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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)

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

OMB No 1545-0047

2009**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning <u>4/1/2009</u> , and ending <u>3/31/2010</u>							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> Please use IRS label or print or type. See Specific Instructions. </td> <td style="width:55%;"> C Name of organization <u>Minnesota AFL-CIO</u> Doing Business As _____ Number and street (or P O box if mail is not delivered to street address) Room/suite <u>175 Aurora Avenue</u> City or town, state or country, and ZIP + 4 <u>St Paul MN 55103</u> </td> <td style="width:30%;"> D Employer identification number <u>41-0785271</u> E Telephone number <u>651-227-7647</u> G Gross receipts \$ <u>3,358,356</u> </td> </tr> <tr> <td colspan="3"> F Name and address of principal officer _____ </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>Minnesota AFL-CIO</u> Doing Business As _____ Number and street (or P O box if mail is not delivered to street address) Room/suite <u>175 Aurora Avenue</u> City or town, state or country, and ZIP + 4 <u>St Paul MN 55103</u>	D Employer identification number <u>41-0785271</u> E Telephone number <u>651-227-7647</u> G Gross receipts \$ <u>3,358,356</u>	F Name and address of principal officer _____		
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F Name and address of principal officer _____							
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
J Website: ▶ _____							
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____							
L Year of formation <u>1955 M State of legal domicile <u>MN</u> </u>							

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To secure legislation which enhances the rights, security and welfare of workers and organized labor and to oppose legislation inimical to these objectives.</u>																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	70																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	68																								
	5 Total number of employees (Part V, line 2a)	14																								
	6 Total number of volunteers (estimate if necessary)	25																								
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	0																								
	7b Net unrelated business taxable income from Form 990-T, line 34	0																								
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">484,878</td> <td style="text-align: right;">678,968</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">2,329,049</td> <td style="text-align: right;">2,619,518</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3-4 and 7d)</td> <td style="text-align: right;">34,815</td> <td style="text-align: right;">13,214</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">72,034</td> <td style="text-align: right;">46,656</td> </tr> <tr> <td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">2,920,776</td> <td style="text-align: right;">3,358,356</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	484,878	678,968	9 Program service revenue (Part VIII, line 2g)	2,329,049	2,619,518	10 Investment income (Part VIII, column (A), lines 3-4 and 7d)	34,815	13,214	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,034	46,656	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,920,776	3,358,356							
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer <u>[Signature]</u>	Date <u>10/8/10</u>		
	Steve Hunter, Secretary/Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature <u>[Signature]</u>	Date <u>8/12/2010</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) <u>P00484716</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Gary W. Paulson, CPA's</u> <u>61 First Avenue Ne, Little Falls, MN 56345</u>		EIN ▶ <u>41-1643869</u> Phone no. ▶ <u>(320) 632-3656</u>	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

(HTA)

Form **990** (2009)

G13 18

SCANNED SEP 20 2010

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

To secure legislation which enhances the rights, security and welfare of workers and organized labor and to oppose legislation inimical to these objectives.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 0 including grants of \$ 0) (Revenue \$ 0)

Communications:

Produced weekly "Just the Fax" for affiliates and members providing an update on issues of concern to unions and workers. Working with Area Labor Councils established a presence in local media through editorials, press conferences and media events. Established a greater internet presence through the redesign of web page, and use of social media.

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

Labor Pavilion at State Fairgrounds:

Participated and facilitated in the planning of the Building and Construction Trades presence at the MN AFL CIO Labor Pavilion for the Living Green Expo in May 2009.

Worked with affiliates to plan and execute our presence at the MN AFL CIO Labor Pavilion during the run of the 2009 State Fair.

Worked with the United Sheet Metal Workers union to produce 20 mobile kiosks for use at the labor Pavilion.

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

Legislative: Hosted and coordinated labor lobbyist meetings on a weekly basis during the legislative session. Analyzed and tracked legislation of concerns to affiliates, provided testimony and written information to legislators. Produced post session legislative reports and legislative scorecards for affiliates. Tracked Federal legislation, and met with members of Congress to lobby for the National AFL CIO priorities.

Political: Planned and hosted a two day conference to set the stage for the Labor 2010 electoral program. Hosted meetings of the Political Directors from the affiliates to begin the planning for the Labor 2010 electoral program. Worked with the ALCs on special elections.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 0

Part IV 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," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
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		X
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		X
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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, Part VI</i>		X
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 O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	3
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	N/A	1c
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	14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
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.	3b	
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	X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	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	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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	
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.	7d	
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?	7h	
8	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 a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	70	
b	Enter the number of voting members that are independent	68	
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a	X	
b	X	
11		X
11A		
12a		X
b		X
c		
13		X
14		X
15		
a	X	
b		X
16a		X
b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Steve Hunter** **651-227-7647**
175 Aurora Avenue, St. Paul, MN 55103

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. 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 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sharyle Knutson - President St Paul MN 55117	40.	X		X				31,705	0	10,355
Steve Hunter - Secretary/Treasurer Woodbury MN 55125	40.	X		X				110,687	0	22,116
Julie Anderson - IAMAW Lake Crystal MN 56055	1.	X						0	0	0
Jim Brady - LIUNA St Paul MN 55117	1.	X						0	0	0
Bob Bratulich - USW Eveleth MN 55734	1.	X						0	0	0
Carl Crimmins - UA Champlin MN 55316	1.	X						0	0	0
Tom Koehler - IBEW Bloomington MN 55437	1.	X						0	0	0
Glen Johnson - IUOE Dennison MN 55108	1.	X						0	0	0
Tim Lovaasen - CWA Bloomington MN 55438	1.	X						0	0	0
James Bjalke - MNA Minneapolis MN 55418	1.	X						0	0	0
Marty Strub - SMWIA St Paul MN 55119	1.	X						0	0	0
Tom Doohar - Education MN Brooklyn Park MN 55444	1.	X						0	0	0
Eliot Seide - AFSCME St Paul MN 55075	1.	X						0	0	0
Tony St. Michael - BCTGM Moorehead MN 56560	1.	X						0	0	0
Rob McKenzie - UAW St Paul MN 55101	1.	X						0	0	0
Peggy Whitney - APWA Columbia Heights MN 55421	1.	X						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Broderick - Education MN East Central St Cloud MN 56301	1.	X						0	0	0
Bill McCarthy - CWA Mpls Metro Blaine MN 55434	1.	X						0	0	0
Alan Netland AFSCME Northeast Duluth MN 55802	1.	X						0	0	0
Bobby Casper - LIUNA St Paul Metro Rosemont MN 55068	1.	X						0	0	0
Laura Askelin - AFSCME Southeast Rochester MN 55904	1.	X						0	0	0
Mark Froemke - BCTGM West Crookston MN 56716	1.	X						0	0	0
Herry Melander UBC (Bldg Traders) St Paul MN 55102	1.	X						0	0	0
Martha Johnson AFSCME Retirees Council Backus MN 56435	1.	X						0	0	0
Chas Martin-Apri - AFSCME Minneapolis MN 55411	1.	X						0	0	0
Chris Erickson Education MN East Central St Cloud MN 56301	1.	X						0	0	0
Wayne Fleischhacker - AFSCME East Central Brainerd MN 56401	1.	X						0	0	0
Debra Holder - Education MN East Central Richmond MN 56368	1.	X						0	0	0
MaryBeth Juetten - AFSCME East Central Hillman MN 56338	1.	X						0	0	0
1b Total								249,038	0	43,412

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4	X	
----------	---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

5		X
----------	--	---

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
None		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part 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
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0			
	b Membership dues	1b 0			
	c Fundraising events	1c 0			
	d Related organizations	1d 177,110			
	e Government grants (contributions)	1e 123,333			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 378,525			
	g Noncash contributions included in lines 1a-1f: \$	0			
	h Total. Add lines 1a-1f	678,968			
Program Service Revenue	2a Political fund activity - net (separate 990 filed)	Business Code 900099 5,160	5,160		
	b Per capita taxes	900099 2,604,398	2,604,398		
	c Affiliation fees	900099 2,400	2,400		
	d Workshop registration fees	900099 7,560	7,560		
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	2,619,518			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,214		13,214
	4 Income from investment of tax-exempt bond proceeds		0		
	5 Royalties		0		
	6a Gross Rents	(i) Real (ii) Personal			
	b Less: rental expenses				
	c Rental income or (loss)	0 0			
	d Net rental income or (loss)		0		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)	0 0			
	d Net gain or (loss)		0		
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 0			
	b Less: direct expenses	b 0			
	c Net income or (loss) from fundraising events		0		
	9a Gross income from gaming activities. See Part IV, line 19	a 0			
	b Less: direct expenses	b 0			
	c Net income or (loss) from gaming activities		0		
	10a Gross sales of inventory, less returns and allowances	a 0			
	b Less: cost of goods sold	b 0			
	c Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code			
11a Retirement luncheon receipts	900099	31,914	31,914		
b 2010 Retiree Action Fund income	900099	2,500	2,500		
c Miscellaneous	900099	12,242	12,242		
d All other revenue					
e Total. Add lines 11a-11d		46,656			
12 Total revenue. See instructions		3,358,356	2,666,174	0	13,214

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	223,785			
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			
7 Other salaries and wages	600,804			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	223,750			
9 Other employee benefits	354,490			
10 Payroll taxes	73,074			
11 Fees for services (non-employees):				
a Management	0			
b Legal	8,677			
c Accounting	25,790			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	11,846			
12 Advertising and promotion	26,997			
13 Office expenses	173,986			
14 Information technology				
15 Royalties	0			
16 Occupancy	88,269			
17 Travel	44,924			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	49,882			
20 Interest	65,219			
21 Payments to affiliates	686,129			
22 Depreciation, depletion, and amortization	79,301	0	0	0
23 Insurance	17,742			
24 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.)				
a Scholarship awards	29,000			
b Project Media	343,438			
c National AFL-CIO consultant	82,110			
d Donations	48,659			
e Dislocated worker expenses	12,319			
f All other expenses	27,822			
25 Total functional expenses. Add lines 1 through 24f	3,298,013	0	0	0
26 Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	99,201	1	97,497
	2 Savings and temporary cash investments	456,649	2	516,272
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,643,362		
	b Less: accumulated depreciation	10b 285,594		
	11 Investments—publicly traded securities	151,926	11	151,926
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,090,290	16	2,123,463	
Liabilities	17 Accounts payable and accrued expenses	4,502	17	5,782
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	1,185,541	23	1,157,091
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,190,043	26	1,162,873
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	900,247	27	960,590
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 Total net assets or fund balances	900,247	33	960,590
34 Total liabilities and net assets/fund balances	2,090,290	34	2,123,463	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain 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 ☐ 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- ▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Minnesota AFL-CIO

Employer identification number

41-0785271

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

	(a) Donor advised funds	(b) Funds and other accounts
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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-------------|
| c Beginning balance | 1c 0 |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0			

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	1,394,431	92,486	1,301,945
c Leasehold improvements	0	0	0	0
d Equipment	0	196,597	184,386	12,211
e Other	0	52,334	8,722	43,612
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,357,768

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
.....	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	0	

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

Part X **Other Liabilities.** See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	0

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,358,356
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,298,013
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	60,343
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	60,343

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

1	Total revenue, gains, and other support per audited financial statements	1	3,367,560
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	9,204
e	Add lines 2a through 2d	2e	9,204
3	Subtract line 2e from line 1	3	3,358,356
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,358,356

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

1	Total expenses and losses per audited financial statements	1	3,307,217
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	9,204
e	Add lines 2a through 2d	2e	9,204
3	Subtract line 2e from line 1	3	3,298,013
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,298,013

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

XII - 2d and XIII - 2d - Political expenses reported on a separate 990 (91-2101127).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Minnesota AFL-CIO

Employer identification number

41-0785271

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☐ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

X

4b

4c

5a

5b

6a

6b

7

8

9

Part III Supplemental Information

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

Part II, B. (iii) - \$14,430 is the value of the vehicle given by the Organization as a retirement gift.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

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Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**
▶ **See the Instructions for Form 990.**

Name of the Organization

Minnesota AFL-CIO

Employer identification number

41-0785271

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Steve Raatikka - SMWIA East Central St Cloud MN 56306	1.	X						0	0	0
Julie Blaha - Education MN Mpls Metro Ramsey MN 55303	1.	X						0	0	0
Mary Falk - AFSCME Mpls Metro Champlin MN 55316	1.	X						0	0	0
Teferi Fufa - Education MN Mpls Metro Minneapolis MN 55418	1.	X						0	0	0
Bob Hansen - UA Mpls Metro Plymouth MN 55446	1.	X						0	0	0
Mike Hawthorne - Mpls Building Trades Mlp Minneapolis MN 55414	1.	X						0	0	0
Lenny Larson - NALC Mpls Metro Minneapolis MN 55418	1.	X						0	0	0
Paul Mueller - Education Minnesota Mpls M Ham Lake MN 55304	1.	X						0	0	0
Terry Nelson - IUPAT Mpls Metro Little Canada MN 55117	1.	X						0	0	0
Jerry Sirois - APWA Mpls Metro Minneapolis MN 55413	1.	X						0	0	0
Cliff Poehler - AFSCME Mpls Metro S St Paul MN 55075	1.	X						0	0	0
Michelle Sommers - ATU Mpls Metro Minneapolis MN 55414	1.	X						0	0	0
Lisa Stager - IAMAW Mpls Metro St Paul MN 55121	1.	X						0	0	0
Linda Hamilton - MNA Mpls Metro St Paul MN 55102	1.	X						0	0	0
Eileen Zeita Hudelson - Education MN North Duluth MN 55812	1.	X						0	0	0
Jim Kottke - USW Northeast Virginia MN 55792	1.	X						0	0	0
Craig Olson - IUPAT Northeast Duluth MN 55802	1.	X						0	0	0
John Rebrovich - USW Northeast Eveleth MN 55734	1.	X						0	0	0
Ida Rukavina - AFSCME Northeast Aurora MN 55705	1.	X						0	0	0
Eric Lehto - AFSCME Northeast Duluth MN 55802	1.	X						0	0	0
Joe Cerar - Education MN Southeast Plainview MN 55964	1.	X						0	0	0

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

Name of the Organization

Minnesota AFL-CIO

Employer identification number

41-0785271

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Russell Hess - LUINA Southeast Plainview MN 55964	1.	X						0	0	0
Tammy Hughes - MNA Southeast St Peter MN 56082	1.	X						0	0	0
Paul Marguardt - UA Southeast Mankato MN 56001	1.	X						0	0	0
Michael Murphy - IBEW Southeast Redwing MN 55066	1.	X						0	0	0
Mike Buesing - AFSCME St Paul Metro Roseville MN 55113	1.	X						0	0	0
John Ewaldt - St Paul Metro St Paul MN 55101	1.	X						0	0	0
Brianna Halverson - IAMAW St Paul Metro St Paul MN 55102	1.	X						0	0	0
Warren Harder - IUPAT St Paul Metro Little Canada MN 55117	1.	X						0	0	0
Richard Magler, Jr. - UA St Paul Metro St Croix Beach MN 55043	1.	X						0	0	0
Tim Donovan - CWA Mpls Metro Cottage Grove MN 55406	1.	X						0	0	0
Gerry Parzino - USW St Paul Metro Minneapolis MN 55414	1.	X						0	0	0
Mary Cathryn Ricker - Education MN St Paul St Paul MN 55102	1.	X						0	0	0
Jerry Serfling - AFSCME St Paul Metro S St Paul MN 55075	1.	X						0	0	0
Mark Steffer - Education MN 2009 St Paul Rosemont MN 55068	1.	X						0	0	0
Charlie Witt - Ironworkers St Paul Metro St Paul MN 55102	1.	X						0	0	0
Kent Courier - IUOE 49 West St Cloud MN 56301	1.	X						0	0	0
David Davidson - Education MN West Crookston MN 56716	1.	X						0	0	0
Kevin Olson - AFSCME 701 West Atwater MN 56209	1.	X						0	0	0
Rodney Rowe - education MN West Worthington MN 56187	1.	X						0	0	0
Stan Theis - UA34 St Paul Metro St Paul MN 55102	1.	X						0	0	0
Raymond Waldron Past President	40.	X					X	106,646	0	10,941

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

Minnesota AFL-CIO

Employer identification number

41-0785271

Part IV - 3 - Political activity is maintained in a separate fund for which a separate 990 return is filed (91-2101127).

Part VI - Sec A - 6&7 a - Affiliated organizations send member delegates to the Bi-annual convention based on per capita payments made. Delegates vote on constitutional items and elect a President and Secretary/Treasurer to administer ongoing operations. A General Board made up of representatives of the affiliated organizations acts as the oversight body between conventions.

Part VI - Sec B - 11A - The 990 is reviewed by the elected Secretary/Treasurer prior to submission to the IRS.

Part VI - Sec B - 15a - Salaries of the President and Secretary/Treasurer are determined at the convention Bi-annually.

Part VI - Sec B - 19 - Governing documents, policies and financial statements would be made available upon authorized formal request.

Part XI - 2C - As in the past, the financial statements are presented to the "Audit and Credentials" committee by the independant CPA auditor.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Minnesota AFL-CIO

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

41-0785271

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on 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
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MN AFL-CIO Political Fund 91-2101127 175 Aurora Avenue, St Paul, MN 55103	Political fund	MN	527		
MN AFL-CIO Building Corporation 41-1818507 175 Aurora Avenue, St Paul, MN 55103	Title Holding Company	MN	501(c)(2)		

Part III Identification of Related Organizations Taxable as a Partnership (Complete if 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
-----						0			0	
-----						0			0	
-----						0			0	
-----						0			0	
-----						0			0	
-----						0			0	
-----						0			0	
-----						0			0	
-----						0			0	
-----						0			0	
-----						0			0	
-----						0			0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%
-----					0	0	%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) None			0
(2)			0
(3)			0
(4)			0
(5)			0
(6)			0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

Part A: Fixed Assets (60%) - Land, Buildings, and Equipment														1,643,362	244,922	285,594	0	1,382,514	1,357,768
Category or Item	Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance						
1 State fair pavilion		X						1,394,431	36,677	92,486		1,338,712	1,301,945						
2 State fair sign				X				994	994	994		0	0						
3 Office furniture				X				81,011	81,011	81,011		0	0						
4 Office equipment				X				114,592	104,865	102,381		19,911	12,211						
5 Vehicles					X			52,334	21,375	8,722		23,891	43,612						
6								0	0	0		0	0						
7								0	0	0		0	0						
8								0	0	0		0	0						
9								0	0	0		0	0						
10								0	0	0		0	0						
11								0	0	0		0	0						
12								0	0	0		0	0						
13								0	0	0		0	0						
14								0	0	0		0	0						
15								0	0	0		0	0						
16								0	0	0		0	0						
17								0	0	0		0	0						
18								0	0	0		0	0						
19								0	0	0		0	0						
20								0	0	0		0	0						

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash		Noncash
1 Federated Campaigns		1	
2 Membership dues		2	
3 Fundraising events		3	
4 Related organizations	177,110	4	
5 Government grants (contributions) . Dislocated worker	123,333	5	
6 All other contributions, gifts, grants, and similar amounts not included above.			
	295,000		
Education donations	100		
	83,425		
Other contributions total	378,525	6	0
7 Total	678,968	7	0

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	1	79,301			
2 Depletion	2	0			
3 Amortization	3	0			
4 Total	4	79,301	0	0	0