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Department of the Treasury
Internal Revenue Service

▶ 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 

J Tax-Exempt status (check only one)— ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 36,388**

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

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	81,630	22	62,417
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	81,630	25	62,417
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	81,630	27	62,417

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?
See Schedule O

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 ANNUAL FALL CONFERENCE is a state-wide meeting that provides continuing education for for members and non-members Student members also present papers and exhibits An average of 300 members attend the annual meeting (Grants \$) If this amount includes foreign grants, check here		28a	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
29 GENERAL MEMBER SERVICES maintain membership information, offer continuing education opportunities, provides speakers at student meetings and sponsors a student bowl competition each year 300-375 student members participate in the (Grants \$) If this amount includes foreign grants, check here		29a	
30 RADIATION SAFETY OFFICER SEMINARS are offered to medical personnel across the state The seminars provide information, forms and interpretation of new state x-ray rules Approximately 90 people attended the RSO seminars this year (Grants \$) If this amount includes foreign grants, check here		30a	
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	No	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not 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 Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No	
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	37a		
b	Did the organization file Form 1120-POL for this year?	37b	No	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or 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	38b		
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955			
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		
41	List the states with which a copy of this return is filed	MN		
42a	The organization's books are in care of	Sonya Gile	Telephone no	(800) 899-6778
	300 33rd Ave S			
	Located at	Waite Park, MN	ZIP + 4	56387
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)?	42b	Yes	No
	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 .			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	Yes	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		No

		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		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
NONE				

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
NONE		

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	2012-08-27 Date		
	SONYA GILE TREASURER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature Karen M Touchi-Peters	Date 2012-08-27	Check if self-employed ☒	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Karen M Touchi-Peters CPA 1123 Monroe St NE Minneapolis, MN 554131457			EIN
				Phone no (612) 331-6094

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

Additional Data

Software ID: 11000218
Software Version: 2011.0.0
EIN: 41-6084225
Name: MINNESOTA SOCIETY OF RADIOLOGIC
TECHNOLOGISTS

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
Erin Erickson 300 33rd Ave S Ste 101 Waite Park, MN 56387	Chairman 002 00	0		
Dana Woelfel 300 33rd Ave S Ste 101 Waite Park, MN 56387	President 002 00	0		
Colleen Brady 300 33rd Ave S Ste 101 Waite Park, MN 56387	President Elect 002 00	0		
Jessica Nachreiner 300 33rd Ave S Ste 101 Waite Park, MN 56387	Secretary 002 00	0		
Sonya Gile 300 33rd Ave S Ste 101 Waite Park, MN 56387	Treasurer 002 00	0		
Alicia Schuette 300 33rd Ave S Ste 101 Waite Park, MN 56387	Director 002 00	0		
Jill Anderson 300 33rd Ave S Ste 101 Waite Park, MN 56387	Director 002 00	0		
Deanna Butcher 300 33rd Ave S Ste 101 Waite Park, MN 56387	Director 002 00	0		
Cheryl Lewis 300 33rd Ave S Ste 101 Waite Park, MN 56387	Director 002 00	0		

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 SOCIETY OF RADIOLOGIC TECHNOLOGISTS**Employer identification number**

41-6084225

Identifier	Return Reference	Explanation
Form 990 Part III		To promote quality patient care, establish and maintain high standards of education and training strive to improve public awareness of our profession acknowledge issues affecting our profession and create and increase interactions the the health care community
		Form 990-EZ, Part I, Line 10, Grants Paid Activity Scholarships, Grantee 3 individual recipients, Cash Grant 3,000, Relationship none Form 990-EZ, Part I, Line 16, Other Expenses Travel 4,588 Form 990-EZ, Part I, Line 16, Other Expenses Dues and conferences 150 Form 990-EZ, Part I, Line 16, Other Expenses Student bowl 3,594 Form 990-EZ, Part I, Line 16, Other Expenses Annual meeting 4,043 Form 990-EZ, Part I, Line 16, Other Expenses Member services 1,444 Form 990-EZ, Part I, Line 16, Other Expenses Annual fall conference 27,703 Form 990-EZ, Part I, Line 16, Other Expenses Office supplies 128 Form 990-EZ, Part I, Line 16, Other Expenses Board meeting expense 1,446 Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 15 Form 990 Part III To promote quality patient care, establish and maintain high standards of education and training strive to improve public awareness of our profession acknowledge issues affecting our profession and create and increase interactions the the health care community