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DLN: 93493093005063

Department of the Treasury

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

·The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 09-01-2011 and ending 08-31-2012 D Employer identification number B Check if applicable EDUCATION MINNESOTA 41-1916882 Address change Doing Business As E Telephone number Name change (651) 227-9541 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite G Gross receipts \$ 29,930,783 41 SHERBURNE AVENUE Terminated City or town, state or country, and ZIP + 4 ST PAUL, MN 55103 Amended return Application pending Name and address of principal officer $\mathbf{H(a)}$ Is this a group return for THOMAS DOOHER ΓYes **Γ**Nο affiliates? 41 SHERBURNE AVENUE ST PAUL, MN 55103 H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Group exemption number 🕨 H(c) Website: ► EDUCATIONMINNESOTA ORG K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► \boldsymbol{M} State of legal domicile L Year of formation 1998 Part I Summary Briefly describe the organization's mission or most significant activities EDUCATION MINNESOTA IS A LABOR UNION REPRESENTING OVER 70.000 MEMBERS WHO WORK IN PUBLIC SCHOOLS. HIGHER EDUCATION AND OTHER RELATED FIELDS THROUGHOUT THE STATE Activities & Governance 2 Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 41 Number of independent voting members of the governing body (Part VI, line 1b). 170 5 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 6 Total number of volunteers (estimate if necessary) . 6 230 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 182,055 b Net unrelated business taxable income from Form 990-T, line 34 7b 75,960 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 0 29,513,420 29,261,891 Program service revenue (Part VIII, line 2g) . 218.785 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 213.551 422,400 450,107 11 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 30,149,371 29,930,783 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 72,537 204,653 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 19,691,614 17,737,469 5 - 10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . 8,732,024 8,443,977 28,496,175 26,386,099 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,544,684 19 Revenue less expenses Subtract line 18 from line 12 1,653,196 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 42,643,923 Total assets (Part X, line 16) . 39,122,339 21 Total liabilities (Part X, line 26) 18.811.602 29.405.753 13,238,170 22 20,310,737 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. ***** 2013-03-31 Signature of officer Sign Here THOMAS DOOHER PRESIDENT Type or print name and title Date Check if Preparer's taxpayer identification number 2013-03-18 GREG EMMERICH sıgnature

Firm's name (or yours if self-employed), address, and ZIP + 4

HARRINGTON LANGER & ASSOCIATES

May the IRS discuss this return with the preparer shown above? (see instructions)

563 PHALEN BLVD

SAINT PAUL, MN 55130

Paid

Preparer's

Use Only

employed 🕨 🧧

EIN ▶

Phone no (651) 481-1128

Pari	3111			Accomplishments e to any question in this Part II:		
1	Briefl	y describe the organi	ızatıon's mıssıon			
				PRESENTING OVER 70,000 MI UGHOUT THE STATE	EMBERS WHO WORK IN PUBLI	IC SCHOOLS, HIGHER
2	the pr		-EZ?	orogram services during the yea		Yes ✓ No
3	Did th		conducting, or make	e significant changes in how it co		Yes ✓ No
	If "Ye	s," describe these ch	anges on Schedule C)		
4	exper	ses Section 501(c)	(3) and 501(c)(4) org	complishments for each of its th ganizations and section 4947(a nses, and revenue, if any, for ea)(1) trusts are required to repor	
4a	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
	TEAC		IONAL DEVELOPMENT, NE	N MINNESOTA CURRENTLY HAS ABOUT GOTIATE AND MAINTAIN WORK CONTR		
4b	(Code)	(Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code	e)	(Expenses \$	ıncludıng grants of \$) (Revenue \$)
4d		er program services enses \$	•	e O) g grants of \$) (Revenue \$)
4e	Tota	l program service exp	penses ⊩ \$			

Part IV	Checklist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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.	11b		No
С	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.	11c		No
d	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.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II and IV.	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	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," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 56			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year [?]	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 or securities account)?	4a		No
b	·			
_	If "Yes," enter the name of the foreign country ►			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	JU		
٠	Tries to line 3a or 3b, did the organization me Form 6888-17	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
	were not tax deductible?	OD		
_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
a	services provided to the payor?	/a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
٦	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	76		
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
42	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a 14b		140
b	If "Yes" has if filed a Form //) to report these navments? If "No" provide an explanation in Schedille()	14h I		

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

Check if Schedule O	contains a	a response to a	nv auestion	in this Part VI	_			_	_	_		_	-	. ᅜ
Check il ocheadic o	contains c	a response to a	i, question	iii ciiio i aic vi	•	•	•	•		•	•	•	•	• •

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			ī
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<u> </u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			

- 17 List the States with which a copy of this Form 990 is required to be filed►MN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MICHAEL ROEHL

41 SHERBURNE AVENUE

ST PAUL, MN 55103 (651) 292-4810

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any 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, or 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 neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) (C) A verage hours more than one box, unless person is both an officer and a director/trustee)							Repo compo froi organiz	(D) ortable ensation m the ration (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F Estim amount of compen from organizat	ated of other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	relat organız	I .
See A	dditional Data Table						-						
													_
												ļ	
	0.1.7.1							<u> </u> ▶				<u> </u>	
1b c	Sub-Total	to Part VII. Sec			•	•		<u>-</u>					
d	Total (add lines 1b and 1c) .						•	>		1,564,888			797,428
2	Total number of individuals (incl \$100,000 of reportable compen						above) who	receive	d more th	an		
3	Did the organization list any for	mer officer, dired	torort	ruste	ee, k	ey e	mploy	ee, c	or highes	t compens	sated employee	Yes	No
	on line 1a? If "Yes," complete Sch	•					•	•				3	No
4	For any individual listed on line : organization and related organiz												
_	ındıvıdual			•	•			•			<u> </u>	4 Yes	
5	Did any person listed on line 1a services rendered to the organiz						•		_		or individual for	5	No
	ction B. Independent Con	tractors										1	
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper n the organizatio											
		(A) ne and business add	dress							Desc	(B)	(C	
11 EA	MORELAND FLINT ST SUPERIOR STREET IH, MN 55802	The drid business da	u1C33							MEDIA PROI	•		1,107,900
RR D	DNNELLEY INC OUTH WACKER DRIVE									PRINTING S	VCS		152,724
MILLE 120 S	AGO, IL 60606 R OBRIEN CUMMINS PLLP OUTH 6TH ST									LEGAL SERV	TICES		107,357
MINN	EAPOLIS, MN 55402												
2	Total number of Independent cont	ractors (includir	ng but r	ot lir	nited	to	those	liste	d above)	who recei	ved more than	+ -	

\$100,000 of compensation from the organization $\blacktriangleright 3$

Form 99							Page 9
Part \	/	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
# \$ # s	1a	Federated campaigns 1a					
듄둦	b	Membership dues 1b					
S.G	c	Fundraising events 1c					
無った	d	Related organizations 1d					
<u>3</u> .5	e	Government grants (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$					
9 5 7	h	Total. Add lines 1a-1f	▶				
		В	usiness Code				
Program Service Revenue	2a	DUES INCOME		29,308,493	29,308,493		
£6. ₹6	ь	FALL PROFESSIONAL CONFERENCE		134,575			134,575
93	С	SERVICE CONTRACTS		86,875	86,875		
Ē.	d	LESS 990T CIRCULATION INCOME		-268,052	-268,052		
<i>∂</i> } =	e						
grag.	f	All other program service revenue					
Š		Total. Add lines 2a-2f	<u> </u>	20.261.001			
	д 3	Investment income (including dividends, i		29,261,891			
		and other similar amounts)	. 1	218,785			218,785
	4	Income from investment of tax-exempt bond proce					
	5	Royalties	▶				
			(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss)	 ►				
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d 8a	1	▶				
Other Revenue	oa	s of contributions reported on line 1c)					
Вe		See Part IV, line 18					
ē	Ь	Less direct expenses b					
₹	_ c	Net income or (loss) from fundraising ever	nts 🕨				
	9a	Gross income from gaming activities See Part IV, line 19					
	b c	Less direct expenses b Net income or (loss) from gaming activitie	s				
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of invento	ry -				
		Miscellaneous Revenue Bi	usiness Code				
	11a	THE EDUCATOR	511120	450,107	268,052	182,055	
	Ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		450,107			
	12	Total revenue. See Instructions	. ►	29,930,783	29,395,368	182,055	353,360

3

5

7

10

12

14

15

17

18

19

20 21

23

25

Total functional expenses. Add lines 1 through 24f

SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Joint costs. Check here ► 🗆 If following

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 204,653 204,653 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,223,765 1,223,765 key employees . . . 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 10,149,744 10,149,744 Pension plan contributions (include section 401(k) and section 2,366,553 403(b) employer contributions) 2,366,553 Other employee benefits 3,106,850 3,106,850 890,557 890,557 Fees for services (non-employees) 11 Management Legal Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Advertising and promotion . . . Office expenses 1,140,475 1,140,475 13 Information technology Royalties . . 16 436,070 436,070 1,663,720 1,663,720 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Payments to affiliates 851,469 851,469 22 Depreciation, depletion, and amortization 566,423 566,423 93,895 93,895 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) **OUTSIDE SERVICES** 2,171,883 2,171,883 STATE AND LOCAL PROJECTS 817,394 817,394 MISCELLANEOUS 335,542 335,542 READERSHIP COSTS 300,034 300,034 d е All other expenses 67,072 67,072

26,386,099

26,386,099

0

0

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,000 1,000 1 1 36.059.825 39.393.637 2 2 3 1.012.836 4 1.306.726 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 496,911 7 283,333 8 9 9 319,700 562.027 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 7,137,234 Part VI of Schedule D 10a 10b 6,040,034 b Less accumulated depreciation 1,232,067 10c 1,097,200 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 39, 122, 339 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 42,643,923 18,707,552 17 29,300,903 17 Accounts payable and accrued expenses . 18 18 19 104,050 19 104,850 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D 26 18,811,602 26 29,405,753 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 6,508,450 27 -686,751 Unrestricted net assets 13.802.287 28 13.924.921 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 20.310.737 33 13.238.170 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 39.122.339 42.643.923

Ра	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29.9	30,78			
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,386					
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,3	310,73			
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-10,6	517,25			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		13,2	238,17			
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII							
1	Accounting method used to prepare the Form 990			Yes	No			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No			
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes				
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Both consolidated and separated basis	sued						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a		No			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b					

Software ID: Software Version:

EIN: 41-1916882

Name: EDUCATION MINNESOTA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	Average Position (check all hours that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
TOM DOOHER PRESIDENT	40 00	х		х				168,587	0	83,824
PAUL MUELLER VICE PRESIDE	40 00	Х		х				126,299	0	68,535
DENISE SPECHT	40 00	Х		Х				126,058	0	54,765
TREASURER/SE ADELE MUNSTERMAN BOARD MEMBER	2 00	Х						0	0	0
ANN MILLER BOARD MEMBER	2 00	Х						0	0	0
BILL HJERTSTEDT BOARD MEMBER	2 00	Х						0	0	0
BOB MILLETTE BOARD MEMBER	2 00	Х						0	0	0
BOB NYSTROM BOARD MEMBER	2 00	Х						0	0	0
BRUCE MULDER BOARD MEMBER	2 00	Х						0	0	0
CALLIE BUSH BOARD MEMBER	2 00	Х						0	0	0
CATHY STRINGFIELD BOARD MEMBER	2 00	Х						0	0	0
CHARLIE MATERNUS BOARD MEMBER	2 00	Х						0	0	0
DENNIS FISCHER BOARD MEMBER	2 00	Х						0	0	0
DON SINNER BOARD MEMBER	2 00	Х						0	0	0
GREGG WRIGHT BOARD MEMBER	2 00	Х						0	0	0
JANET BAUGHMAN BOARD MEMBER	2 00	Х						0	0	0
JEANNE BROWN-KRUESEL BOARD MEMBER	2 00	Х						0	0	0
JEREMY PETERSON BOARD MEMBER	2 00	Х						0	0	0
PAUL GOUPIL BOARD MEMBER	2 00	Х						0	0	0
RICHARD ROSIVACH BOARD MEMBER	2 00	Х						0	0	0
JOE CERAR BOARD MEMBER	2 00	Х						0	0	0
JOSIAH HILL BOARD MEMBER	2 00	Х						0	0	0
JULIE BLAHA BOARD MEMBER	2 00	Х						0	0	0
KATE SCHMIDT BOARD MEMBER	2 00	Х						0	0	0
KIMBERLY COLBERT BOARD MEMBER	2 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per	Posi	tion that a	c) (che	/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
		ă;	ខ្មុំ			Bred ed							
LEE CARLSON BOARD MEMBER	2 00	Х						0	0	0			
LYNETTE WAYNE BOARD MEMBER	2 00	Х						0	0	0			
LYNN NORDGREN BOARD MEMBER	2 00	Х						0	0	0			
MARY CATHRYN RICKER BOARD MEMBER	2 00	Х						0	0	0			
MARY DELEON-DENTON BOARD MEMBER	2 00	Х						0	0	0			
MICHAEL MULLINS BOARD MEMBER	2 00	Х						0	0	0			
PAM MIKKELSON BOARD MEMBER	2 00	Х						0	0	0			
PATTY POLASKY BOARD MEMBER	2 00	Х						0	0	0			
ROB GARDNER BOARD MEMBER	2 00	Х						0	0	0			
ROB PANNING-MILLER BOARD MEMBER	2 00	Х						0	0	0			
ROB SIMONICH BOARD MEMBER	2 00	Х						0	0	0			
ROBIN COURRIER BOARD MEMBER	2 00	Х						0	0	0			
RODNEY ROWE BOARD MEMBER	2 00	Х						0	0	0			
SHARON KJELLBERG BOARD MEMBER	2 00	X						0	0	0			
STEVE HINRICHS BOARD MEMBER	2 00	Х						0	0	0			
SUE SNYDER BOARD MEMBER	2 00	Х						0	0	0			
WALT MUNSTERMAN BOARD MEMBER	2 00	Х						0	0	0			
CHAD GRASSEL BOARD MEMBER	2 00	Х						0	0	0			
RYAN ROSEEN BOARD MEMBER	2 00	Х						0	0	0			
MICHELLE BACON BOARD MEMBER	2 00	Х						0	0	0			
KARL AARO EXECUTIVE DI	40 00			Х				168,187	0	83,090			
CURT KRIZAN CFO	40 00			Х				112,855	0	56,311			
MICHAEL ROEHL CFO	40 00			Х				31,031	0	15,863			
MICHAEL DEAN EXECUTIVE DI				Х				5,203	0	0			
ANNE KRISNIK GENERAL COUN	40 00				Х			156,627	0	79,339			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		tion that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
GARY WESTORFF DIRECTOR OF	40 00					Х		148,557	0	76,346	
ALVE JEMTRUD DIRECTOR OF	40 00					х		142,070	0	74,287	
BRANDON RETTKE DIR OF PUBLI	40 00					Х		132,550	0	69,479	
KENNETH HUGHTO FIELD STAFF	40 00					Х		123,679	0	67,568	
JAN ALSWAGER CHIEF LOBBYI	40 00					Х		123,185	0	68,021	

DLN: 93493093005063

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

EDU	CATION MINNESOTA					
				1916882		
Pa	Organizations Maintaining Donor Ad		unds	or Accounts	. Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	1	(b) Funds and o	thoraccou	ntc
	Total number at end of year	(a) Dollor advised fullds	'	(b) Fullus allu o	ther accou	111.5
	·					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	-	or adv	ısed	☐ Yes	√ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	√ No
I	Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV	', lıne 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of a c	certifie	d historic struc		a
	easement on the last day of the tax year	ī		<u> </u>		
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements	}	2b			
	Number of conservation easements on a certified his	` '	2c			
	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfer the taxable year ▶	erred, released, extinguished, or terminate	ed by th	ne organization	during	
	Number of states where property subject to conserva	ation easement is located ►				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of	violations, and	┌ Yes	√ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents d	uring the year	+	
	A mount of expenses incurred in monitoring, inspecti					
	▶ \$,		y ,		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	√ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial				
H	Organizations Maintaining Collection Complete if the organization answered	ns of Art, Historical Treasures,	or Ot	her Similar <i>i</i>	Assets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or research	ch in fu			≘,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or finan			
	Revenues included in Form 990, Part VIII, line 1	<u> </u>		> \$		
				· · · ——		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	cal Tr	easu	res, or C	<u> </u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	e foll	_		_			llection	 1	
а	Public exhibition		d	Г	Loan	orexc	hange prog	rams				
b	Scholarly research		е	Γ	Other	=						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and expla	ın how	v they	furthe	rthe o	organızatıoı	n's ex	empt purp	ose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t								nılar	Г	Yes	√ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am	ements. Comple	ete ıf	the o	organi	zatioi			es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	diary	for c	ontribu	tions	or other ass	setsı	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	' and complete the t	follow	ıng ta	ble		Г			Amou	ınt	
_	Da manana balana a						-	1.		Amot	ını	
q C	Beginning balance						}	1c				
d	Additions during the year						}	1d				
e	Distributions during the year						ŀ	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo		21?							Г	Yes	▼ No
	If "Yes," explain the arrangement in Part XIV											
Pai	t V Endowment Funds. Complete	f the organization (a)Current Year		were Prior Y			Form 990 o Years Back		t IV, line Three Years E		NEOUr V	ears Back
1a	Beginning of year balance	(a)current rear	(0)	FIIOI	Cai	(C) W	O Teats back	1(4)	Tillee Teals L	Jack (e) Our Te	cais back
b	Contributions							+				
c	Investment earnings or losses							+				
d	Grants or scholarships							+				
e	Other expenditures for facilities							+		_		
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held a	ıs									
а	Board designated or quasi-endowment											
b	Permanent endowment -											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	hat a	re helo	d and a	ıdmınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations				•					3a(ii)		No
	If "Yes" to 3a(II), are the related organization							•		3b		No
4	Describe in Part XIV the intended uses of the											
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa							Т		
	Description of property				Cost or s (invest		(b) Cost or o		(c) Accumi deprecia		(d) Bo	ok value
1 a l	and											
b i	Buildings		•									
c l	easehold improvements						50	0,506		3,888		46,618
								0.252	5.3	09,596		390,757
d I	Equipment						5,70	0,353	3,3	09,390		390,737
	equipment	· · · · ·						6,375	,	26,550		659,825

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	

	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,930,783
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,386,099
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,544,684
4	Net unrealized gains (losses) on investments	4	-45,503
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-45,503
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,499,181
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	29,885,280
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-45,503
3	Subtract line 2e from line 1	3	29,930,783
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4 c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	29,930,783
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial	1	26,386,099
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	26,386,099
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	26,386,099
	t XIV Supplemental Information		

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

Identifier Return Reference Explanation

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No 1545-0047

DLN: 93493093005063

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the omanization

EDUCATION MINNESOTA

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

Part IV and Schedule I-1 (Form 990) if additional space is needed

41-1916882 Part I General Information on Grants and Assistance 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 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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

(a) Name and address of **(b)** EIN (c) IRC Code section (d) Amount of cash (e) A mount of non-(g) Description of (f) Method of (h) Purpose of grant organization ıf applicable valuation non-cash assistance or assistance cash (book, FMV, appraisal or government assistance other) (1) CHASKA EDUCATION 23-7125654 5 6,317 CRISIS FUND ASSOCIATION4640 GRANT QUANTICO LN N PLYMOUTH, MN 55446 (2) ELK RIVER EDUCATION 23-7125522 5 10,081 CRISIS FUND ASSOCIATION555 GRANT RAILROAD DRIVE ELK RIVER, MN 55330 (3) LAKEVILLE 23-7016848 13,179 CRISIS FUND **FDUCATION MINNESOTA** GRANT 9115 205TH ST W LAKEVILLE, MN 55044 (4) MINNEAPOLIS 41-0833701 5 67,060 CRISIS FUND FEDERATION OF GRANT TEACHERS67 8TH AVE NE MINNEAPOLIS, MN 55413 5 (5) BECKER EDUCATION 23-7125489 7,137 CRISIS FUND ASSOCIATION12000 GRANT HANCOCK ST SE BECKER, MN 55308 (6) EDUCATION 41-6084255 5,853 CRISIS FUND MINNESOTA GRAND GRANT RAPIDS820 NW FIRST AVENUE GRAND RAPIDS, MN 55744 (7) MAHTOMEDI 23-7125433 6,698 CRISIS FUND FDUCATION GRANT ASSOCIATION666 S WARNER AVE MAHTOMEDI, MN 55115 CRISIS FUND (8) PRIOR LAKE SAVAGE 23-7125446 5 9,701 EDUCATION ASSOCIA GRANT 4540 TOWER ST SE PRIOR LAKE, MN 55372 (9) WEST ST PAUL 41-6039758 5,027 CRISIS FUND GRANT FEDERATION OF TEACHERS1050 MOONGLOWRD HUDSON, WI 54016 (10) WHITE BEAR LAKE 23-7125469 17,399 CRISIS FUND TEACHERS ASSOCIATIO GRANT 4855 BLOOM AVENUE WHITE BEAR LAKE, MN 55110

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

Software ID:

Software Version:

EIN: 41-1916882

Name: EDUCATION MINNESOTA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHASKA EDUCATION ASSOCIATION4640 QUANTICO LN N PLYMOUTH, MN 55446	23- 7125654	5	6,317				CRISIS FUND GRANT
ELK RIVER EDUCATION ASSOCIATION555 RAILROAD DRIVE ELK RIVER, MN 55330	23- 7125522	5	10,081				CRISIS FUND GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKEVILLE EDUCATION MINNESOTA9115 205TH ST W LAKEVILLE, MN 55044	23- 7016848	1 5	13,179				CRISIS FUND GRANT
MINNEAPOLIS FEDERATION OF TEACHERS67 8TH AVE NE MINNEAPOLIS, MN 55413	41- 0833701	5	67,060				CRISIS FUND GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECKER EDUCATION ASSOCIATION 12000 HANCOCK ST SE BECKER, MN 55308	23- 7125489	5	7,137				CRISIS FUND GRANT
EDUCATION MINNESOTA GRAND RAPIDS820 NW FIRST AVENUE GRAND RAPIDS, MN 55744	41- 6084255	5	5,853				CRISIS FUND GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAHTOMEDI EDUCATION ASSOCIATION666 S WARNER AVE MAHTOMEDI, MN 55115	23- 7125433	5	6,698				CRISIS FUND GRANT
PRIOR LAKE SAVAGE EDUCATION ASSOCIA4540 TOWER ST SE PRIOR LAKE, MN 55372	23- 7125446	5	9,701				CRISIS FUND GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST ST PAUL FEDERATION OF TEACHERS1050 MOONGLOW RD HUDSON,WI 54016	41- 6039758	5	5,027				CRISIS FUND GRANT
WHITE BEAR LAKE TEACHERS ASSOCIATIO4855 BLOOM AVENUE WHITE BEAR LAKE, MN 55110	23- 7125469	5	17,399				CRISIS FUND GRANT

Compensation Information

DLN: 93493093005063

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990. Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	
DUCATION MINNESOTA	

Employer identification number

41-1916882

Pai	t I Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	Compensation committee	고	Written employment contract			
	✓ Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	nt?	4a		No
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and \boldsymbol{p}	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of \ensuremath{A}	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described i					
	ın Part III	3-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8		
9	If "Yes" to line 8, did the organization also follow th section $53 4958-6(c)$?	e rebutti	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	bellettes	(8)(1) (8)	Form 990 or Form 990-EZ	
(1) TOM DOOHER	(ı) (ıı)	165,454		3,133	59,751	24,073	252,411		
(2) PAUL MUELLER	(ı) (ıı)	124,050		2,249	44,802	23,733	194,834		
(3) DENISE SPECHT	(ı) (ıı)	124,050		2,008	44,802	9,963	180,823		
(4) KARL AARO	(ı) (ıı)	163,467		4,720	59,034	24,056	251,277		
(5) CURT KRIZAN	(I) (II)	111,265		1,590	40,197	16,114	169,166		
(6) ANNE KRISNIK	(ı) (ıı)	153,320		3,307	55,366	23,973	235,966		
(7) GARY WESTORFF	(ı) (ıı)	145,211		3,346	52,439	23,907	224,903		
(8) ALVE JEMTRUD	(I) (II)	139,636		2,434	50,426	23,861	216,357		
(9) BRANDON RETTKE	(ı) (ıı)	128,335		4,215	45,711	23,768	202,029		
(10) KENNETH HUGHTO	(ı) (ıı)	123,131		548	43,842	23,726	191,247		
(11) JAN ALSWAGER	(ı) (ıı)	122,668		517	44,299	23,722	191,206		

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

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DLN: 93493093005063

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Identifier

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.

Evolunation

Open to Public Inspection

Name of the organization	Employer identification number
EDUCATION MINNESOTA	
	41_1016992

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	ADELE MUNSTERMAN WALT MUNSTERMAN BOARD MEMBER BOARD MEMBER MARRIED
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION IS ORGANIZED WITH 70,000 EDUCATIONAL MEMBERS
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE ORGANIZATION HAS APPROXIMATELY 70,000 MEMBERS FROM THE PUBLIC EDUCATION FIELD IN THE STATE OF MINNESOTA
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	AMENDMENTS TO CONSTITUTION AND BY LAWS
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE GOVERNING BOARD REVIEWS THE 990 BEFORE IT IS FILED
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ANNUAL DISCLOSURES ARE COMPLETED WITH A REVIEW BY LEGAL COUNSEL IF ANY CONFLICTS ARE NOTED
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	ON A PERIODIC BASIS THE ORGANIZATION PERFORMS A COMPENSATION ANALYSIS AND INDUSTRY SURVEY FOR THE EXECUTIVE DIRECTOR AND SETS THE COMPENSATION BASED ON THE FINDINGS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	ON A PERIODIC BASIS THE ORGANIZATION PERFORMS A COMPENSATION ANALYSIS AND INDUSTRY SURVEY THE KEY EMPLOYEES' COMPENSATION IS BASED ON AN ALLOCATION FIGURE, WHERE THE EXECUTIVE DIRECTOR'S COMPENSATION IS THE BENCHMARK FIGURE
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

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DLN: 93493093005063

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization **EDUCATION MINNESOTA** 41-1916882

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti organ	ızatıon
						Yes	No
(1) EM-POLITICAL ACTION COMMITTEE							
41 SHERBURNE AVE	POLITICAL	MN	527		N/A		No
ST PAUL, MN 55103 23-7084047							
(2) EDUCATION MINNESOTA FOUNDATION							
41 SHERBURNE AVE	FOUNDATION	MN	501C3	7	N/A		No
ST PAUL, MN 55103 41-1411046							
(3) EDUCATION MINNESOTA PROPERTIES							
41 SHERBURNE AVE	PROPERTIES	MN	501C2		N/A		No
ST PAUL, MN 55103 41-0417180							

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

nanaging (k)	es No				
(j) General d managing partner?	Yes N				<i>i</i>
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					1
rtionate	No		<u>. </u>		
(h) Dispropr allocatio	Yes				
(g) Share of end-of- year assets					
(f) Share of total Income					
(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)					
,					
(c) Legal domicile (state or foreign country)					
Philitary activity					
(a) Name, address, and EIN of related organization					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ECONOMIC SERVICES INC 41 SHERBURNE AVENUE ST PAUL, MN 55103 41-1224300	PURCH AGT	MN	PROPERTIES	C CORP			

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV		, , ,, -		Yes	No		
1 During the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations listed in Part	s II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	Yes			
b Gift, grant, or capital contribution to related organization(s)			1b		No		
c Gift, grant, or capital contribution from related organization(s)			1c		No		
d Loans or loan guarantees to or for related organization(s)			1d	Yes			
e Loans or loan guarantees by related organization(s)			1e		No		
f Sale of assets to related organization(s)			1f		No		
g Purchase of assets from related organization(s)			1 g		No		
h Exchange of assets with related organization(s)			1h		No		
i Lease of facilities, equipment, or other assets to related organization(s)			1i		No		
j Lease of facilities, equipment, or other assets from related organization(s)			1 <u>j</u>	Yes			
k Performance of services or membership or fundraising solicitations for related organization(s)			1k		No		
I Performance of services or membership or fundraising solicitations by related organization(s)			11		No		
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		No		
n Sharing of paid employees with related organization(s)							
• Reimbursement paid to related organization(s) for expenses			10		No		
p Reimbursement paid by related organization(s) for expenses			1p	Yes			
q Other transfer of cash or property to related organization(s)			1q	Yes			
r Other transfer of cash or property from related organization(s)			1r		No		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including covered relat	nonships and transact	ion thresholds				
(a)	(b)	(c)	(d)				
Name of other organization	Transaction type(a-r)	Amount involved	Method of determin	_	ount		
1) See Addıtıonal Data Table							
2)							
3)							
4)							
5)							
		1	1				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
GROUP EXEMPTION RELATIONSHIPS	SCHEDULE R	EACH PARTY IS RELATED THROUGH COMMON MANAGEMENT

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 41-1916882

Name: EDUCATION MINNESOTA

Form 990, Schedule R, Part V - Transactions With Related Organizations

48,562	AMOUNT RECEIVED
	AMOUNT RECEIVED
468,431	AMOUNT RECEIVED
159,613	AMOUNT RECEIVED
789,468	AMOUNT PAID
283,333	AMOUNT DUE
695,320	AMOUNT PAID
347,660	AMOUNT PAID
23,500	AMOUNT RECEIVED
50,000	AMOUNT RECEIVED
48,562	AMOUNT RECEIVED
468,431	AMOUNT RECEIVED
159,613	AMOUNT RECEIVED
789,468	AMOUNT PAID
283,333	AMOUNT DUE
695,320	AMOUNT PAID
347,660	AMOUNT PAID
23,500	AMOUNT RECEIVED
	283,333 695,320 347,660 23,500 50,000 48,562 468,431 159,613 789,468 283,333 695,320 347,660