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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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

SCANNED

▶ The organization may have to use a copy of this return to satisfy state reporting requirements 2009, and ending 20 10 For the 2009 calendar year, or tax year beginning August 1 July 31 D Employer identification number C Name of organization Minnesota State High School League Foundation B Check if applicable 0450735 Address change label or E Telephone number print o Number and street (or P O box if mail is not delivered to street address) Room/suite Name change type See (763) 560-2262 2100 Freeway Blvd. Initial return Specific City or town, state or country, and ZIP + 4 ☐ Terminated Instruc-**Brooklyn Center, MN 55430** G Gross receipts \$ 688.669 Amended return F Name and address of principal officer **David Stead ☑** No H(a) Is this a group return for affiliates? Yes Application pending 'same as C above" H(b) Are all affiliates included? ☐Yes 4947(a)(1) or Tax-exempt status **7** 501(c) (3) **√** (insert no) If "No," attach a list (see instructions) Website: ▶ www.mshslfoundation.org H(c) Group exemption number ▶ Form of organization: Corporation Trust Association Other L Year of formation M State of legal domicile MN 2007 Part I Summary Briefly describe the organization's mission or most significant activities: The MSHSL Foundation is a nonprofit association, serving both public and private schools, created to compliment the MSHSL by providing support for Governance Minnesota's high school youth to participate in athletics and fine arts. MSHSL Foundation's goals are to promote the growth of high school students through participation in valuable extra-curricular activities. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 13 Number of voting members of the governing body (Part VI, line 1a) 13 4 Number of independent voting members of the governing equy (Par) 4 2 5 5 Total number of employees (Part V. line 2a) 2 6 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part (III) Rolling (C) line b Net unrelated business taxable income from Form 990-T, line 34. 7a 0 7b 0 Prior Year Current Year 693.854 685,661 Contributions and grants (Part VIII, line 1h) n Program service revenue (Part VIII, line 2g) 3,008 11,128 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 704,982 688.669 667.718 684,545 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 6,483 7,145 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ ... 12,342 9,634 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 686,543 701,324 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12 18,439 (12,655)End of Year **Beginning of Current Year** 757,603 744,948 20 Total assets (Part X, line 16) . 0 0 21 Total liabilities (Part X, line 26) 757,063 744,948 Net assets or fund balances. Subtract line 21 from line 20 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 03/15/2011 Sign Date ignature of officer Here Dave Stead, Executive Director Type or print name and title Date Preparer's identifying number Preparer's signature employed ▶ □ Paid Preparer's Firm's name (or yours EIN **Use Only** if self-employed), Phone no ▶

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

Cat No 11282Y

Yes Form **990** (2009)

No

Par	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: The MSHSL Foundation is a nonprofit association, serving both public and private schools, created to c the MSHSL by providing support for Minnesota's high school youth to participate in athletics and fine a	
	MSHSL Foundation's goals are to promote the growth of high school students through participation in vextra-curricular activities.	
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
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes 🗹 No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 687,403 including grants of \$ 684,545) (Revenue \$ The Foundation awarded grants that assisted, recognized, promoted, and funded extra-curricular partic high school students in athletic and fine arts programs. The grants are awarded based upon gender ba school size and geographic location to the extent possible. The Foundation approved 385 grants in fisc.	ipation by lance, al year 2010.
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 687,403	

Par	t 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	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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	5		
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	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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	9		✓
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	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	2004	√
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			400 mg
•	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	A STEP AN		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	∜ ₹	* *
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	· / :	· 5 •-0 •-1	,) «)
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	170		 *
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
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.	15		✓
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	16		✓
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	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		▼

Par	t 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	✓	
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		✓
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	00		✓
	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>√</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d		24d		√
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? If "Yes," complete Schedule L, Part I	25a		✓
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		√
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		1
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? If "Yes," complete Schedule L, Part III	27	i	√
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):	彗	* *	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	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		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
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>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
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		1
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>	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		
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	38	1	

Par	t 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	` `		
£d	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	- *	* ;	
	instructions)	*	۵	* *
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	*	- 7	* `
	this return?	3a		✓
	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		1
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			w
	and Financial Accounts.	<u> </u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
С	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		
62	Prohibited Tax Shelter Transaction?	6a		/
	organization solicit any contributions that were not tax deductible?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Li. Cy	10 m 1 m
	Organizations that may receive deductible contributions under section 170(c).			100000
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70	<u> </u>	
ı.	and services provided to the payor?	7a 7b	 	 *
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>'''</u>	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	L	_ ✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	\$ % \$ %	L.	1
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	* ^	Ø **	1
-	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	45 28,5	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1 4 4	٠.	,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		-
_	organization, have excess business holdings at any time during the year?	 	1.,	
9	Sponsoring organizations maintaining donor advised funds. Put the organization make any tayable distributions under section 49662	9a	-: <u>-</u>	1-19-3
a	Did the organization make any taxable distributions under section 4966?	9b		
ь 10	Section 501(c)(7) organizations. Enter:	7 8	· ·	3m 4p 4
	Initiation fees and capital contributions included on Part VIII, line 12	\$ 		1 49 5
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		* *	1
11	Section 501(c)(12) organizations. Enter:	\$ * * *		:
	Gross income from members or shareholders	** ′	*	
	Gross income from other sources (Do not net amounts due or paid to other sources against		, , , , , , , , , , , , , , , , , , ,	22 mg f
	amounts due or received from them.)	\ <u>`</u>	حَدُ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a	4 4	-41
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	15	<u>`</u>	L

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.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body]	-	,
b	Enter the number of voting members that are independent]`,	\$ x	* `
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			`
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	'		
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1000	56 yr 4	
	the year by the following:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	my 12 . M	20 62 64 40 65 6
а		8a	✓	
	and the contract of the contra	8b	✓	
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	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
•	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-A *	, (74,244) (74,244)	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	✓	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		,	
C	describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by	. *		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	**		e .
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	√	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	3 - 3	10 3 4,	,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	K	2	9 🕸
	with a taxable entity during the year?	16a		1
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	v 40%	. 2	4.
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	r (k)≪		
	the organization's exempt status with respect to such arrangements?	16b		
Sec	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Minnesota			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	c)(3)s	onlv)	
. •	available for public inspection. Indicate how you make these available. Check all that apply.	-,,5,5	J,	
	☐ 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 int	erest	
	policy, and financial statements available to the public.	J. 1111	J. 501	
20	State the name, physical address, and telephone number of the person who possesses the books and received the person who possesses the books are person to the person who person the person that the person the person that the person the person that	ords c	f the	
_0	organization: ► David Stead, MSHSL Foundation, 2100 Freeway Blvd., Brooklyn Center, MN 55430, 763	-560-2	262	

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 of (A)	(B)	arry (Juire) ()	, u	11 80	(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)			(vla	Reportable	Reportable	Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Sharon Euerle President, Board of Directors	.2hrs/wk	1						0	0	0
Gene Sullivan Vice-President, Board of Directors	.1hrs/wk	1						0	0	0
Todd Lundberg Treasurer, Board of Directors	.1 hrs/wk	1						0	0	0
Brian Deyak Board of Directors	.1 hrs/wk	✓						0	0	0
John Erickson Board of Directors	.1 hrs/wk	1						0	0	0
Brent Gish Board of Directors	.1 hrs/wk	1						0	0	0
Gerald Keenan Board of Directors	.1 hrs/wk	1						0	0	0
Becky Leuer Board of Directors	.1 hrs/wk	1						o	0	0
Diane Lund Board of Directors	.1 hrs/wk	1						0	0	0
Beth McCuskey Board of Directors	.1 hrs/wk	1						0	0	0
Bob Meeks Board of Directors	·1 hrs/wk	1						0	0	0
Mark Schroeder Board of Directors	.1 hrs/wk	1						0	0	
John Washington Board of Directors	.1 hrs/wk	1						0	0	0
David Stead Executive Director	5 hrs/wk			1				0	0	0

Pa	t VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	ees,	an	d Hig	hest	Compensated	d Employee	s (coi	ntınued)
	(A) Name and title	(B) Average						ply)	(D) Reportable	(E) Reportab	le	(F) Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensat from relat organizatio (W-2/1099-N	ed ons	amount of other compensation from the organization and related organizations
									_			e
						<u> </u>					-	<u>-</u>
											İ	
1b	Total							•	0		0	0
	Total number of individuals (including but reportable compensation from the organization)		to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	100,00	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	ındı	ıvıdı	ual				•	3 🗸
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.											4 1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	com olete	pen Sch	ısatı nedu	on ule	from <i>J for s</i>	any	unrelated org	janization f		5 🗸
Se	ction B. Independent Contractors											
1	Complete this table for your five highest c compensation from the organization	ompensate	ed ind	lepe	ende	ent (contra	acto	rs that receive	d more tha	an \$10	00,000 of
	(A) Name and business add	dress							(B) Description of s	services		(C) Compensation
								<u> </u>				
												<u>.</u>
								I				
2	Total number of independent contractors (more than \$100,000 in compensation from	including b n the organ	ut no	t lım on ▶	nited ► 0	d to	those	e list	ed above) who	received		

_	30 (20	<u> </u>		-			
	: 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	b c d e f		1a 1b 1c 1d 1e 1f 685,661 f. \$		# - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· · · · · · · · · · · · · · · · · · ·	
	2a b	Total. Add lines 1a-1f	Business Code	685,661	* * `		***************************************
Program Service Revenue	c d e f	All other program service revenue				500 A March	nà in più É
	3 4 5	Investment income (including divident similar amounts)	dends, interest, and	3,008			3,008
	b	Gross Rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis					
		and sales expenses . Gain or (loss)		0	0	0	0
Revenue	8a	Gross income from fundraising events (not including \$	c).				
Other Rev		See Part IV, line 18	. Б	0	0	0	0
		Gross income from gaming activities See Part IV, line 19	. а				* ***********************************
	С	Net income or (loss) from gaming Gross sales of inventory, le returns and allowances	activities >	0			0
		Less: cost of goods sold Net income or (loss) from sales of in Miscellaneous Revenue	. b	0			0
	11a b						
	e	All other revenue		0			· () ()
	12	Total revenue. See instructions.	<u> </u>	688,669	1		3,008

Part IX Statement of Functional Expenses

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

	All other organizations must complete co	lumn (A) but are no	ot required to com	plete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 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	684,545	684,545	*	, , , , , , , , , , , , , , , , , , ,
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 # # # # # # # # # # # # # # # # # # #
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			, we will be	* * * *
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	6,637	2,655	3,982	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 10 11	Other employee benefits	508	203	305	
b d	Legal	6,586	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6,586	
f g 12	Investment management fees				
13 14 15	Office expenses	188		188	
16 17 18	Occupancy	1,790		1,790	
19	for any federal, state, or local public officials Conferences, conventions, and meetings.				
20 21 22	Interest				
23 24	Insurance	1,070		1,070	
а	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		7 . 60 00 2 2	3 3 3 3 4	
b c d e					
f 25 26	All other expenses Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ If following	701,324	687,403	13,921	
20	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		i		

Рa	rt X	Balance Sheet			
			(A) Beginning of year	_	(B) End of year
	1	Cash—non-interest-bearing	48,938	1	98,000
	2	Savings and temporary cash investments	703,143	2	625,690
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,522	4	21,258
	5	Receivables from current and former officers, directors, trustees, key	, , , , , , , , , , , , , , , , , , , ,	. 4	, , , , , , , ,
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		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		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
_	9	Prepaid expenses and deferred charges	* 4 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	4
	10a	Land, buildings, and equipment cost or 10a		* 2 9	
		other basis. Complete Part VI of Schedule D	~ · · · · · · · · · · · · · · · · · · ·		**** * * * * * * * * * * * * * * * * *
		Less: accumulated depreciation [10b]		10c	
	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		14	
	14	Intangible assets		15	
	15 16	Other assets. See Part IV, line 11		16	744,948
			7 37,003	17	744,340
	17	Accounts payable and accrued expenses		18	
	18	Grants payable		19	
	19	Deferred revenue		20	
s	20	Tax-exempt bond liabilities		21	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		~ × ×	6-
pii	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		gen y 1 18	
Lia		persons. Complete Part II of Schedule L	2 7 7 8 2 3 3 3 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3	22	
	00			23	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0		0
ces		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	757,603	27	744,948
Ва	28	Temporarily restricted net assets		28	
ā	29	Permanently restricted net assets		29	
or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	757,603	33	744,948
	34	Total liabilities and net assets/fund balances	757,603	34	744,948

Par	t XI Financial Statements and Reporting			
			Yes	No
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	,	, i	
	Schedule O.	. * ~	* 、	、 <i>></i>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	\	
	If the organization changed either its oversight process or selection process during the tax year, explain in	4 V X	• >	× * *
	Schedule O.	*		
а	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	- 1	` ^	* *
u	•		2 3	. * :
	issued on a consolidated basis, separate basis, or both.	2.4	6 5	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	<u> </u>		<u> </u>
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 0450735 Minnesota State High School League Foundation 26 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/9 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** ☐ Type III–Functionally integrated a Type I **b** Type II **d** ☐ Type III–Other e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (ui) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of (n) EIN in col (i) listed in your organization in col organization (described on lines 1-9 the organization in support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes No Yes No \$ 4000 c 歌说 路 炒 育

Total

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. ss. x . x . ss. s

\$ 4 .

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Par	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support				·		
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			1,225,340	693,854	685,661	2,604,855
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			4.005.040	200 251	005.004	0.004.055
4	Total. Add lines 1 through 3			1,225,340	693,854	685,661	2,604,855
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						277,374
6	Public support. Subtract line 5 from line 4.		1	, , · ·	· · · · · · · · · · · · · · · · · · ·	, , · · · · · · · · · · · · · · · · · ·	2,327,481
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			1,225,340	693,854	685,661	2,604,855
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			12,652	11,128	3,008	26,788
9	Net income from unrelated business activities, whether or not the business is regularly carried on					-	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		· *** * * * * * * * * * * * * * * * * *		A		2,631,643
12	Gross receipts from related activities, etc.	•	•		l	12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>				
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line			1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sc					15	<u>%</u>
16a	331/3 % support test-2009. If the organ				line 14 is 331/3 9	% or more, che	
	and stop here. The organization qualifies						▶ ⊔
b	331/3 % support test—2008. If the organibox and stop here. The organization qua						check this
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	facts-and-circui	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "organization meets the "facts-and-circumst	facts-and-circum ances" test The	nstances" test, o organization qu	check this box a alifies as a public	and stop here cly supported org	Explain in Part ganization	IV how the ▶ □
18	Private foundation. If the organization did	d not check a bo	ox on line 13, 16	a, 16b, 17a, or 1	17b, check this b	box and see ins	tructions 🕨 📙

, Cabaa	hde A //Ferry 000 ee 000 F77 0000						Page 3
	t III Support Schedule for Orga (Complete only if you check	anizations De	escribed in S n line 9 of Pa	Section 509(a art I.)	1)(2)		rage U
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	· De Conservi		~	********** 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2005	(b) 2000	(6) 2007	(4) 2000	(6) 2003	(i) Total
9 10a	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b		_				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		 				
13	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u></u>	nd, third, fourt 	h, or fifth tax y	ear as a section	on 501(c)(3) ▶ □
	tion C. Computation of Public St				(0)	145	
15 16	Public support percentage for 2009 (In Public support percentage from 2008	Schedule A, P	art III, line 15			15	<u>%</u> %
	tion D. Computation of Investme				=.	T.= T	
17 40	Investment income percentage for 20 Investment income percentage from 2					17	<u> </u>
18	investinent income bercentage from 2	LUUO SCHEUUIE	n. rait III. IIIIe	11			

19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line

17 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonupb 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ightharpoonup

schedule A (Fo	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any other	he explanations required er additional information	by Part II, line 10; . See instructions.
	••••••••••••				
			••••		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization Employer identification number 0450735 Minnesota State High School League Foundation 26 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 Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c c Number of conservation easements on a certified historic structure included in (a) . . 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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. 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: 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.

Dago	2
rage	_

Par	Organizations Maintaini	ng Collections o	of Art, Hist	torica	l Treasures,	or Ot	her Similar As	sets (continued	<u> </u>	
3	Using the organization's acquisition, collection items (check all that apply		ther record	s, che	ck any of the f	ollowi	ing that are a sig	gnificant use of it	s	
а	Public exhibition		d [⊒ι	oan or exchan	ge pr	ograms			
b	Scholarly research		е [-				
С	Preservation for future generation	ition for future generations								
4	Provide a description of the organization Part XIV.		and expla	in how	they further t	ne org	ganization's exe	mpt purpose in		
5	During the year, did the organization sassets to be sold to raise funds rather	olicit or receive do than to be mainta	nations of a	art, his t of the	torical treasures e organization's	s, or o	ther similar	Yes No	0	
Par	t IV Escrow and Custodial A IV, line 9, or reported an a					swere	ed "Yes" to For	m 990, Part		
	Is the organization an agent, trustee included on Form 990, Part X?							Yes N	0	
b	If "Yes," explain the arrangement in	Part XIV and com	plete the fo	ılwoilc	ng table:		т —			
							An	nount	_	
C	Beginning balance					1c			_	
d	Additions during the year					1d			_	
е	Distributions during the year					1e_				
f	Ending balance						<u></u>			
2a b	If "Yes," explain the arrangement in	Part XIV.						└ Yes └ N	0	
Par	t V Endowment Funds. Co	mplete if the org	anization	answ	ered "Yes" to	For	m 990, Part IV	, line 10.		
		(a) Current year	(b) Prior y	ear –	(c) Two years b	ack ((d) Three years back	(e) Four years back	k	
1a	Beginning of year balance				1111	# ÷ 4	M 34 4	Surgenfliche Erdfre	∜ ?>	
b	Contributions				W 30 W W W	- 1		Confidence & April		
c	Net investment earnings, gains,					- · · · · · · · · · · · · · · · · · · ·		V. 77" W . 48"	<u>~</u>	
_	and losses									
d	Grants or scholarships				nge Page at the second		rr is reginally to the second	2. 2 1 2 20 3	18° 1650	
e	Other expenditures for facilities					`.\$`.Y\$	· `\&\d\\\	1. 1. 1. 1. 1.	÷.	
_	and programs	ļ			* * * * * * * * * * * * * * * * * * *	Dust 1		3.0 \$ \$ \$0.20	3	
f	Administrative expenses				š.,	·* carry .	1 3 vy		5.	
g	End of year balance				»	1.25			N	
2	Provide the estimated percentage of	f the year end bal	lance held	as:						
а	Board designated or quasi-endowm									
b	Permanent endowment ▶									
c	Term endowment ▶ %									
3a	Are there endowment funds not in th		e organizat	ion th	at are held and	admii	nistered for the			
0.	organization by.	o possession or th	io organizat		at are more and	u a		Yes No	0	
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(II), are the related orga	anizations listed a	s required	on Sc	hedule R? .			3b		
4	Describe in Part XIV the intended us	ses of the organiz	ation's end	owme	nt funds.			•		
Par	t VI Investments—Land, Bu	ildings, and Eq	uipment.	See F	orm 990, Par	t X, lı	ne 10.			
	Description of investment	(a) Cost or oth			est or other is (other)		ccumulated preciation	(d) Book value		
12	Land				Ž.	A Company	4.* jag - 400			
b	Buildings	• •	j.			x				
C	Leasehold improvements	• • •				-			_	
_					1				_	
d e	Equipment				-				_	
	. Add lines 1a through 1e (Column (d)	must equal Form 9	90, Part X, c	olumn	(B), line 10(c))		•		_	

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 valua Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			
	<u> </u>		
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		~~	ê · · · · · · · · · · · · · · · · · · ·
Part VIII Investments—Program Relate	d. See Form 990, Part X,	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation arket value
			<u> </u>
	- · · · · · · · · · · · · · · · · · · ·		
		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	·		3
Part IX Other Assets. See Form 990, Pa	rt X. line 15.		The research N. M. M. A.
	(a) Description		(b) Book value
			
Total (October (b) month and Form 000 Fort V col	(D) (no. 15.)		
Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. See Form 990,		<u> </u>	
1. (a) Description of liability	(b) Amount	2020	· 100 2 · 100 × 100 100 100 100 100 100 100 100 1
Federal income taxes	(b) Amount		**************************************
rederal income taxes	<u></u>		
	<u> </u>		
			, , , , , , , , , , , , , , , , , , ,
			* *** * * * * * * * * * * * * * * * * *
			\$ \$ ~ \$ * *
		* * * * * * * * * * * * * * * * * * *	- ~ * * •
-			*
			. *
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		·	* ***** * * * * * * * * * * * * * * *
			_

Page	4

Da.	t XI Reconciliation of Change in Net Assets from Form 990) to Audited Financia	al Statemente	
			1 4 1	688.669
1	Total revenue (Form 990, Part VIII, column (A), line 12)			701,324
2	Total expenses (Form 990, Part IX, column (A), line 25)		· 	(12,655)
3	Excess or (deficit) for the year. Subtract line 2 from line 1			112,000)
4	Net unrealized gains (losses) on investments			
5				
6	Investment expenses		· -	
7	Prior period adjustments		·	
8	Other (Describe in Part XIV.)		9	
9 10	Total adjustments (net) Add lines 4 through 8	bine lines 3 and 9	10	(12,655)
	t XII Reconciliation of Revenue per Audited Financial St	atements With Rev		
1	Total revenue, gains, and other support per audited financial stateme		1 . 1	688,669
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
² a	Net unrealized gains on investments	2a	. `	
_	Donated services and use of facilities			
b	Recoveries of prior year grants		7 * 1	
d	Other (Describe in Part XIV)		~ , *	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	688,669
ა 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
•		4a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a b	Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIV.)	4b	*\$ - **	
C				0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		· · 	688,669
	T XIII Reconciliation of Expenses per Audited Financial S			
1			1	701,324
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		545, - 4	
a	Donated services and use of facilities	2a	<>	
b	Prior year adjustments	01		
C	Other losses			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	701,324
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	7 %	
h	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part		5	701,324
	t XIV Supplemental Information		<u> </u>	-
and	nplete this part to provide the descriptions required for Part II, lines 3, 5 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4 part to provide any additional information.	b; and Part XIII, lines a	2d and 4b. Also co	mplete
-				
••••				
••				

Page 5	hedule D (Form 990) 2009	Schedule D (Forn
d)	Part XIV Supplemental Information (continued)	Part XIV
		<u> </u>
	•••••	
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		· • • • • • • • • • • • • • • • • • • •

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

%□ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number 0450735 26 ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▲ (g) Description of non-cash assistance 26 (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance . (d) Amount of cash grant 5,865 5,085 5,946 5,653 5,917 5,897 9,408 7,750 8,937 6.466 5,174 7,301 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section Public School if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance Minnesota State High School League Foundation 41-0851980 41-6001463 41-0851980 41-6007792 41-0851980 41-6008267 41-6002526 41-6008267 41-6000080 41-6008267 41-0851980 416008267 (p) EIN Minneapolis Roosevelt H. S. Minneapolis Edison High School Minneapolis Patrick Henry H. S. Minneapolis North High School Colombia Heights High School 1 (a) Name and address of organization Coon Rapids High School Coon Rapids, MN Champlin Park High School Champlin, MN Bloomington Kennedy H. S. Apple Valley High School Colombia Heights, MN or government Anoka High School **Austin High School** Blaine High School Name of the organization Bloomington, MN Apple Valley, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Austin, MN Anoka, MN Blaine, MN N

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations Cat No 50055P

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

Schedule I (Form 990) 2009

(f) Description of non-cash assistance				nation.	ose on the	oortation costs,	trips, performing						
(f) Description of				additional inform	or the stated purk	es, athletic trans	educational field						
(e) Method of valuation (book, FMV, appraisal, other)				I, line 2, and any other	es to sign a form verifying that they have or will spend the grant money for the stated purpose on the	t student participation fe	aining, purchase AED's,						
(d) Amount of non-cash assistance				on required in Part	hat they have or will	the following: Offse	ces, CPR and AED tr			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(c) Amount of cash grant				rovide the informati	gn a form verifying tl	e grantees includes	leadership conferen				1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
(b) Number of recipients				lete this part to pr	ires grantees to sig	e grant funds by th	l of Fame, student						
(a) Type of grant or assistance recipients cash grant of recipients cash grant of recipients cash grant of recipients cash grant cas				Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Part I, Question 2: The MSHSL Foundation requires grante anniicable grant application.	Part II, 1(h): The purpose and ultimate use of the grant funds by the grantees includes the following: Offset student participation fees, athletic transportation costs,	event costs, officials costs, coaches clinics, Hall of Fame, student leadership conferences, CPR and AED training, purchase AED's, educational field trips, performing	arts recognition.					

SCHEDULE 1-1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Minnesota State High School League Foundation

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

0450735

Part II.) Part | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), (h) Purpose of grant

,		
HOLL-CASH ASSISTANCE		

aluation (g) Description of praisal, non-cash assistance							
(f) Method of valuation (book, FMV, appraisal, other)							
(e) Amount of non-cash assistance							
(d) Amount of cash grant	8,075	9,181	10,000	5,215	6,039	6,320	600
(c) IRC section if applicable	Public School	Public School	501(c)(3)	Public School	Public School	Public School	0
(b) EIN	41-0851980	41-0851980	41-0694702	41-6001408	41-6001408	41-6003439	***************************************
(a) Name and address of organization or government	Minneapolis South High School Minneapolis, MN	Minneapolis Washburn High School Minneapolis, MN	Minnesota State High School League Brooklyn Center, MN 55430	Robbinsdale Armstrong High School Plymouth, MN	Roobinsdale Cooper High School New Hope, MN	Roseville Area High School Roseville, MN	St. Paul Arlington High School

10,725

Public School

41-0901311

7,474

Public School

41-0901311

St. Paul Central High School St. Paul, MN

St. Paul Como Park High School St. Paul, MN

11,018

Public School

41-0901311

St Paul Harding High School
St Paul, MN
St. Paul Highland Park High School
St. Paul, MN

St. Paul Humbolt High School

St. Paul, MN

7,880

Public School

41-0901311

8,027

Public School

41-0901311

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

Cat No 51026W

25,000

501(c)(3)

23-7024870

U.S. Hockey Hall of Fame

Eveleth, MN

St. Paul Johnson High School

10,920

Public School

41-0901311

Schedule I-1 (Form 990) 2009

Page 2

Schedule I-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance	Assistance to I	ndividuals in the U	nited States (Sche	to Individuals in the United States (Schedule I (Form 990), Part III.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	50.0				
					:
7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1					
					Schedule I-1 (Form 990) 2009

· SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

0450735 Minnesota State High School League Foundation 26 Form 990 Part VI, Question 11A. The MSHSL Foundation Form 990 and all required schedules are sent electronically to all Foundation Board of Directors and Executive Director prior to filing with the IRS. They are asked to review the documents and reply with questions to the Director of Finance. After the review and adjustments are made; the Form 990 is filed with the IRS. The Board of Directors will review and formally approve the document at the next regularly scheduled Board of Director meeting. Form 990 Part VI, Question 12C. All members of the Board of Directors, the Executive Director, and the Financial Director must annually complete a disclosure from identifying any relationships, positions, or circumstances that the Responsible Person is involved in that he or she believes could contribute to a Conflict of Interest. Any such information regarding potential Conflict of Interest shall be made available to the Board Chair and Executive Director. The Conflict of Interest policy shall be reviewed annually by each member of the Board of Directors. any changes to the policy shall be communicated immediately to all members of the Board, Executive Director, and Financial Director. Members will sign the Conflict of Interest policy at the March Board of Directors meeting. Form 990 Part VI, Question 15B. Financial Director-On November 14, 2007, the Foundation Board of Directors and Financial Director negotiated a compensation package for the following job description: prepare Foundation tax exempt documents, prepare annual tax returns, prepare monthly financial statements, prepare and complete annual audit report, oversee all financial documentation and manage other financial staff. The Financial Director has a CPA certificate. The job description and compensation were approved at the November 14, 2007 Board meeting. Total annual compensation is \$3,000.00. Form 990 Part VI, Question 19. The organization's governing documents, Conflict of Interest Policy, financial statements, and Form 990 are available to the general public upon request. The public can view copies of the documents at the organization's office or request copies.