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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

MINNESOTA AIDS PROJECT

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

1400 PARK AVENUE S

City or town, state or province, country, and ZIP or foreign postal code

MINNEAPOLIS, MN 55404

F Name and address of principal officer

MICHAEL CASSIDY

1400 PARK AVENUE S

MINNEAPOLIS,MN 55404

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) () (Insert no)☐ 4947(a)(1) or ☐ 527

J Website:

MNAIDSPROJECT.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1983

M State of legal domicile

MN

| Part I | Summary | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---------------------------|----------------------|---|----------------------|----------------------|--|----------------------|----------------------|---|----------------------|----------------------|--|--------------------|--------------------|---|----------------------|----------------------|---|----------------------|----------------------|--|--------------------|---------------------|
| Activities & Governance | <div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>TO LEAD MINNESOTA'S FIGHT TO STOP HIV THROUGH PREVENTION, ADVOCACY, AWARENESS AND SERVICES</div></div> | | | | | | | | | | | | | | | | | | | | | | | | |
| | <div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div> | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table><tr><td><div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div></td><td><div>3</div></td><td><div>17</div></td></tr><tr><td><div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div></td><td><div>4</div></td><td><div>17</div></td></tr><tr><td><div><div>5</div><div>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</div></div></td><td><div>5</div></td><td><div>74</div></td></tr><tr><td><div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div></td><td><div>6</div></td><td><div>1,000</div></td></tr><tr><td><div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div></td><td><div>7a</div></td><td><div>0</div></td></tr><tr><td><div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div></td><td><div>7b</div></td><td><div>0</div></td></tr></table> | <div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div> | <div>3</div> | <div>17</div> | <div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div> | <div>4</div> | <div>17</div> | <div><div>5</div><div>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</div></div> | <div>5</div> | <div>74</div> | <div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div> | <div>6</div> | <div>1,000</div> | <div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div> | <div>7a</div> | <div>0</div> | <div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div> | <div>7b</div> | <div>0</div> | | | | | | |
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Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2014-10-24

Date

MICHAEL CASSIDY

BOARD CHAIR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

ASHLEY C REHN CPA

Preparer's signature

Date

2014-10-24

Check ☐ if self-employed

PTIN

P00965922

Firm's name

REDPATH AND COMPANY LTD

Firm's EIN

41-0975573

Firm's address

4810 WHITE BEAR PARKWAY

WHITE BEAR LAKE, MN 55110

Phone no

(651) 426-7000

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization’s mission

TO LEAD MINNESOTA'S FIGHT TO STOP HIV THROUGH PREVENTION, ADVOCACY, AWARENESS AND SERVICES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

Yes

No






















4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

| | |
|----|---|
| 4a | (Code) (Expenses \$ 1,714,308 including grants of \$ 80,469) (Revenue \$ 67,791) |
| | HIV CARE SERVICES HIV SERVICES FOCUS ON OPTIMIZING THE HEALTH AND WELL-BEING OF PEOPLE LIVING WITH HIV AND REDUCING HIV TRANSMISSION TO OTHERS HOUSING SERVICES FOCUS ON ASSISTING HOUSEHOLDS WITH HIV-POSITIVE MEMBERS IN FINDING AND ACCESSING SAFE AND DECENT HOUSING, PROVIDES THESE HOUSEHOLDS EDUCATION TO BETTER UNDERSTAND THEIR RIGHTS AND RESPONSIBILITIES AS RENTERS, AND HELPS THEM CREATE PLANS TO MAINTAIN HOUSING INTO THE FUTURE -ASSISTED 92 HIV-POSITIVE INDIVIDUALS AND AN ADDITIONAL 55 FAMILY MEMBERS IN FINDING AND MAINTAINING HOUSING -85% OF THE CLIENTS WHO COMPLETED THE PROGRAM MAINTAINED THEIR HOUSING ONE YEAR LATER TRANSPORTATION SERVICES REDUCE BARRIERS TO COMPREHENSIVE CARE BY PROVIDING TRANSPORTATION ASSISTANCE FOR A RANGE OF HEALTH RELATED NEEDS INCLUDING DOCTOR APPOINTMENTS, CASE MANAGEMENT VISITS, PHARMACY PICK-UPS, AND MENTAL HEALTH CARE -PROVIDED TRANSPORTATION SERVICES TO 283 INDIVIDUALS - DISTRIBUTED 222 BUS CARDS -ARRANGED 4,440 CAB RIDES LEGAL SERVICES HELPS PEOPLE ADDRESS CONCERNS RELATED TO BENEFITS, ESTATE PLANNING (E G , HEALTH CARE DIRECTIVES AND POWERS OF ATTORNEY) WORKPLACE OR HOUSING DISCRIMINATION, IMMIGRATION, DEBT, PRIVACY AND OTHER MATTERS - PROVIDED LEGAL ADVOCACY BY RESPONDING TO MORE THAN 407 REQUESTS FOR LEGAL INFORMATION INCLUDING DIRECT REPRESENTATION, BRIEF SERVICES, REFERRALS TO OTHER LEGAL SERVICES, FROM 366 PEOPLE LIVING WITH HIV -RESPONDED TO QUESTIONS FROM PROVIDERS REGARDING THEIR CLIENTS THROUGH A COMBINATION OF A STAFF ATTORNEY, LEGAL STUDENTS, AND COMMITTED VOLUNTEER LAWYERS BENEFITS COUNSELING SERVICES ASSISTS INDIVIDUALS AND PROVIDERS IN UNDERSTANDING HOW TO MAINTAIN HEALTH CARE AND OTHER BASIC NEEDS BENEFITS AT TIMES WHEN THEY MIGHT ALSO BE MANAGING MAJOR LIFE CHANGES BENEFITS COUNSELING ALSO ASSISTS INDIVIDUALS IN ACCESSING AND RETAINING BENEFITS -PROVIDED 371 INDIVIDUAL CONSULTATIONS TO PEOPLE LIVING WITH HIV -PROVIDED 222 CONSULTATIONS TO PROVIDERS SUCH AS CASE MANAGERS AND OTHER PROFESSIONALS TO HELP THEM MEET THEIR CLIENTS' BENEFITS NEEDS -PROVIDED 19 GROUP TRAININGS FOR CLIENTS AND PROVIDERS 15 IN THE TWIN CITIES METRO (10 IN COLLABORATION WITH PROJECT FOR PRIDE IN LIVING) AND 4 IN GREATER MINNESOTA MNSURE PROJECT, WHICH BEGAN OCTOBER 8, 2013, COLLABORATES WITH FOUR OTHER AGENCIES TO CONDUCT OUTREACH IN THE COMMUNITY ABOUT HEALTH CARE REFORM AND ACCESSING HEALTH CARE COVERAGE THROUGH MNSURE, MINNESOTA'S NEW HEALTH INSURANCE MARKETPLACE THE MNSURE PROJECT ASSISTS INDIVIDUALS AND PROVIDERS WITH UNDERSTANDING HOW TO ACCESS HEALTH INSURANCE AND OTHER PROGRAMS THE MNSURE PROJECT ALSO ASSISTS INDIVIDUALS WITH ACTUAL ENROLLMENT INTO HEALTH INSURANCE THROUGH MNSURE -COMPLETED 38 INDIVIDUAL ENROLLMENTS INTO HEALTH INSURANCE THROUGH MNSURE -PROVIDED 52 CONSULTATIONS TO INDIVIDUALS ABOUT MNSURE -CONDUCTED 7 OUTREACH EVENTS 6 IN THE TWIN CITIES METRO AND 1 IN GREATER MINNESOTA CASE MANAGEMENT SERVICES PROVIDES PEOPLE LIVING WITH HIV WITH INDIVIDUAL SUPPORT TO HELP THEM NAVIGATE THE HEALTHCARE AND SOCIAL SERVICE DELIVERY SYSTEMS WORKING WITH A CASE MANAGER, CLIENTS DEVELOP A PLAN TO CONNECT TO SERVICES THAT BEST MEET THEIR NEEDS AND HELP THEM MAKE INFORMED DECISIONS BASED ON THEIR NEEDS, ABILITIES, RESOURCES AND GOALS -PROVIDED CARE PLANNING AND COORDINATION TO 451 INDIVIDUALS LIVING IN THE TWIN CITIES METRO AREA AS WELL AS THOSE LIVING IN AND AROUND DULUTH -98% OF CASE MANAGED CLIENTS HAD HEALTH INSURANCE AS OF DECEMBER 2013, GREATLY INCREASING THE LIKELIHOOD THEY WILL ACCESS AND MAINTAIN NEEDED MEDICAL CARE -94% OF CASE MANAGED CLIENTS HAD DOCUMENTATION OF HAVING SEEN A PROVIDER WITHIN THE LAST SIX MONTHS AS OF DECEMBER 2013 |
| 4b | (Code) (Expenses \$ 1,151,617 including grants of \$) (Revenue \$ 58,854) |
| | HIV EDUCATION AND PREVENTION RISK REDUCTION SERVICES FOCUSES ON STOPPING THE SPREAD OF HIV BY REDUCING THE RISK FOR NEW INFECTIONS, HELPING THOSE AT HIGHEST RISK LEARN THEIR HIV STATUS, AND SUPPORTING OPEN COMMUNICATION AND DISCLOSURE PRIDEALIVE BUILDS A COMMUNITY OF MEN WHO SHARE RESPONSIBILITY FOR CREATING AND PROMOTING SOCIAL NORMS THAT SUPPORT HIV AND STD RISK REDUCTION IN GAY AND BISEXUAL MEN'S COMMUNITIES -STAFF AND PROGRAM VOLUNTEERS MADE 10,789 CONTACTS THROUGH OUTREACH AND HEALTH EDUCATION ACTIVITIES INCLUDING DISTRIBUTING SAFER SEX KITS AND RISK REDUCTION INFORMATION IN VENUES FREQUENTED BY GAY/BISEXUAL MEN -HELD HIV COUNSELING SESSIONS FOR 442 INDIVIDUALS AND TESTED 100% OF THEM THROUGH THE HIV TESTING AND COUNSELING OUTREACH PROGRAM TARGETED TO GAY AND BISEXUAL MEN AT LOCATIONS THROUGHOUT THE TWIN CITIES -LEVERAGED OVER 2,322 HOURS OF VOLUNTEER TIME CONDUCTING PROGRAM ACTIVITIES CHEMICAL HEALTH SERVICES ARE COMPRISED OF THREE EVIDENCED-BASED INTERVENTIONS AND HIV TESTING DESIGNED TO ASSIST HIV-POSITIVE AND HIGH RISK NEGATIVE INDIVIDUALS IN MAINTAINING THEIR HEALTH, IMPROVING THEIR LIVES, AND REDUCING THEIR RISK OF ACQUIRING OR TRANSMITTING HIV -RULE 25 TREATMENT LINKAGE CASE MANAGEMENT PROVIDED CHEMICAL HEALTH ASSESSMENTS, REFERRALS TO CHEMICAL DEPENDENCY TREATMENT, AND BRIEF COUNSELING TO 93 HIV-POSITIVE INDIVIDUALS IN 2013 THE LICENSED ALCOHOL AND DRUG COUNSELOR PROVIDED 164 RULE 25 ASSESSMENTS, REFERRED 89 CLIENTS TO CHEMICAL DEPENDENCY TREATMENT AND PROVIDED AFTERCARE COORDINATION FOR 55 CLIENTS -CLEAR (CHOOSING LIFE, EMPOWERMENT' ACTION' RESULTS') PROVIDES UP TO 27 INDIVIDUAL COUNSELING SESSIONS TO BOTH HIV-POSITIVE AND HIGH-RISK NEGATIVE INDIVIDUALS IN ORDER TO PRODUCE MEANINGFUL BEHAVIOR CHANGE TARGETING YOUNG GAY AND BISEXUAL MEN WITH CHEMICAL HEALTH ISSUES, CLEAR PROVIDED INDIVIDUAL COUNSELING TO 67 PARTICIPANTS IN 2013 - STRONGMEN INITIATIVE (FORMERLY KNOWN AS SHIELD) IS A SIX SESSION GROUP MODEL THAT TRAINS YOUNG GAY AND BISEXUAL MEN (18-29 YEARS OLD) WHO ARE CURRENT OR FORMER SUBSTANCE USERS TO BE PEER EDUCATORS WHO CAN SHARE RISK REDUCTION INFORMATION AND RESOURCES WITH THEIR COMMUNITIES IN ORDER TO HELP THEM BE SAFER IN 2013 THE STRONGMEN INITIATIVE ENROLLED AND WORKED WITH 60 PARTICIPANTS -CTR (COUNSELING, TESTING AND REFERRAL) IS AN HIV AND HEPATITIS C (HCV) TESTING PROGRAM TARGETING YOUNG GAY AND BISEXUAL MEN AGES 18-29 WITH CHEMICAL HEALTH ISSUES IN 2013 THE PROGRAM PROVIDED 801 HIV TESTS WITH 7 PREVIOUSLY UNKNOWN INDIVIDUALS TESTING POSITIVE RESULTING IN A 0 87% POSITIVITY RATE ALL 7 INDIVIDUALS WERE REFERRED TO MEDICAL CARE AND 4 ACCESSED HIV MEDICAL CARE IN 2013 THE PROGRAM PROVIDED 81 HCV TESTS WITH 7 INDIVIDUALS TESTING POSITIVE RESULTING IN AN 8 7% POSITIVITY RATE OUTREACH SERVICES ARE AN EFFORT TO REDUCE HIV, STDs AND HEPATITIS C INFECTIONS AMONG INDIVIDUALS AT HIGH RISK DUE TO SUBSTANCE USING BEHAVIORS -PROVIDED INDIVIDUAL OUTREACH AND EDUCATION INTERVENTIONS INCLUDING SYRINGE EXCHANGE TO 1,733 UNDUPLICATED CLIENTS, DISTRIBUTING 230,105 CLEAN NEEDLES DURING 4,095 SYRINGE EXCHANGE MEETINGS DESIGNED TO REDUCE HIV AND HEPATITIS C RISK FROM INJECTING DRUG USE OR DUE TO OTHER SUBSTANCE USE RISK BEHAVIORS -COLLECTED AND DISPOSED OF 227,686 USED NEEDLES RESULTING IN A 99% RETURN RATE POSITIVE LINK BUILDS A COMMUNITY OF MEN LIVING WITH HIV WHO TAKE AN ACTIVE ROLE IN REDUCING THE IMPACT OF HIV IN THEIR COMMUNITY AND WORK TOGETHER TO MANAGE AND MAINTAIN THEIR HEALTH -CONDUCTED INDIVIDUAL MEETINGS WITH 40 GAY/BISEXUAL MEN WHO WERE NEWLY DIAGNOSED OR RECENTLY MOVED TO THE TWIN CITIES TO PROVIDE EDUCATION, EMOTIONAL SUPPORT, AND ORIENTATION TO POSITIVE LINK AND HIV CARE SERVICES -REACHED 205 INDIVIDUALS LIVING WITH HIV DURING INTERNET OUTREACH INCLUDING THE POSITIVE LINK FACEBOOK GROUP THAT ASSISTS IN CONNECTING MEMBERS STATEWIDE AND INFORMS PARTICIPANTS ABOUT UPCOMING EVENTS, AND PROVIDES HIV RISK REDUCTION AND TRANSMISSION INFORMATION -SERVED 264 GAY/BISEXUAL MEN BY PROVIDING SOCIAL AND HEALTH EDUCATION EVENTS-FACILITATED 3 SIX WEEK HIV SUPPORT GROUPS AND 4 DISCLOSURE DIALOGUES WORKSHOPS SERVING 29 CLIENTS LINKAGE SERVICES HELP TO PROVIDE A LINK BETWEEN PEOPLE SEEKING SERVICES AND THE HIV COMMUNITY, WHETHER FOR PEOPLE NEWLY DIAGNOSED WITH HIV, THOSE AT RISK FOR HIV INFECTION, OR THOSE SEEKING A WAY TO BECOME ENGAGED AS VOLUNTEERS OR ADVOCATES AIDSLINE PROVIDES HIV EDUCATION, RISK ASSESSMENT AND ACCESS TO NEEDED SERVICES TO INDIVIDUALS SEEKING INFORMATION THROUGHOUT MINNESOTA -MAINTAINS A COMPREHENSIVE DATABASE OF STATEWIDE HIV PREVENTION AND CARE RESOURCES THAT IS AVAILABLE ONLINE THROUGH OUR WEBSITE OR IN PRINT UPDATED NEARLY 550 ENTRIES TO INSURE THE ACCURACY OF THIS DATABASE DISTRIBUTED 1,080 COPIES OF THE RESOURCE GUIDE FREE OF CHARGE, STATEWIDE -QUICK CONNECT MET WITH 149 HIV-POSITIVE PEOPLE TO LINK THEM TO MEDICAL AND OTHER HEALTH OR SOCIAL SERVICE CARE QUICK CONNECT CLIENTS ARE NEWLY DIAGNOSED, HAVE RECENTLY MOVED TO MINNESOTA, OR MAY NOT HAVE RECEIVED HIV RELATED CARE FOR SOME TIME THE PROGRAM EMPHASIZES GETTING INDIVIDUALS INTO CARE BY SETTING UP CLINIC APPOINTMENTS AND CHECKING IN WITH CLIENTS TO ENSURE MEDICAL APPOINTMENTS WERE KEPT -RESPONDED TO 4,370 CONTACTS VIA PHONE, ONLINE CHATS, TEXTING, EMAIL OR DROP-IN VISITS TRAINING, EDUCATION, AND CAPACITY-BUILDING FOR HIV (TEACH) PROVIDES CURRICULUM-BASED HIV EDUCATION AND SPEAKERS FOR VARIOUS COMMUNITY AND PROFESSIONAL GROUPS -DELIVERED HIV AND HEPATITIS C INSTRUCTORS TRAINING TO 207 INDIVIDUALS -DELIVERED PROFESSIONAL CONTINUING EDUCATION COURSES TO 209 PARTICIPANTS -DELIVERED ADVANCED HIV TRAINING IN OUR HIV INSTITUTES TO 159 PARTICIPANTS - DELIVERED A 2 DAY TRAINING CURRICULUM FOR LICENSED ALCOHOL AND DRUG COUNSELORS TITLED 'THE INTERSECTION OF CHEMICAL HEALTH AND HIV' AT 59 SITES THROUGHOUT MINNESOTA, REACHING 102 INDIVIDUALS -PROVIDED BASIC HIV EDUCATION IN-PERSON AT 390 EVENTS, REACHING 8,902 INDIVIDUALS - DISTRIBUTED 6,914 HIV EDUCATIONAL MATERIALS TO THE GENERAL PUBLIC |
| 4c | (Code) (Expenses \$ 1,012,834 including grants of \$ 1,012,834) (Revenue \$) |
| | EMERGENCY ASSISTANCE EMERGENCY FINANCIAL ASSISTANCE PROVIDES FINANCIAL ASSISTANCE FOR FOOD, RENT, MORTGAGE, UTILITIES, AND MEDICAL CARE TO LOW INCOME HIV-POSITIVE HOUSEHOLDS THROUGHOUT MINNESOTA IN 2013 THE PROGRAM PROVIDED ASSISTANCE TO MORE THAN 1,563 HOUSEHOLDS THROUGH -915 FOOD CERTIFICATES -119 PAYMENTS FOR HEALTH CARE INSURANCE -681 PAYMENTS TO LANDLORDS FOR RENT -133 PAYMENTS FOR MEDICAL COSTS NOT COVERED BY INSURANCE -569 PAYMENTS FOR UTILITIES SUCH AS HEATING OR ELECTRIC UTILITIES IN ORDER TO AVOID SHUT-OFFS |
| | (Code) (Expenses \$ 90,252 including grants of \$) (Revenue \$) |
| | OTHER PROGRAMS PUBLIC POLICY PROGRAM ADVANCES LEGISLATION AND ORGANIZES ADVOCATES FOR HIV AWARENESS, EDUCATION, AND PREVENTION -BUILT COMMUNITY SUPPORT FOR HIV POLICY INITIATIVES THROUGH GRASSROOTS ORGANIZING, LOBBYING OF POLICY MAKERS, AND BUILDING STRONG PARTNERSHIPS AND COALITIONS THAT SHARE COMMON POLICY GOALS -COORDINATED A GROUP OF 6 POSITIVE LEADERS, A POLICY PROGRAM FOR PEOPLE LIVING WITH HIV WHO WANT TO DEVELOP THEIR LEADERSHIP AND ADVOCACY SKILLS -ORGANIZED A NETWORK OF OVER 3,300 INDIVIDUALS STATEWIDE THROUGH THE HIV ACTION NETWORK -FACILITATED 8 COMMUNITY MEETINGS IN GREATER MINNESOTA AND IN THE METRO AREA TO DISCUSS HIV POLICY AND WAYS TO BECOME INVOLVED -INCREASED THE HIV ACTION NETWORK'S FACEBOOK PAGE FROM 649 FANS TO 724 FANS -HOSTED THE ANNUAL AIDS ACTION DAY AT THE MINNESOTA STATE CAPITOL AND REGISTERED 80 MINNESOTANS WHO MET DIRECTLY WITH THEIR LEGISLATORS TO STRESS THE IMPORTANCE OF HIV PREVENTION |
| 4d | Other program services (Describe in Schedule O) |
| | (Expenses \$ 90,252 including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 3,969,011 |

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 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2 Yes | |
| 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? If "Yes," complete Schedule C, Part II  | 4 Yes | |
| 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  | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 V  | 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 | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 |
| c 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 Yes | |
| e 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 Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 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 and XII 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, Parts I and IV | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)  | 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 Yes | |
| 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 hospital facilities? If "Yes," complete Schedule H | 20a | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| 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 | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 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) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

| | | | Yes | No |
|---|--|--|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | | | | |
| 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | Yes | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | | | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | | | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | No |
| b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year. | | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the organization make any taxable distributions under section 4966? | | | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | | | | |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12. | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| a 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). | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | | |
| b Enter the 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 amount of reserves on hand. | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. | | | | |

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 response or note to any line in this Part VI

Section 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 | 17 | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 17 | |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | 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 |

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

| | | | |
|--|--|-----|-----|
| | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | No |
| 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 | |
| 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 this 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," describe 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? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b | Other officers or key employees of the organization | 15b | No |
| 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 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 | |

Section C. Disclosure

| | |
|----|--|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶MN |
| 18 | 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. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | 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 during the tax year |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THE ORGANIZATION 1400 PARK AVENUE S MINNEAPOLIS, MN 55404 (612) 341-2060 |

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

Check if Schedule O contains a response or note to any line in this Part VII

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. 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 organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DANIELLE ANDERSON DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (2) GERD BENTS DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (3) MIKE CASSIDY SECRETARY/VICE CHAIR | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (4) AMIE BURNETT DIRECTOR/SECRETARY | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (5) GENE FRAMPTON DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (6) STEVE KAMPA TREASURER | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (7) TIFFANEA MULDER DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (8) ARLETA LITTLE CHAIR | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (9) RICK STAFFORD DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) BRAD PALECEK DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) BARB GEISMAN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12) DANIEL JUDE DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) DAN WOLTER VICE CHAIR/CHAIR | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (14) NICK LEONARD DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 |
| (15) LUCIE MAKENA DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (16) GRETCHEN NGUYEN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (17) JASON ROHLOFF DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |

Part VII

| | | | | |
|-----------|--|---------|---|--------|
| 1b | Sub-Total | | | |
| c | Total from continuation sheets to Part VII, Section A | | | |
| d | Total (add lines 1b and 1c) | 193,107 | 0 | 13,022 |

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization▶1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|-----|---|---------------------------|--|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns 1a | | | | |
| | b | Membership dues 1b | | | | |
| | c | Fundraising events 1c | 402,064 | | | |
| | d | Related organizations 1d | | | | |
| | e | Government grants (contributions) 1e | 3,704,938 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 273,759 | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | | | | |
| | h | Total. Add lines 1a-1f | 4,380,761 | | | |
| Program Service Revenue | 2a | CLIENT LEGAL SERVICES | Business Code 541100 | 63,290 | 63,290 | |
| | b | WORKSHOP REVENUE | 611600 | 54,952 | 54,952 | |
| | c | OTHER PROGRAM INCOME | 900099 | 9,213 | 9,213 | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | Total. Add lines 2a-2f | 127,455 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | 217 | | | 217 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | 6a | Gross rents | (i) Real (ii) Personal | | | |
| | b | Less rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | |
| | b | Less cost or other basis and sales expenses | | | | |
| | c | Gain or (loss) | | | | |
| | d | Net gain or (loss) | | | | |
| | 8a | Gross income from fundraising events (not including \$ 402,064 of contributions reported on line 1c) See Part IV, line 18 | a 0 | | | |
| | b | Less direct expenses b | 105,884 | | | |
| | c | Net income or (loss) from fundraising events | -105,884 | | | -105,884 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | | | |
| | b | Less direct expenses b | | | | |
| | c | Net income or (loss) from gaming activities | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | a | | | |
| | b | Less cost of goods sold b | | | | |
| | c | Net income or (loss) from sales of inventory | | | | |
| | | Miscellaneous Revenue | Business Code | | | |
| | 11a | MISCELLANEOUS REVENUE | 900099 | 13,725 | | 13,725 |
| | b | | | | | |
| | c | | | | | |
| | d | All other revenue | | | | |
| | e | Total. Add lines 11a-11d | 13,725 | | | |
| | 12 | Total revenue. See Instructions | 4,416,274 | 127,455 | 0 | -91,942 |

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).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. | | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22. | 1,093,303 | 1,093,303 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. | | | | |
| 4 | Benefits paid to or for members. | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees. | 206,128 | 62,431 | 112,665 | 31,032 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 | Other salaries and wages. | 2,104,778 | 1,785,008 | 163,066 | 156,704 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). | | | | |
| 9 | Other employee benefits. | 248,733 | 224,272 | | 24,461 |
| 10 | Payroll taxes. | 166,060 | 127,854 | 28,641 | 9,565 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management. | | | | |
| b | Legal. | 1,723 | 1,723 | | |
| c | Accounting. | 12,774 | | 12,774 | |
| d | Lobbying. | | | | |
| e | Professional fundraising services. See Part IV, line 17. | | | | |
| f | Investment management fees. | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 74,226 | 51,482 | | 22,744 |
| 12 | Advertising and promotion. | 6,988 | 6,388 | | 600 |
| 13 | Office expenses. | 180,319 | 145,154 | 11,969 | 23,196 |
| 14 | Information technology. | 91,302 | 65,978 | 2,859 | 22,465 |
| 15 | Royalties. | | | | |
| 16 | Occupancy. | 121,204 | 110,476 | 4,304 | 6,424 |
| 17 | Travel. | 48,593 | 43,366 | 4,086 | 1,141 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings. | | | | |
| 20 | Interest. | 36,105 | 32,889 | 1,255 | 1,961 |
| 21 | Payments to affiliates. | | | | |
| 22 | Depreciation, depletion, and amortization. | 38,578 | 33,654 | 1,260 | 3,664 |
| 23 | Insurance. | 20,507 | 18,769 | 678 | 1,060 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a | CONSULTANTS | 61,656 | 26,561 | 34,149 | 946 |
| b | PROGRAM & COMMUNITY EVE | 59,622 | 54,245 | 1,811 | 3,566 |
| c | STAFF AND BOARD DEVELOP | 23,181 | 19,197 | 3,678 | 306 |
| d | EQUIPMENT RENTAL | 19,760 | 18,077 | 657 | 1,026 |
| e | All other expenses | 47,306 | 48,184 | -754 | -124 |
| 25 | Total functional expenses. Add lines 1 through 24e. | 4,662,846 | 3,969,011 | 383,098 | 310,737 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | | | | (A) | | (B) |
|-----------------------------|---|--|-----|-----------|-------------------|-----|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 97,052 | 1 | 89,863 |
| | 2 | Savings and temporary cash investments | | | 229,352 | 2 | 4,327 |
| | 3 | Pledges and grants receivable, net | | | 674,007 | 3 | 556,165 |
| | 4 | Accounts receivable, net | | | | 4 | 28,295 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 32,587 | 9 | 6,623 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 2,210,595 | 1,698,736 | 10c | 1,688,212 |
| | b | Less accumulated depreciation | 10b | 522,383 | | | |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 88,778 | 15 | 150,233 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 2,820,512 | 16 | 2,523,718 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 157,250 | 17 | 184,402 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 2,500 | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 898,491 | 20 | 823,617 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 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 D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,058,241 | 26 | 1,008,019 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 1,529,354 | 27 | 1,403,699 |
| | 28 | Temporarily restricted net assets | | | 232,917 | 28 | 112,000 |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 1,762,271 | 33 | 1,515,699 |
| | 34 | Total liabilities and net assets/fund balances | | | 2,820,512 | 34 | 2,523,718 |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|---|----|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,416,274 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,662,846 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -246,572 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,762,271 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,515,699 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 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? | Yes | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | Yes | |

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

| | |
|--|--|
| Name of the organization MINNESOTA AIDS PROJECT | Employer identification number 41-1524746 |
|--|--|

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 3,765,183 | 4,432,242 | 4,463,592 | 4,677,172 | 4,380,761 | 21,718,950 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 3,765,183 | 4,432,242 | 4,463,592 | 4,677,172 | 4,380,761 | 21,718,950 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 21,718,950 |

| Section B. Total Support | | | | | | | |
|---|--|-----------|-----------|-----------|-----------|-----------|------------|
| Calendar year (or fiscal year beginning in) ▶ | | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | 3,765,183 | 4,432,242 | 4,463,592 | 4,677,172 | 4,380,761 | 21,718,950 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 12,991 | 10,143 | 8,552 | 36,475 | 13,942 | 82,103 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 | Total support (Add lines 7 through 10) | | | | | | 21,801,053 |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | 1,040,959 |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | | |
|---|---|----|----------|
| 14 | Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 99 620 % |
| 15 | Public support percentage for 2012 Schedule A, Part II, line 14 | 15 | 99 610 % |
| 16a | 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b | 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 17a | 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | |
| b | 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | |

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

| Section B. Total Support | | | | | | |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|----|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | |

| Section D. Computation of Investment Income Percentage | | |
|--|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | |
| 19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | |
| b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ | | |

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

| Return Reference | Explanation | |
|------------------|-------------|--|
|------------------|-------------|--|

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|--|--|
| Name of the organization MINNESOTA AIDS PROJECT | Employer identification number 41-1524746 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

| | | |
|---|--|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV | |
| 2 | Political expenditures | ▶ \$ |
| 3 | Volunteer hours | |

Part I-B Complete if the organization is exempt under section 501(c)(3).

| | | |
|----|---|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | ▶ \$ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV | |

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

| | | |
|---|---|--|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | ▶ \$ |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | ▶ \$ |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b | ▶ \$ |
| 4 | Did the filing organization file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV | |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|--|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 4,662,846 | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 4,662,846 | | | | | | | | | | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | | 383,142 | | | | | | | | | | | | | |
| <table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 95,786 | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | 0 | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | 0 | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount | 372,315 | 381,257 | 372,526 | 383,142 | 1,509,240 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 2,263,860 |
| c Total lobbying expenditures | 32,044 | 34,862 | | | 66,906 |
| d Grassroots nontaxable amount | 93,079 | 95,314 | 93,132 | 95,786 | 377,311 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 565,967 |
| f Grassroots lobbying expenditures | 27,216 | 30,034 | | | 57,250 |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | | (a) | | (b) |
|---|--|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total. Add lines 1c through 1i. | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912. | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912. | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | | |
|---|---|---|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | Yes | No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|---|--|----|--|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I-A, LINE 1 | NO LOBBYING ACTIVITIES DURING THE YEAR |
| | |
| | |
| | |
| | |
| | |
| | |

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

| | |
|--|--|
| Name of the organization MINNESOTA AIDS PROJECT | Employer identification number 41-1524746 |
|--|--|

Part I

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

| | | |
|---|--|------------------------------|
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate contributions to (during year) | |
| 3 | Aggregate grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> | |

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

| | |
|---|--|
| | Held at the End of the Year |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |
- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)

unrelated organizations

(ii)

related organizations
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | | |
|--------|-----|----|
| | Yes | No |
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 1,136,721 | | 1,136,721 |
| b Buildings | | 765,615 | 233,533 | 532,082 |
| c Leasehold improvements | | | | |
| d Equipment | | 308,259 | 288,850 | 19,409 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 1,688,212 |

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|---|--|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 4,416,274 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 4,416,274 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 4,416,274 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | |
|---|---|----|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 4,662,846 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 4,662,846 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 4,662,846 |

Part XIII

Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2 | FASB ASC 740-10 PROVIDES THAT A TAX EXPENSE OR BENEFIT FROM AN UNCERTAIN INCOME TAX POSITION (INCLUDING TAX-EXEMPT STATUS) MAY BE RECOGNIZED ONLY WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT BELIEVES MAP HAS NO UNCERTAIN INCOME TAX POSITIONS THAT WOULD RESULT IN AN ACCRUAL, EXPENSE OR BENEFIT UNDER THE MORE LIKELY THAN NOT STANDARD. |
| | |
| | |
| | |
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| | |

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

| | |
|--|--|
| Name of the organization MINNESOTA AIDS PROJECT | Employer identification number 41-1524746 |
|--|--|

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total ▶ | | | | | | |

- 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|----|---|---------------------------------|------------------|----------------------------------|
| | | AIDS WALK (event type) | RED RIBBON RIDE (event type) | (total number) | (add col (a) through col (c)) |
| Revenue | 1 | Gross receipts | 370,294 | 31,770 | 402,064 |
| | 2 | Less Contributions . . . | 370,294 | 31,770 | 402,064 |
| | 3 | Gross income (line 1 minus line 2) | | | |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes . . . | | | |
| | 6 | Rent/facility costs . . . | | | |
| | 7 | Food and beverages . | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses . | 105,884 | | 105,884 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | |
| | 11 | Net income summary Subtract line 10 from line 3, column (d) ▶ | | | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---|---|---|--|
| | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | | | | | |
| | 6 Volunteer labor | <div><div><div>Yes</div><div>No</div></div><div>%</div></div> | <div><div><div>Yes</div><div>No</div></div><div>%</div></div> | <div><div><div>Yes</div><div>No</div></div><div>%</div></div> | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

| | | |
|--|------------|---|
| 13 Indicate the percentage of gaming activity operated in | | |
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
MINNESOTA AIDS PROJECT

Employer identification number
41-1524746

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| | | | | | | | |
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- 2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

▶
- 3

Enter total number of other organizations listed in the line 1 table

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) SOCIAL SERVICE ASSISTANCE | 1550 | | 1,093,303 | FMV | RENT, UTILITIES, FOOD, TRANSPORTATION |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 2 | EMERGENCY ASSISTANCE PAYMENTS ARE MADE TO VENDORS (LANDLORDS, UTILITY OR TAXI COMPANIES) NEVER DIRECTLY TO CLIENTS CLIENTS MUST PROVIDE PROOF THEY ARE HIV POSITIVE AND ARE AT OR BELOW THE FEDERAL POVERTY LEVEL CLIENTS MUST PROVIDE DOCUMENTATION FOR THEIR EMERGENCY ASSISTANCE REQUEST (COPY OF BILL) EMERGENCY ASSISTANCE PAYMENTS ARE LIMITED TO AN ANNUAL MAXIMUM AMOUNT |

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
MINNESOTA AIDS PROJECT

Employer identification number
41-1524746

Part I Bond Issues

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pool financing | |
|--|----------------|-------------|-----------------|-----------------|--------------------------------|--------------|----|-------------------------|----|--------------------|----|
| | | | | | | Yes | No | Yes | No | Yes | No |
| A MINNESOTA COMMUNITY DEVELOPMENT AGENCY | 41-6009115 | | 12-11-2008 | 1,197,989 | REFUNDED BONDS DATED 9-16-2004 | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|----|--|-----------|----|-----|----|-----|----|-----|----|
| 1 | Amount of bonds retired | 374,372 | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 1,197,989 | | | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | 1,197,989 | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | |
| 11 | Other spent proceeds | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | | X | | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | | | | | |
| 16 | Has the final allocation of proceeds been made? | | X | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | | X | | | | | | |

Part III Private Business Use

| | | | | | A | | B | | C | | D | |
|---|--|--|--|--|-----|----|-----|----|-----|----|-----|----|
| | | | | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | | | | X | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | | | X | | | | | | | |

Part III

Private Business Use (Continued)

| | | A | | B | | C | | D | |
|----|--|---------|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c | Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 200 % | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | |
| 6 | Total of lines 4 and 5 | 0 200 % | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | X | | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | | | | | | | |
| c | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | X | | | | | | |

Part IV

Arbitrage

| | | A | | B | | C | | D | |
|----|--|-----------------|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | | X | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | | X | | | | | | |
| b | Exception to rebate? | X | | | | | | | |
| c | No rebate due? | | X | | | | | | |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | X | | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | X | | | | | | | |
| b | Name of provider | WELLS FARGO | | | | | | | |
| c | Term of hedge | 16 000000000000 | | | | | | | |
| d | Was the hedge superintegrated? | | X | | | | | | |
| e | Was the hedge terminated? | | X | | | | | | |

Part IV

Arbitrage (Continued)

| | | A | | B | | C | | D | |
|----|---|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b | Name of provider | | | | | | | | |
| c | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | | | | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | X | | | | | | |

Part V

Procedures To Undertake Corrective Action

| | | A | | B | | C | | D | |
|--|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| | Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | X | | | | | | |

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013**Open to Public
Inspection**Name of the organization
MINNESOTA AIDS PROJECT

Employer identification number

41-1524746

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11 | |
| FORM 990, PART VI, SECTION B, LINE 12C | BOARD MEMBERS (DIRECTORS) ARE ASKED TO SIGN THE LAST PAGE OF THE CONFLICT OF INTEREST POLICY AT MAP'S ANNUAL BOARD MEETING THAT IS HELD THE 4TH TUESDAY OF APRIL THE SIGNATURE IS A N ACKNOWLEDGEMENT THAT THEY WERE IN COMPLIANCE WITH THE POLICY DURING THE PAST CALENDAR YE AR |
| FORM 990, PART VI, SECTION B, LINE 15A | THE ORGANIZATION USED A SALARY SURVEY FROM 2011-2012 TO ESTABLISH THE EXECUTIVE DIRECTOR'S INITIAL SALARY IN 2012 THE SALARY WAS STILL IN THE APPLICABLE RANGE FOR 2013, THEREFORE A COST OF LIVING INCREASE WAS APPLIED |
| FORM 990, PART VI, SECTION C, LINE 19 | MAP WILL PROVIDE COPIES OF PUBLIC DOCUMENTS UPON REQUEST |