



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

**F** Group Exemption  
Number 

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	107,397	22	96,291
23	Land and buildings		23	
24	Other assets (describe in Schedule O )		24	
25	Total assets	107,397	25	96,291
26	Total liabilities (describe in Schedule O )	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21 )	107,397	27	96,291

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? EDUCATION OF PUBLIC FINANCE		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	EDUCATION SEMINAR, MINNESOTA SPEAKER OF THE HOUSE, KURT ZELLERS, DISCUSSING THE STATE'S CURRENT BUDGET SITUATION AND ITS IMPACT ON STATE AND LOCAL GOVERNMENT - THIS SEMINAR WAS ATTENDED BY MEMBERS OF THE MIPF (Grants \$ 0) If this amount includes foreign grants, check here	28a	0
29	EDUCATION SEMINAR, PAT BORN, REGIONAL ADMINSTRATOR, OF THE METROPOLITAN COUNCIL, DISCUSSING PUBLIC FINANCE TOPICS SUCH AS TRANSPORTATION, HOUSING, WASTE WATER AND THE STADIUM INITIATIVE - THIS SEMINAR WAS ATTENDED BY MEMBERS OF MIPF (Grants \$ 0) If this amount includes foreign grants, check here	29a	0
30	ANNUAL MIPF MEETING HELD AT MADDEN'S ON GULL LAKE -SPEAKER SANDRA VARGUS OF THE MINNEAPOLIS FOUNDATION -THIS MEETING WAS ATTENDED BY MEMBERS OF MIPF (Grants \$ 0) If this amount includes foreign grants, check here	30a	0
31	Other program services (describe in Schedule O ) (Grants \$ ) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V ☐ ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	Yes
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> HEATHER CASPERSON Telephone no <input type="checkbox"/> (612) 371-3753 800 NICOLLET MALL STE 2710 Located at <input type="checkbox"/> MINNEAPOLIS, MN ZIP + 4 <input type="checkbox"/> 55443		
b	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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>43</b>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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	2012-04-18 Date			
	KIM GANLEY EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	LAWRENCE H MOHR CPA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	BAKER TILLY VIRCHOW KRAUSE LLP 225 S 6TH ST STE 2300 MINNEAPOLIS, MN 55402			P00447603
				EIN	39-0859910
					Phone no (612) 876-4500
May the IRS discuss this return with the preparer shown above? See instructions					
Yes No					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization MINNESOTA INSTITUTE OF PUBLIC FINANCE	Employer identification number 41-1393891
---	--

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION INTEREST INCOME AMOUNT 69
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BOOKKEEPING AMOUNT 3,000 DESCRIPTION ANNUAL MEETING AMOUNT 36,899 DESCRIPTION EDUCATIONAL MEETINGS AMOUNT 7,454 DESCRIPTION MISCELLANEOUS AMOUNT 1,692 DESCRIPTION ADMINISTRATION AMOUNT 15,450 TOTAL TO FORM 990-EZ, LINE 16 64,495
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION PRIOR YEAR ADJUSTMENT AMOUNT -381
FORM 990EZ, PART V, LINE 34	CHANGE IN BYLAWS	THE BY LAWS OF THE ORGANIZATION WERE UPDATED TO REFLECT THE FOLLOWING CHANGES - THE TITLE "DIRECTOR" REPLACES THE TITLE OF "MEMBER" - UPDATED POLICIES OF FILLING VACANCIES ON THE BOARD - UPDATED PROCEDURES FOR THE BOARD MEETINGS - UPDATED POLICIES REGARDING CALCULATION AND PAYMENT OF MEMBERSHIP DUES - ADDED A SECTION TO SPECIFICALLY STATE THAT THE ORGANIZATION SHALL NOT FORM A POLITICAL ACTION COMMITTEE, ENDORSE ANY CANDIDATE FOR POLITICAL OFFICE, OR FORM AN AFFILIATION WITH ANY POLITICAL PARTY

## TY 2011 Transfers Personal Benefits Contracts Declaration

**Name:** MINNESOTA INSTITUTE OF PUBLIC FINANCE

**EIN:** 41-1393891

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:

Software Version:

EIN: 41-1393891

Name: MINNESOTA INSTITUTE OF PUBLIC FINANCE

Form 990-EZ, Special Condition Description:

Special Condition Description
-------------------------------

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PAUL REBHOLZ 608 SECOND AVENUE SOUTH 10TH FLOOR MINNEAPOLIS,MN 55479	PRESIDENT 0 00	0	0	0
LYNN ENDORF 50 SOUTH SIXTH STREET SUITE 1500 MINNEAPOLIS,MN 55402	VICE PRESIDENT 0 00	0	0	0
MARY IPPEL 2200 FIRST NATIONAL BANK BUILDING ST PAUL,MN 55101	VP - EDUCATION 0 00	0	0	0
SCOTT MCLINDEN 50 SOUTH SIXTH STREET SUITE 1300 MINNEAPOLIS,MN 55402	VP - EDUCATION 0 00	0	0	0
FRANK FALLON 60 SOUTH SIXTH STREET P15 MINNEAPOLIS,MN 55402	SECRETARY 0 00	0	0	0
HEATHER CASPERSON 800 NICOLLET MALL SUITE 2710 MINNEAPOLIS,MN 55402	TREASURER 0 00	0	0	0
KATHY AHO 380 JACKSON STREET SUITE 300 ST PAUL,MN 55101	BOARD DIRECTOR 0 00	0	0	0
JOEL GEIST 60 LIVINGSTON AVENUE EP-MN-WS3C ST PAUL,MN 55107	BOARD DIRECTOR 0 00	0	0	0
PETER COOPER 800 NICOLLET MALL SUITE 2600 MINNEAPOLIS,MN 55402	BOARD DIRECTOR 0 00	0	0	0
PAUL DONNA 45 SOUTH SEVENTH STREET SUITE 2500 MINNEAPOLIS,MN 55402	BOARD DIRECTOR 0 00	0	0	0
JAY HINIKER 800 NICOLLET MALL SUITE 2520 MINNEAPOLIS,MN 55402	BOARD DIRECTOR 0 00	0	0	0
DANIEL EITRHEIM 90 SOUTH 7TH STREET SUITE 4400 MINNEAPOLIS,MN 55402	BOARD DIRECTOR 0 00	0	0	0