARTICIPA	ATE IN ELECTIONS. IN ADDITION, WE ARE WORKING TO STR	ENGTHEN OUR ELECTION					

EXPANDING THE RIGHT TO MINNESOTA WILL CONTINUE TO PARTICIPATE IN ELECT SYSTEM BY PROMOTING INCREASED PUBLIC FINANCING OF STATE ELECTIONS AND PROTECTING VOTERS BY MONITORING ELECTIONS.

BUILDING POLITICAL STRENGTH IN THE NATIVE COMMUNITY: NATIVE AMERICANS IN MINNESOTA

Name of the organization	Employer identification number
TAKEACTION MINNESOTA	20-3338691
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS E	LECT GOVERNING BODY
MEMBERS ELECT INDIVIDUALS TO THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE FORM 95	OO PRIOR TO SUBMITTAL.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND I	ENFORCEMENT OF CONFLICTS
BOARD OF DIRECTORS REVIEWS THE POLICY ANNUALLY AND ASK	KS MEMBERS TO DISCLOSE
CONFLICTS.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVA	L PROCESS FOR CEO, EXEC. DIR., OR TOP MO
THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR	R'S PERFORMANCE AND RECOMMENDS
COMPENSATION TO THE BOARD OF DIRECTORS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS P	UBLICLY AVAILABLE
INFORMATION AVAILABLE UPON REQUEST	
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Form 8868	(Rev 4-2009)		Page 2					
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	y Part II and check	this box ► X					
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previou	sly filed Form 8868					
• If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page	1).						
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only		(no copies needed).					
	Name of Exempt Organization	4.	Employer identification number					
T								
Type or print	TAKEACTION MINNESOTA	* * * * * * * * * * * * * * * * * * * *	20-3338691					
F	Number street, and room or suite number. If a P.O. box, see instructions		For IRS use only					
File by the extended	CARPENTER EVERT & ASSOCIATES							
due date for filing the	7760 FRANCE AVE. S. #940	-						
return See	City town or post office, state, and ZIP code For a foreign address, see instructions							
	BLOOMINGTON, MN 55435	-						
Check type	e of return to be filed (File a separate application for each return)	<u> </u>						
X Form 9		Form 1041-A	☐ Form 6069					
Form 9		Form 4720	Form 8870					
\vdash		H '						
Form 990-EZ Form 990-T (trust other than above) Form 5227 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868								
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. ◆ The books are in care of ★ ANNA GEHRES								
Telephone No 651-641-6199 FAX No								
• If the organization does not have an office or place of business in the United States, check this box								
	s for a Group Return, enter the organization's four digit Group Exemption Nun		If this is for the					
			th the names and EINs of all					
•	ne extension is for	and attach a not m	ar the rames and Enterer an					
	lest an additional 3-month extension of time until 11/15 , 20 1	0						
	alendar year , or other tax year beginning $1/01$, 20	. <u></u>	2/31 . 20 . 09					
	tax year is for less than 12 months, check reason Initial return	Final return	Change in accounting period					
	in detail why you need the extensionAUDIT_OF_ORGANIZATION							
AUD								
On If this	application is far Form 200 PL 200 PE 200 T 4720 or 6060 onter the tests	stave tow long pay						
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta fundable credits. See instructions	nive tax, less any	8a \$					
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable of	redits and estimated	d tax					
paym	ents made. Include any prior year overpayment allowed as a credit and any a		sly					
	orm 8868		8b\$					
c Balan	ce Due. Subtract line 8b from line 8a Include your payment with this form, or TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment)	r, if required, depos	ıt 8c\$					
AAILIII	Signature and Verification							
Under penalties			owledge and belief it is true.					
correct, and co	of perory, I declare that I have examined this form including accompanying schedules and statements implied and that I am juliforized to prepare this form.		12 21					
Signature -	- M/ Susurt Title - CPA		Date - 8/15/11					
	- Just Carried The Contract of the Contract of							
BAA /	FIFZ0502L 03/11/09		Form 8868 (Rev 4-2009)					