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SCANNED NOV 1 7 2014

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 4/1/2013 and ending 3/31/2014 C Name of organization Check if applicable Minnesota AFL-CIO D Employer identification number Doing Business As Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 41-0785271 Name change 175 Aurora Avenue Telephone number initial return City or town ZIP code 651-227-7647 St Paul MN 55103 Terminated Foreign province/state/county Foreign country name Foreign postal code Amended return Gross receipts \$ 3,177,456 F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? If "No," attach a list (see instructions) 501(c)(3) X Tax-exempt status (insert no) 4947(a)(1) or Website[.] ▶ H(c) Group exemption number ► 1338 Trust X Association K Form of organization Corporation Other > L Year of formation 1955 M State of legal domicile MN Part I Summary Briefly describe the organization's mission or most significant activities To secure legislation which enhances the rights, security and welfare of workers and organized labor and to oppose legislation inimical to these objectives 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 74 Number of independent voting members of the governing body (Part VI, line 1b) 72 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 5 11 Total number of volunteers (estimate if necessary) 6 20 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 596,469 8 418,128 Revenue Program service revenue (Part VIII, line 2g) 2,641,588 9 2,688,011 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,482 10 3,098 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and (16) 11 329,015 68,219 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,177,456 12 3,571,554 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,782,661 1,479,622 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,974,550 1.390.139 17 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,757,211 2,869,761 18 Revenue less expenses Subtract line 18 from line 12 -185,657 307,695 19 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 1,738,191 2,001,830 21 Total liabilities (Part X, line 26) 902.835 858.779 Net assets or fund balances Subtract line 21 from line 20 835,356 22 1,143,051 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 Signature of officer Date Here 110414 Steve Hunter, Secretary/Treasurer Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Check X Paid 10/30/2014 self-employed P00484716 Gary W Paulson Preparer Firm's EIN > 41-1643869 Firm's name _ > Gary W Paulson, CPA **Use Only** 320-630-9166 Firm's address ▶ 4962 Black Spruce Trail NW, Hackensack, MN 56452 Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

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

χl Yes No

Form 990 (2013)

	art III Statement of Program Service Accomplishments 41-0785271	Page 2
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	To secure legislation which enhances the rights, security and welfare of workers and	
	organized labor and to oppose legislation inimical to these objectives	
		·
2	Did the organization undertake any significant program services during the year which were not listed on	
	the bilot Form 990 of 990-EZ ₂	X No
3	If "Yes," describe these new services on Schedule O	
Ū	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	X 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 \$ including grants of \$) (Revenue \$)
	Legislative	'
	Logiolative	
	A major priority of the MN AFL-CIO during the fiscal year was our work to coordinate a grass roots lobbying campaign to raise the minimum wage in Minnesota. Efforts included editorial board visits throughout the state, a concentrated outreach and post card signing effort at our Pavilion during the State Fair, working with our Area Labor councils on the coordination of phone banks, community meetings and door knocks in targeted areas and direct lobbying at the State Capitol. We also coordinated lobbying efforts in support of a Capitol Bonding Bill, the Women's Economic Security Act (WESA), Payday Lending Reform, and the right for childcare providers and personal care attendants to vote on whether they want to form a union	
	Support to Affiliates	
	We worked to support the musicians of the St. Paul Chamber Orchestra and the Minnesota Symphony Orchestra who had been locked out by the Governing Boards of those organizations. This work included mobilizing members of other unions to support the actions of the Musician's union, and public outreach through our work at the State Fair Pavilion.	
	Organizing	
	Recognizing the need to organize the unorganized, we worked with our affiliates to sponsor a two day organizing retreat in October. Plans created at the retreat were brought to our General Board for approval. As a result of the General Board's approval of the plan, we've begun to reallocate resources into organizing. The position of Community Outreach Director became vacant due to the resignation of the incumbent employee, and the Board chose to leave that position vacant and transfer some of the duties to existing staff, and reallocate the funds used for that position to create and hire a Strategic Organizing Director.	
	Strategic Planning	
	Resolution 28 passed by the National AFL-CIO mandated that all state federations undergo a strategic planning process. Meetings were held with the General and Executive Boards, facilitated through the Labor Education Service of the University of Minnesota to initiate this process. In addition, a number of one on one interviews were conducted with Board members and the leadership of our community allies.	
	Political	
	Planning for the 2014 election cycle took place late in 2013 and early 2014. Work was done with the affiliates to ensure that members were informed of the precinct caucuses and endorsement procedures of the major parties	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	

Total program service expenses

4e

'Form 990 (2013) Minnesota AFL-CIO 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			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	X	L
	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(2) organizations. Did the assessment	3	X	
-	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	1	
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 98-197 If "Yes," complete Schedule C.		i	
	Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		 ^	<u> </u>
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		.,
8	Did the organization maintain collections of works of orth historical treasures and the	7	<u> </u>	X
U	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			
_		8		X
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		2442	Specific Control
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	178 All Landon	4444.25_4	المدا المدا
	Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<u>-</u>	<u> </u>	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		_^
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c	ļ	Х
u		١		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a	Х	
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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	<u> </u>		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	"		
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Y
40		''		_ <u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	46		v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا مد ا	İ	v
	If "Yes," complete Schedule G, Part III	19		<u> X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2013)

Par	t IV Checklist of Required Schedules (continued)	41-0785271	P	age 4
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	22		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	_23		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		 ^-
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		x
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? If "Yes," complete Schedule L, Part III	27	241.	X
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)	290		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		X
b	Schedule L, Part IV	28b		х
С	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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			.,
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		<u>~</u>
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
-	III, or IV, and Part V, line 1	34	Х	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		
^-	organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
50	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2013)

Minnesota AFL-CIO
Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enfer the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5 🕏		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1h		**************************************	*
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable		3 . 3 2	***
_	gaming (gambling) winnings to prize winners?	•	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		, , , , d		<i></i>
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 1	1	S	被
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	eturns?	2b	Х	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	ions)	73.pr	-374	*
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	<u> </u>	X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Scheduler than the colored with the second street of the se	ule O	3b		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	er authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other account)?	financial		}	
b	If "Yes," enter the name of the foreign country		4a		X 62
U	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accou	oto (CDAD)		古·遗 私·流	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	IIIS (FBAR)			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	/ costion?	5a	<u></u>	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Saction	5b 5c	├─-	 ^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	d the	3C		<u> </u>
	organization solicit any contributions that were not tax deductible as charitable contributions?	J tile	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	utions or	- Ju	\vdash	
	gifts were not tax deductible?		6b	1	1
7	Organizations that may receive deductible contributions under section 170(c).		7,10	机锁	1 T 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f	or goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was			
	required to file Form 8282?		7c	****	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			数 (图
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7g		
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		7h	1	74. 1
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori		3	沙	
	organization, have excess business holdings at any time during the year?	''g	8	4	
9	Sponsoring organizations maintaining donor advised funds.			78 T	» -) +
а	Did the organization make any taxable distributions under section 4966?		9a	المستحقق	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1 1			10 Cales
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	[11b]		i i	ن اعلان
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		12a	Sankton	-394° 4
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			all my
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	- Albic	de fin
а	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		130	10 200 10 10 10 10 10 10 10 10 10 10 10 10 10 1	45.
L	Enter the amount of reserves the organization is required to maintain by the states in which				194. 1966.
b	the organization is licensed to issue qualified health plans	13b	138		
_	Enter the amount of reserves on hand	13c	4	30. A	ارد. این
c I4a	Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O	14b		
			Form	990	(2013)

Part VI

41-0785271 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Page 6

Sec1	tion A. Governing Body and Management					ين
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	74			
	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			p.hpf		
	committee, explain in Schedule O		5.3			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	72 餐			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with	100		1.42	GJC.
	any other officer, director, trustee, or key employee?		[2		X
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 othe	er person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w.	as filed?	Γ	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?		5		Х
6	Did the organization have members or stockholders?			6	Х	
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?		Ŀ	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members) ₁				
	stockholders, or persons other than the governing body?		L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during				4
	the year by the following)Š			
а	The governing body?			8a	_X_	<u></u>
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	 		9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenu</u>	<u>ie Co</u>	ode ,		
40-	Dud the expension have local chapters, branches, or offiliates?		L.	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	-b	-	I0a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with the organization's exempt put	•		0.	v l	
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of this form 990 to all members of its governing body before the copy of the c		_	10b 11a	X	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	re ming the form.				
b 120	Did the organization have a written conflict of interest policy? If "No," go to line 13		7,,,,,	2a		X
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give rise to conflicts		2b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		F			<u> </u>
Ŭ	describe in Schedule O how this was done	,	1	2c		
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?		7	14		Х
15	Did the process for determining compensation of the following persons include a review and appro	val by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?				
а	The organization's CEO, Executive Director, or top management official		_1	5a	Х	
b	Other officers or key employees of the organization		1	5b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		ğ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	jement				
	with a taxable entity during the year?			6a	lutaiaan .	X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard				平成初
	the organization's exempt status with respect to such arrangements?		1	6b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None	O.T. (Oc-b 504)			<u></u>	-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	J-1 (Section 501(c	ری)(۲)	опіу	,	
	available for public inspection. Indicate how you made these available. Check all that apply	nlain in Cahadiila	01			
	Own website Another's website X Upon request Other (ex Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	plain in Schedule		an.	4	
19	financial statements available to the public during the tax year	Johnnet of Interest [policy,	, and	•	
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the	<u>.</u>			
20	Ctovo Huntor	651-227-				
	175 Aurora Avenue, St. Paul, MN 55103					

•											
Form 990 (2013)	Minnesota AFL-CIO									41-07852	271 Page 7
Part VII	Compensation of Officers, Dire	ectors, Truste	es, k	(ey	En	nple	oy e e	s, l	Highest Comp	ensated	rage i
	Employees, and Independent (Contractors									
Section A.	Check if Schedule O contains a r										
	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	npe	nsate	ed E	Employees		
organization's	•										
List all c List the who received	of the organization's current officers, don Enter -0- in columns (D), (E), and (of the organization's current key emploisant organization's five current highest con reportable compensation (Box 5 of Fortand any related organizations	F) if no compens byees, if any Seo npensated emplo	sation e insti oyees	wa ructi (ot	s pa ons her	aid for thai	defin	ition	n of "key employe er, director trust	ee " ee or kev emolo	
• List all 6 \$100,000 of re	of the organization's former officers, ke eportable compensation from the organ	ey employees, ar lization and any	nd hig relate	hes d o	t co	mpe nizat	ensat iions	ed 6	employees who r	eceived more th	an
organization, i	of the organization's former directors of more than \$10,000 of reportable compe	ensation from the	e orga	anız	atio	n ar	d an	y re	lated organizatio	ns	the
compensated	n the following order individual trustees employees, and former such persons										
Check thi	s box if neither the organization nor an	y related organiz	ation	con	npe	nsa	ted a	ny c	current officer, dir	ector, or trustee	
				Reportable compensation	(F) Estimated amount of						
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Sharyle	Knutson	40 00	1								
President_		10.00	X	<u> </u>	X			_	126,311		12,313
(2) Steve H Secretary / Tre		40 00	x		x	l			114,884		22,523
(3) Todd Pu		1 00			Î				114,004		
(4) Bob Bra	At the b	1 00	X			-		-			
USW	atulici		х								
(5) Dave Y	barra	1 00	-		_						
UA			X	_							
(6) Tom Ko	ehler	1 00			1						
(7) Glen Jo	phnson	1 00	X		<u> </u>			-			
IUOE			X								
(8) Jim Bov	vman	1 00									
SMWIA			X					_			
(9) Denise		1 00	l .								
Education MN (10) Eliot Se		1 00	X	\vdash	<u> </u>	-	-				
AFSCME			Х					L			
	Whitney	1 00									
APWU			X	<u> </u>	L_						

(12) Don Yetman

(13) Rob McKenzie Multi Union - UAW

(14) Wade Luneburg Multi Union - Unite HERE

(4) Name and title (5) Name and title (6) Average Processor (1) An including part week (tot any) Processor (1) An including part week (1) An including pa	Part VII	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	d Hi	ahes	t Co	ompensated Em	plovees (c	ntinii	red)
(15) Mary Broderick East Cort ALC - Ed MN (10) British Reference in the control of the control o								<u> </u>			 	<u> </u>	
Name and title Name		(A)	(B)	(40.	aat al							1	
Compensation Comp	•											.	
(15) Mary Brodenck East Cnt IALC - Ed MN (16) Bill McCarthy Mpts ALC - Until HERE (17) Alan Netland Northeast ALC - AFSCME X				office	er an	dad	lirect	or/trus	tee)	compensation		- 1	
(15) Mary Brodenck East Cnt IALC - Ed MN (16) Bill McCarthy Mpts ALC - Until HERE (17) Alan Netland Northeast ALC - AFSCME X				일	nst	윷	Ğ	em H	For				
(15) Mary Brodenck East Cnt IALC - Ed MN (16) Bill McCarthy Mpts ALC - Until HERE (17) Alan Netland Northeast ALC - AFSCME X			related	lg g	Ē	ē	en	ploy bloy	3				
(15) Mary Brodenck East Cnt IALC - Ed MN (16) Bill McCarthy Mpts ALC - Until HERE (17) Alan Netland Northeast ALC - AFSCME X				or at] a		힣	èe co	'	(W-2/1099-MISC)			organization
(15) Mary Brodenck East Cnt IALC - Ed MN (16) Bill McCarthy Mpts ALC - Until HERE (17) Alan Netland Northeast ALC - AFSCME X				rust	Ē		yee	np			ļ		
(15) Mary Brodenck East Cnt IALC - Ed MN (16) Bill McCarthy Mpts ALC - Until HERE (17) Alan Netland Northeast ALC - AFSCME X				8	stee			nsa					organizations
(15) Mary Brodenck East Cnt IALC - Ed MN (16) Bill McCarthy Mpts ALC - Until HERE (17) Alan Netland Northeast ALC - AFSCME X					"		Ì	ē					
(16). Bill MCCarthy. Mips ALC - Unite HERE (17). Alari Netland 1 00 Northeast ALC - AFSCME (18). Bobby Kasper 1 00 SI Paul ALC - LIUNA X Y Save Asskelin 1 00 X X X X X X X X X	(15) Mary Bro	derick	1 00		<u> </u>				\vdash		 -	\top	
Mple ALC - Unter HERE (17). Alan Netland Northeast ALC - AFSCME (18). Bobby Kasper State Blobby Kasper Southeast ALC - AFSCME (29). Mark Froemise (20). Mark Froemise (21). Mark Froemise (21). Mark Froemise (21). Mark Froemise (22). Blu Moore State Blobg Tr Pres - UBC (21). Harry Melander State Blobg Tr Pres - UBC (22). Blu Moore State Ret Pres - AFSCME (22). Mark Martin-Apri Const Grp Rep - AFSCME (23). Chas Martin-Apri Const Grp Rep - AFSCME (24). Chris Encisson Educ MN - East Central 100 State Ret Pres - AFSCME (25). Wayner Fleschhacker A	East Cnt'l ALC	- Ed MN		X									
(17) Alan Netland Northeast ALC - AFSCME (18) Bobby Kasper St Paul ALC - LIUNA (19) Laura Askelin 100 X Y V V V V V V V V V			1 00								-	\neg	
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(18) Bobby Kasper			1 00	1									
St Paul ALC - LIUNA X						ļ	_	ļ	_				
(19) Laura Askelin			1.00	1									
Southeast ALC - AFSCME (20) Mark Freemixe 1.00			1.00		_	-	-	<u> </u>	<u> </u>				
Record R			1 00	1									
West ALC - BCTMG X			1.00	 	├			-	_			\dashv	
(21) Harry Melander 1.00 X			.	1									
State Bidg Tr Pres - UBC X		landar	1.00	+		-		 	-			\dashv	
Ret Pres - AFSCME 1.00 X			.	1									
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Cass Martin-Apr			1	1		ŀ							
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AFSCME - East Central	(24) Chris Eri	ckson	1 00										
AFSCME - East Central X	Educ MN - Eas	st Central		X	_								
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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 Compensation None 1 Organization of services Compensation Total number of independent contractors (including but not limited to those listed above) who received	_					•						1	4 X
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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) (B) (C) Compensation None (O) None (O) Total number of independent contractors (including but not limited to those listed above) who received	for service	es rendered to the organization? If "	es. " complete Sc	chedu	ıle J	for	suc	:h pei	rson			iit	
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) (B) (C) Compensation None (D) None (D) Compensation (O) (O) (O) (O) (O) (O) (O) (O							_						
year (A) Name and business address None None Total number of independent contractors (including but not limited to those listed above) who received	1 Complete	e this table for your five highest comp	ensated independ	dent (cont	ract	ors	that	rece	eived more than	\$100,000 of		
(A) Name and business address None None Total number of independent contractors (including but not limited to those listed above) who received	•	sation from the organization Report c	ompensation for t	the ca	alen	dar	yea	r end	lıng	with or within the	e organizatio	ın's ta	ıx
None None Total number of independent contractors (including but not limited to those listed above) who received	year	/A)								(B)			(C)
Total number of independent contractors (including but not limited to those listed above) who received			dress								vices	Cc	
Total number of independent contractors (including but not limited to those listed above) who received													(
		None											(
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		the of independent and tracking (in the	iding but not limit	od +c	the	so 1	ieto	d abo	We)	who received	i diik		
				.eu 10	tr 10	ا ی	.SIC(_	· • e j	WIIO I GOGIVEU			

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII										
1 77	· · · · · ·	2. 机新工业主要事业的	resident to	eng.	J. 3. 11	(A)	(B)	(C)	(D)	
				4" 1		Total revenue	Related or	Unrelated	Revenue	
15			TO SEE THE SEE	بر د تات			exempt function	business revenue	excluded from tax under sections	
1 - 57	7.	the state of the s]n +y e'	.73	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2087 U. BET LE 47.50	revenue		512-514	
nts	1a	Federated campaigns	<u> </u>	<u>1a</u>	0					
Sra	b	Membership dues	}	1b	0		Party B. A.			
ts, (Ι.	-		1c	0					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		1d	50,000					
ıns,	е	·		<u>1e</u>	110,000					
utio	f	All other contributions, gifts, gran								
활동		similar amounts not included abo	L	<u>1f</u>	258,128					
no E	g	Noncash contributions included in I	ines 1a-1f	\$	0					
	<u>h</u>	Total. Add lines 1a-1f			>	418,128	ing participations			
an.					Business Code					
ver	2a	Political fund activity-net(separat	e 990 filed)		900099	5,478				
Program Service Revenue	b	Per capita taxes			900099	2,680,983				
VICE	С	Affiliation fees			900099	1,550				
Ser	d					0				
'a'	е					0				
rogı	f	All other program service revenu	е			0				
٩	g	Total. Add lines 2a–2f				2,688,011				
	3	Investment income (including div	idends, intere	est,	and	i				
		other similar amounts)			>	3,098				
	4	4 Income from investment of tax-exempt bond proces			eeds >	0				
	5 Royalties		_	O		e Jean Martin races assesses had additional				
		_	(ı) Real		(แ) Personal					
	6a	Gross rents								
	b	Less rental expenses	ļ							
	C	Rental income or (loss)		0	0					
	d	Net rental income or (loss)	(1) Casustus		(-) O(b	0	Carabasi sankala santa sa		ing a Machinery space of the con-	
	7a	Gross amount from sales of	(i) Securities	-	(II) Other			75-264-647		
		assets other than inventory		0	0					
	b	Less cost or other basis		_						
- 1		and sales expenses		0	0					
	C	Gain or (loss)		0	0					
	d	Net gain or (loss)		ı			######################################	The state of the s	intractation is donated	
o l	90	Gross income from fundraising								
2	8a	events (not including \$	0							
Š		of contributions reported on line								
Other Revenue		See Part IV, line 18	10)	а	0					
뢷	b	Less direct expenses		b	0					
ŏ	c	Net income or (loss) from fundrai	sing events	-	•	0		8.20530.653.68508.0.13660.68600. 8	DEMONISCE (2017/2017/06/2015)	
	9a	Gross income from gaming activi	_							
	Vu.	See Part IV, line 19		a	0					
	ь	Less direct expenses		ь	0					
	c	Net income or (loss) from gaming	activities		▶	0	.u-sesenan manan manan manan manan sa	Handing Street to 12 hours of the Street		
	10a	Gross sales of inventory, less	,					K.S. S. OHET HIT		
J		returns and allowances		а	0					
	b	Less cost of goods sold		ь	0		dian.			
	С	Net income or (loss) from sales of	f inventory		>	0				
Ì		Miscellaneous Revenue			Business Code	世界的 "这个				
	11a	Convention receipts			900099	6,520				
	b	Nat'l Consultant reimb - flow thru			900099	48,930				
	С	BCTGM strike donations-flow thru			900099	1,605				
ļ	d	All other revenue				11,164				
	е	Total. Add lines 11a-11d			>	68,219			re yang kang k	
i	12	Total revenue. See instructions			>	3 177 456			'n	

Form 990 (2013) Minnesota AFL-CIO Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other of	organizations must o	complete column (A)
	Check if Schedule O contains a response or note	to any line in this P	art IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and			general expenses	expenses
	organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
_	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,			智物物 题	EME TOPO TO
	organizations, and individuals outside the]		
4	United States See Part IV, lines 15 and 16 Benefits paid to or for members	0	ļ		
4 5	Compensation of current officers, directors,	0		A CONTRACTOR	F. Make, Alberta
3	trustees, and key employees	244 405			
6	Compensation not included above, to disqualified	241,195			
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	l			
7	Other salaries and wages	649,367			
8	Pension plan accruals and contributions (include	040,007			
-	section 401(k) and 403(b) employer contributions)	230,200			
9	Other employee benefits	282,348		· · · · · · · · · · · · · · · · · · ·	
10	Payroll taxes	76,512			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	10,163			
С	Accounting	27,530	<u> </u>		
d	Lobbying	0	OS MARKO BATAL BAKATA UTA	. *** *** / ** / * ** / ***	
е	Professional fundraising services See Part IV, line 17	0		A. W . 4. 79 . .	
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column	7.502	ļ		
40	(A) amount, list line 11g expenses on Schedule O)	7,583 10,794			
12	Advertising and promotion Office expenses	169,291		·	
13 14	Information technology	109,291			
15	Royalties	0			
16	Occupancy	91,451			
17	Travel	68,531			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	18,779			
20	Interest	44,932			
21	Payments to affiliates	648,284			
22	Depreciation, depletion, and amortization	76,884	0	0	0
23 24	Insurance Other expenses Itemize expenses not covered	24,130	And the second s		Received the dis
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column			4	
	(A) amount, list line 24e expenses on Schedule O)		74		
а	Greater MN Worker	13,000			
b	Retiree Council	6,000			
С	Legislative Fund - 2013 / 14	86,463			
đ	National consultant	48,930			
е	All other expenses	37,394			
25	Total functional expenses. Add lines 1 through 24e	2,869,761	0	0	0
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			,	
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				
	following SOF 30-2 (700 300-720)				Form 990 (2013)

Form 990 (2013) Minnesota AFL-CIO
Part X Balance Sheet

		Check if Schedule O contains a response or	note to any line in this Part)	<		
				(A)	Γ	(2)
		·		Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		29,615	1	10,042
	2	Savings and temporary cash investments		453,256		771,169
	3	Pledges and grants receivable, net		0		771,109
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and for	ormer officers, directors,	THE STATE OF THE S	A Thomas	
		trustees, key employees, and highest compensations	ated employees			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person			THE REAL	
		4958(f)(1)), persons described in section 4958(c)(3)(B), a			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		sponsoring organizations of section 501(c)(9) voluntary e			204	
Assets		organizations (see instructions) Complete Part II of Sche	dule L		6	
155	7	Notes and loans receivable, net		0	7	0
•	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or		Section 1		
		other basis Complete Part VI of Schedule D	10a 1,553,241			
	b	Less accumulated depreciation	10b 409,548			1,143,693
	11	Investments—publicly traded securities	44	76,926		76,926
	12 13	Investments—other securities See Part IV, line	0		0	
	14	Investments—program-related See Part IV, line Intangible assets	. 11	0		0
	15	Other assets See Part IV, line 11		0		0
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	1,738,191	16	2,001,830
	17	Accounts payable and accrued expenses	21 111.10 0 1)	3,147	17	589
	18	Grants payable		0,117	18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		***	20	
	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former	officers, directors,			
Liabilities		trustees, key employees, highest compensated	employees, and			
abi		disqualified persons Complete Part II of Schedu	ıle L		22	
	23	Secured mortgages and notes payable to unrela		899,688	23	858,190
	24	Unsecured notes and loans payable to unrelated		0	24	0
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines	17-24) Complete		0.5	
		Part X of Schedule D		902,835	25 26	0 050 770
	26	Total liabilities. Add lines 17 through 25		902,635	20	858,779
s		Organizations that follow SFAS 117 (ASC 958				
ည		complete lines 27 through 29, and lines 33 ar	id 34.			
lar	27	Unrestricted net assets		835,356	27	1,143,051
ĕ	28	Temporarily restricted net assets			28	
Pu ₂	29	Permanently restricted net assets			29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958),	check here ightharpoonup and			
0 8		complete lines 30 through 34.				
Net Assets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31_	
et	32	Retained earnings, endowment, accumulated in	come, or other funds	925 250	32	1 1/2 051
Z	33	Total net assets or fund balances		835,356 1,738,191	33 34	1,143,051 2,001,830
	34	Total liabilities and net assets/fund balances		1,730,191	<u> </u>	2,001,030

	990 (2013) WITH RESOLD AFL-CIO	41	-0785271	Page 12
Par	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		3,177,456
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,869,761
3	Revenue less expenses Subtract line 2 from line 1	3		307,695
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		835,356
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		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10		1,143,05 <u>1</u>
Part				_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		The state of the s	Yes No
•	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?		2a	Z miniminan
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		200	STATE OF THE
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
L	Were the organization's financial statements audited by an independent accountant?		2b	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		20	
	separate basis, consolidated basis, or both		2.7	
			1.2	
	X Separate basis		- 1796) - 1616-161	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
_	Schedule O			erce: Likali
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		30	
_	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>
b	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		3b	
	required audit or audits, explain why in schedule of and describe any steps taken to undergo such addits			990 (2013)
			1 01111	 (2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

		organizations Complete Part III			
	ne of organization			Employ	ver identification number
	nesota AFL-CIO				41-0785271
Pa	rt I-A Complete if t	the organization is exempt und	ler section 501	(c) or is a section 527	organization.
1	Provide a description of t	he organization's direct and indirect p	olitical campaign a	activities in Part IV	
2	Political expenditures			▶ \$	1,039
3	Volunteer hours				100
Pa	rt I-B Complete if t	the organization is exempt und	ler section 501	(c)(3).	
1	Enter the amount of any	excise tax incurred by the organization	n under section 49	955	3
2	Enter the amount of any	excise tax incurred by organization m	anagers under sed	ction 4955 > \$	3
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?	>	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV			
Pa	rt I-C Complete if t	the organization is exempt und	ler section 501	c), except section 50	1(c)(3).
1	Enter the amount directly	expended by the filing organization t	or section 527 exe	empt function	
	activities	▶ \$	1,039		
2	Enter the amount of the f	iling organization's funds contributed	to other organizati		
	for section 527 exempt fu				0
3	,	penditures Add lines 1 and 2 Enter h	ere and on Form 1		
	line 17b			▶ \$	1,039
4		file Form 1120-POL for this year?	(- 141)	507 1: 1	Yes No
5		ses and employer identification numb ents For each organization listed, en			
		ents For each organization listed, en intributions received that were prompt			
		fund or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) 2114	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If none, enter -0-
					notte, enter -0-
(1)	Vone				
(1) ——					
(2)					
(3)					
(4)					
					1
(5)					
(C)					

Sch	nedule C (Form 990 or 990-EZ) 2013		41-0763271	- 0
Р	art II-A Complete if the organization	is exempt under section 501(c)(3) and file	d Form 5768 (ala	Page 2
	under section 501(h)).	the same and the section of 1(0)(0) and the	a i Oilli 3700 (ele	ction
A B	Check ▶ ☐ If the filing organization beliname, address, EIN, exper	ongs to an affiliated group (and list in Part IV asses, and share of excess lobbying expendituecked box A and "limited control" provisions a	res)	up member's
	Limits on Lobby	ring Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence publi	c opinion (grass roots lobbying)		0
b	Total lobbying expenditures to influence a leg	islative body (direct lobbying)		0
С	Total lobbying expenditures (add lines 1a and	l 1b)	0	0
d	Other exempt purpose expenditures		<u>_</u>	0
е	Total exempt purpose expenditures (add lines	s 1c and 1d)	0	0
f	Lobbying nontaxable amount. Enter the amount columns	unt from the following table in both	0	0
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	7 5 9 9	GE GA ROLL
	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		是"人"的"一"的一个
g	Grassroots nontaxable amount (enter 25% of	line 1f)	0	0
h	Subtract line 1g from line 1a If zero or less, e		0	0
i	Subtract line 1f from line 1c If zero or less, er	nter -0-	0	0
j	If there is an amount other than zero on either section 4911 tax for this year?	r line 1h or line 1i, did the organization file Form 472	20 reporting	Yes 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 E	xpenditur	es During 4	Year A	veraging F	eriod		
	Calendar year (or fiscal year beginning in)	(a)	2010	(b) 20°	11	(c) 20	12	(d) 2013	(e) Total
2a	Lobbying nontaxable amount		-				0	0	
b	Lobbying ceiling amount (150% of line 2a, column(e))		T.						(
С	Total lobbying expenditures		_				0	0	
d	Grassroots nontaxable amount						0	0	C
e	Grassroots ceiling amount (150% of line 2d, column (e))								C
f	Grassroots lobbying expenditures			 			0	0	C

Schedule C (Form 990 or 990-EZ) 2013

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)).

	(election under section 501(h)).				•	
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of th	e lobbying activity	Yes	No	A	mount	t
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					
а	Volunteers?			ľ		
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?			<u> </u>		
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?		ļ			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			 		
''	Other activities?			 		
	Total Add lines 1c through 1i	DENIKH	Programme of the			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	HEART.		Activati		516.7.1
b	If "Yes," enter the amount of any tax incurred under section 4912				Branca In	35722 v)
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?	PERSONAL PROPERTY.	# 41 F 18 (1915 - 191		MT244	
	III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	130 1000	Ellica wing .
	501(c)(6).	. , ,	•			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		X
3_	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	L	X
	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	(c)(5) OR (I	, or s o) Pa	ection rt III-A	line	3, is
1	Dues, assessments and similar amounts from members			 		
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).					
			2a			
a b	Current year Carryover from last year		2b	 		
C	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<u> </u>		
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	<u> </u>		0
Part	IV Supplemental Information					
	de 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					
Part	I-A Line 2 - Expenses pertaining to the Labor 2013 / 14 register and vote campaign Note Other					
politic	cal activity is reported on a separate form 990 filed for the "Political Fund" (EIN #					
91-2	101127)					
-1.:- T -						
-						
- 						

SCHEDULE D (Form 990)

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.

Open to Public Inspection

OMB No_1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

				Employer identification number
	esota AFL-CIO			41-0785271
Par		or Advised Funds or Oth	er Similar Fun	ds or Accounts.
	Complete if the organization answ	vered "Yes" to Form 990, F	Part IV, line 6	
		(a) Donor advised fund	ds	(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 do	nor advisors in writing that the	e assets held in do	onor advised
	funds are the organization's property, subject	to the organization's exclusiv	e legal control?	Yes No
6	Did the organization inform all grantees, done	ors, and donor advisors in writ	ting that grant fund	ds can be
	used only for charitable purposes and not for	the benefit of the donor or do	nor advisor, or for	any other
	purpose conferring impermissible private ben	efit?		Yes No
Par	Conservation Easements.		·	
	Complete if the organization answ	rered "Yes" to Form 990, F	Part IV. line 7	
1	Purpose(s) of conservation easements held to			
	Preservation of land for public use (e.g., recr	_	1 '''	an historically important land area
	Protection of natural habitat	,		a certified historic structure
	Preservation of open space		i reservation or	a certified filstofic structure
2	Complete lines 2a through 2d if the organizat	ion hold a gualified conseniat	ion contribution in	the form of a companion
2	easement on the last day of the tax year	ion neid a quaimed conservat	ion contribution in	Held at the End of the Tax Year
_	Total number of conservation easements			2a
a b	Total acreage restricted by conservation ease	emente		2b
C	Number of conservation easements on a cert		d in (a)	2c
ď	Number of conservation easements included			20
•	historic structure listed in the National Registr		a.i.a iiot 3ii a	2d
3	Number of conservation easements modified		uished, or termina	ated by the organization
	during the tax year			
4	Number of states where property subject to c	onservation easement is loca	ted ▶	
5	Does the organization have a written policy re		ng, inspection, ha	ndling of
	violations, and enforcement of the conservati			Yes No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing	conservation ease	ements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing cons	servation easemer	nts during the year
	Does each conservation easement reported of	on line 2(d) above satisfy the	requirements of se	ection
8	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the	requirements or se	Yes No
9	In Part XIII, describe how the organization re	norts conservation easements	: in its revenue an	
Ð	balance sheet, and include, if applicable, the			
	the organization's accounting for conservation			
Par		ections of Art, Historical	Treasures, or (Other Similar Assets.
	Complete if the organization answ			
1a	If the organization elected, as permitted unde	r SFAS 116 (ASC 958), not to	report in its rever	nue statement and balance sheet
	works of art, historical treasures, or other sim			
	of public service, provide, in Part XIII, the text			
b	If the organization elected, as permitted under			
-	works of art, historical treasures, or other sim			
	of public service, provide the following amour			
	(i) Revenues included in Form 990, Part VIII,			\$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of a			
	following amounts required to be reported un-			
а	Revenues included in Form 990. Part VIII. line			▶ \$

Part		Collections of	Art, Hist	orical Ti	easures, o	r Othe	er Similar Ass	ets (cor	tinue	d)
3	Using the organization's acquisition, ac	ccession, and other	records,	check any	of the follow	ing tha	t are a significan	1		
	use of its collection items (check all that	at apply)	_	,		_	-			
а	Public exhibition		d	Loan	or exchange	progra	ms			
b	Scholarly research		e	Other						
C	Preservation for future generation									
4	Provide a description of the organization Part XIII	on's collections and	explain h	ow they fu	urther the org	anızatı	on's exempt purp	ose in		
5	During the year, did the organization se	olicit or receive dona	ations of a	art, histori	cal treasures	, or oth	er sımılar			
	assets to be sold to raise funds rather	than to be maintain	ed as par	t of the or	ganization's d	collectio	on?	Y	es 🗌	No
Part										
	Complete if the organization	answered "Yes"	to Form	990, Pai	rt IV, line 9,	or rep	orted an amou	nt on Fo	orm	
	990, Part X, line 21									
1a	Is the organization an agent, trustee, c	ustodian or other in	termediar	y for cont	ributions or o	ther as	sets not			١
b	included on Form 990, Part X? If "Yes," explain the arrangement in Pa	rt XIII and complete	the follow	wing table				Y	es	j No
b	Tes, explain the arrangement in a	rt XIII and complete	tile lollor	wing table				Amount		
С	Beginning balance					10		,, .		0
d	Additions during the year					10	d		•	-
е	Distributions during the year					10	е			
f	Ending balance					1	f			0
2a	Did the organization include an amoun	t on Form 990, Part	X, line 2	1?				Y	es 🔀	No
b	If "Yes," explain the arrangement in Pa	rt XIII Check here	f the expl	anation h	as been provi	ided in	Part XIII		L]
Part										
	Complete if the organization		_							
	D	(a) Current year	(b) Pri	or year	(c) Two years		(d) Three years bac		our years	
1a	Beginning of year balance	0		0		0		0		0
b c	Contributions Net investment earnings, gains,									
·	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs							\bot		
f	Administrative expenses							0		0
g 2	End of year balance Provide the estimated percentage of the	0	halance (line 1g, co	lumn (a)) he	0 Id as	<u> </u>	O ₁		
۷ a	Board designated or quasi-endowmen	•	%	mic ig, oc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b	Permanent endowment	%								
C	Temporarily restricted endowment	▶ %								
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	possession of the o	rganızatıc	on that are	held and ad	mınıste	red for the			Τ.,
	organization by							3a(i)	Yes	No
	(i) unrelated organizations(ii) related organizations							3a(ii)	-	
b	(ii) related organizations If "Yes" to 3a(ii), are the related organi	zations listed as rec	uired on	Schedule	R?			3b		
4	Describe in Part XIII the intended uses									
Part	VI Land, Buildings, and Equi									
	Complete if the organization	answered "Yes"	to Form	990, Pa	rt IV, line 11	1		<u>rt X, lın</u>	e 10	
	Description of property	(a) Cost or of		, ,	ost or other	1) Accumulated depreciation	(d) E	ook valu	ıe
	l and	(investm	0	Dasi	s (other)	,	depreciation			0
1a h	Land Buildings		0		1,394,431	小 明晓杨道	315,722		1.07	78,709
b c	Leasehold improvements		0		0		0			0
d	Equipment		0		97,693		92,129			5,564
e	Other		0		61,117		1,697			59,420
Total	. Add lines 1a through 1e (Column (d) r	nust equal Form 99	0, Part X,	column (B), line 10(c))	<u> </u>			43,693
							So	hedule D	rorm 99	50) 2013

41-0785271

Page 2

Schedule D (Form 990) 2013 Minnesota AFL-CIO

1.	(a) Description of liability	(b) Book value			
(1) Feder	al income taxes			S. Chen Transport A. Market S. C. And S. C. Control of the Control	新。1888年188日 1880年188日 1880年188日 - 1880年188日 - 1880年188日 1880年188日 1880年188日 1880年188日 - 1880年188日 1880年188日 1
(2)			Very less than the		
(3)					ACCOUNT TO SELECT ON THE PARTY.
(4)					
(5)					
_(6)					
(7)					
(8)				Service .	
(9)					
Total (Column (L	n) must equal Form 990, Part X, col_(B) line 25)	<u> </u>			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	•				
	ule D (Form 990) 2013 Minnesota AFL-CIO			41-0785271	Page 4
Par	 Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, Pa 	nts W	ith Revenue pe	er Return	
1	Total revenue, gains, and other support per audited financial statements		1724	1 1	3,414,418
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				3,414,410
а	Net unrealized gains on investments	2a	1		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	236,96	2	
е	Add lines 2a through 2d			2e	236,962
3	Subtract line 2e from line 1			3	3,177,456
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				5, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		in the state of th	
b	Other (Describe in Part XIII)	4b			
С	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	3,177,456
Part				per Return	
1	Complete if the organization answered "Yes" to Form 990, Pa	π Ιν, Ι	ine 12a		0.100.700
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25			hat shakking	3,106,723
	Donated services and use of facilities	2a	1		
a		2b			
b	Prior year adjustments Other losses	20 2c			
c d	Other (Describe in Part XIII)	2d	236,96		
	Add lines 2a through 2d	Zu	230,90	2 2e	236,962
е 3	Subtract line 2e from line 1			3	2,869,761
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	I	385	2,009,701
ч	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	2,869,761
	XIII Supplemental Information			l	
Provi 2, Pa	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro				ırt X, line
Part)	(I Line 2d - Political expenses reported on a separate form 990 (91-2101127)				
Part)	(II Line 2d - Political expenses reported on a separate form 990 (91-2101127)	•••			
				• • • • • • • • • • • • • • • • • • •	
- <i></i> -			· · · · · · · · · · · · · · · · · · ·		
- -					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Minnesota AFL-CIO

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

Employer identification number

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Form 990, Part VI, Section A, Line 6 - Afiliated Organizations send member delegates to the
Bi-annual convention based on per capita payments made. Delegates vote on constitutional items
and elect a President and a Secretary / Treasurer to administer the ongoing operations. A
General Board made up of representatives from the affiliated organizations acts as the
oversight governing body between conventions
Form 990, Part VI, Section B, Line 11a - The form 990 is prepared by the external independent
auditor and is then reviewed by the elected Secretary / Treasurer prior to being submitted to
the IRS
Form 990, Part VI, Section B, Line 15a - Salaries of the President and Secretary / Treasurer
are determined at the convention bi-annually
Form 990, Part VI, Section B, Line 19 - Governing documents, policies, and financial
statements would be made available upon authorized formal request
Form 990, Part XII, Line 2c - As in the past, the financial statements are presented to the
"Audit and Credentials Committee" by the independent CPA auditor

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Minnesota AFL-CIO Name of the organization

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

▶ See separate instructions Attach to Form 990.

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

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

m	
20	Onon's to I

OMB No 1545-0047

Employer identification number

41-0785271

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2013 Yes No (f) Direct controlling × × Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had (f)
Direct controlling entity End-of-year assets **e** Public chanty status (if section 501(c)(3)) (e) (d) Total income (d) Exempt Code section Legal domicile (state or foreign country) 501(c)(2) 527 Legal domicile (state or foreign country) Ö Primary activity Z Ζ Title Holding Company one or more related tax-exempt organizations during the tax year Primary activity Political fund For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\mathrm{HTA}}$ (a) Name, address, and EIN (if applicable) of disregarded entity (1) MN AFL-CIO Political Fund 91-2101127 Name, address, and EIN of related organization (2) MN AFL-CIO Building Corporation 41-1818507 175 Aurora Avenue St Paul, MN 55103 175 Aurora Avenue St Paul, MN 55103 Part II € ල € <u>S</u> 9 0 2 3 9 Ξ ල

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 41-0785271 Part III

(k) Percentage ównership										(I) Section 512(b)(13) controlled entity?	S No	<u> </u>	-		-				Schedule R (Form 990) 2013
(j) General or managing partner?	ŝ								Part		Yes						<u></u>		E
(j) General or managing partner?	Yes								990,	(h) Percentage ownership									e R (F
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									Identification of Related Organizations Taxable as a Corporation or Trust Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	Share of Percend-of-year assets own									Schedu
(h) Disproportionale allocations?	Š								rered					<u> </u>		<u> </u>	 -		
Disproporalloca	Yes								answ /ear	(f) Share of total income					ľ				
ind-of- sets									ation tax	Share									
(g) Share of end-of- year assets									Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization ansi IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	(e) Type of entity (C corp., S corp., or trust)									
total ne									ost d	Type o									
(f) Share of total income									or tr		H			<u> </u>	_		ļ		
						-	-	-	Comp ation	(d) Direct controlling entity									
inant elated, ted, I from der									rust ((c)									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									or Ti	رغ ع	\vdash				 		_		
JUI JOS					_	ļ	<u> </u>		ted a	.) omicile ign coun								:	
Buillo									rpora trea	(c) Legal domicile (state or foreign country)									
(d) Direct controlling entity									a Co	(sta			-	ļ	<u> </u>		<u> </u>		
Dire					ļ				e as	<i></i>									
(c) Legal domicile (state or foreign									xabl	(b) Primary activity									
do d					-	<u> </u>	-	ļ	ns Ta relate	Prima						ĺ			
									zatio					ļ			<u> </u>		
(b) Primary activity									ganiz or n										
(b) rımary a									d Or	ation									
a.									elate it ha	organız									İ
		-				+	+-		of R ause	related									
jo Z									ation 4 bec	(a) Name, address, and EIN of related organization									
and El									ntific ine 3	ss, and									
(a) ddress, ed orga									der ≤	, addre									
(a) Name, address, and EIN of related organization									>	Name									
		(E)	(2)	<u>(c)</u>	(4)	(2)	(9)	(2)	Part IV			(1)	(2)	(3)	(4)	(5)	(9)	(2)	
	•																		

Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Note. Complete line 1 if any entity	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	S No
 During the tax year, did the 	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ınızatıons lısted in	Parts II-IV?		
a Receipt of (i) interest (ii) an	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		٠	1a	×
b Gift, grant, or capital contrit	Gift, grant, or capital contribution to related organization(s)			1b	×
c Gift, grant, or capital contrib	Gift, grant, or capital contribution from related organization(s)			10	×
d Loans or loan guarantees t	Loans or loan guarantees to or for related organization(s)			1 d	×
e I pans or loan quarantees by related organization(s)	by related organization(s)			4	×
		-	• •		
f Dividends from related organization(s)	anization(s)		•	14	×
g Sale of assets to related organization(s)	ganization(s)			19	×
h Purchase of assets from related organization(s)	elated organization(s)			4	×
i Exchange of assets with related organization(s)	alated organization(s)			1i	×
j Lease of facilities, equipme	Lease of facilities, equipment, or other assets to related organization(s)			1	×
omening softwart to asked 1	loses of facilities and the ather secons from related accountation(s)				
	all, of our el assets not l'elated organization (s)			< <u>*</u> ;	; -
	Performance of services or membership or fundraising solicitations for related organization(s)			=	×
m Performance of services or	Performance of services or membership or fundraising solicitations by related organization(s)			\dashv	×
n Sharing of facilities, equipn	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1 ×	
 Sharing of paid employees 	Sharing of paid employees with related organization(s)			10 ×	
					1. 1.
p Reimbursement paid to related	Reimbursement paid to related organization(s) for expenses		٠	1р	×
q Reimbursement paid by rel	Reimbursement paid by related organization(s) for expenses			19	×
				1. 温素透透	
r Other transfer of cash or pr	Other transfer of cash or property to related organization(s)		•	+	×
s Other transfer of cash or pr	Other transfer of cash or property from related organization(s)		•	1s	×
2 If the answer to any of the	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	uding covered rela	tionships and transactic	on thresholds	
	(a)	(q)	(0)	(p)	
	Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amount involved	mining
(1) NONE					
(2)					
(3)					
(4)					
(5)					
(9)					
			Schedu	Schedule R (Form 990) 2013	0) 2013

Page 4

Schedule R (Form 990) 2013

Unrelated Organizations Taxable as a Partnership Complete If the organization answered "Yes" on Form 990, Part IV, line 37 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(h)

(h)

,	,		ì										
(a)	(q)	(c)		(e)		€	(6)	<u>E</u>		Ξ:	9		(£
Name, address, and EIN of entity	Primary activity		Predominant	Are all pa	artners	Share of	Share of	Disproportionate allocations?		de V—UBí	Gener		Percentage
		(State of loreign country)	unrelated, excluded from tax under	section 501(c)(3) organizations?	(3) tions?		assets			of Schedule K-1 (Form 1065)	nianaging partner?		ownersnip
			(+10-210 s) (+10-14)	Yes	ş			Yes	ş	1	Yes	2	
(1)													
(2)													
(3)													
(4)													
(5)													
(9)													
(7)													
(8)												!	
(6)													
(10)													
(11)					(
(12)													
(13)													
(14)								·					1
(15)													ļ
(16)													

Schedule R (Form 990) 2013

Schedule R (Fo		41-0785271	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R (see inst	tructions)	
· · · · · ·			
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Schedule R (Form 990) 2013

Continuation Sheet for Form 990

Page 1 of 3

Name of the Organization
Minnesota AFL-CIO

Employer identification number

41-0785271

Part VII Section A

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees									· · · · · · · · · · · · · · · · · · ·	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Average Position (check all that apply		oply)	Reportable	Reportable	Estimated			
	hours per week	임	Ins	잁	S S	를	77	compensation	compensation	amount of
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	plo	Former	from the	from related	other
	hours for	을 필	Ī	İ	퇑	yee co	٦	organization	organizations (W-2/1099-MISC)	compensation from the
	related	S	3		yee	를	1	(W-2/1099-MISC)	(** = *********************************	organization
	organizations below dotted	ē	ste	1		ens				and related
	line)		"			Highest compensated employee				organizations
(26) Kathy Hegstrom	1 00	-			-	+	+			
Ed MN 7250 - East Central		×				}				
(27) Marybeth Juetten	1 00	- ^-	-	-		1	+-			 ·
AFSCME - East Central		х								
(28) Steve Raatikka	1 00			<u> </u>		 	-			
SMWIA - East Central		x		ł						
(29) Julie Blaha	1 00	<u> </u>	-	┢		\vdash	╁			
Ed MN - Mpls Metro		х								
(30) Tim Donovan	1 00	 ^	-			H	╁			
CWA Mpls Metro		х								
(31) Mary Falk	1 00	 ^-	\vdash	_		 	┢			
AFSCME - Mpls Metro	1 00	х								
(32) Teferi Fufa	1 00				<u> </u>	1				
Ed MN - Mpls Metro		Х					1			
(33) Linda Hamilton	1 00			-		İ				
MNA - Mpls Metro		x				1				
(34) Paul Mueller	1 00									·
Ed MN - Mpls Metro		х								
(35) Terry Nelson	1 00									
IUPAT - Mpls Metro		х								
(36) Rodger Kretman	1 00									
IBEW - Mpls Metro		х								
(37) Cliff Poehler	1 00									
AFSCME - Mpls Metro		х								
(38) Mark Lawson	1 00									
ATU - Mpls Metro		x								
(39) Jigme Ugen	1 00									
SEIU		х								
(40) Jim Kottke	1 00									
USW - NE		х								
(41) Craig Olson	1 00									
IUPAT - NE		х						-		
(42) John Rebrovich	1 00		Ì	1						
USW - NE		x	i							
(43) Ida Rukavina	1 00									
AFSCME - NE		х	ŀ	į]	
(44) Jennifer Schultz	1 00			7						
Ed MN - NE		х	_	_	_					
(45) Judy Wahlberg	1 00	\neg		\neg						
AFSCME - NE		x							Į	
(46) Joe Cerar	1 00	i								
Education MN - SE		Х	_							
							•			

Continuation Sheet for Form 990

Page 2 of 3

Name of the Organization
Minnesota AFL-CIO

Employer identification number

41-0785271

Part VII Section A

Continuation of Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees										
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and title	Average	Posit	tion (chec				Reportable	Reportable	Estimated
	hours per week	익直	l Jz	읓	<u>@</u>	BH	٦	compensation	compensation	amount of
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	hes	Former	from the	from related organizations	other
	hours for	ctor t	Į Pa		9	ee co] ~	organization	(W-2/1099-MISC)	compensation from the
	related	25	3)ee	를	Ì	(W-2/1099-MISC)		organization
	organizations below dotted	ee	ste			sansa				and related
	line)		"			Highest compensated employee	ļ			organizations
(47) Russell Hess	1 00	-	-	├─	\vdash	-	├			
LIUNA - SE		×				İ				
(48) Greg Graif	1 00	<u> </u>	_	-	\vdash	 	┢			
IBEW - SE		x				l				
(49) Michael Murphy	1 00						\vdash			
IBEW - SE		X					i			
(50) Jeff Birttnen	1 00									
AFSCME - St Paul		X	L.				_			
(51) Mike Buesing	1 00									
AFSCME - St Paul		X				<u> </u>	L			
(52) John Ewaldt	1 00									
AFSCME - St Paul		X	L							
(53) Jason George	1 00									
IUOE - Metro		Х		L			_			
(54) Deb Haugen	1 00									
MNA - St Paul		X		L	_	<u> </u>	L_			
(55) Warren Harder	1 00				ĺ					
IUPAT - St Paul		X	<u> </u>	<u> </u>	ļ		<u> </u>			
(56) Richard Magler Jr	1 00									
Education MN - St Paul	4.00	Х			<u> </u>		<u> </u>			
(57) Roy Magnuson	1 00									
Education MN - St Paul	1.00	X_	-							
(58) Jamie McNamara	1 00									
IBEW - St Paul (59) Gerry Parzino	1 00	X	-		-		-			
USW - St Paul		x								
(60) Stan Theis	1 00	- A					\vdash			
UA 34 - St Paul		х								
(61) Kent Courrier	1 00	_			_					
IUOE 49 - West		Х								
(62) Dale Moerke	1 00								-	
UFCW - West		Х								
(63) Jeff Offutt	1 00							"		
Education MN - West		Х								
(64) Kevin Olson	1 00									
AFSCME 701 - West		Х								<u> </u>
(65) Tony St Michel	1 00							i		
BCTGM - West		Х								
(66) Francisco Altamirano	1 00									
LCLAA / UPAT - Const Grp		Х								
(67) Mike Zagaros	1 00							ľ		
NALC - Metro		Х					لـــــا			

Continuation Sheet for Form 990

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Name of the Organization
Minnesota AFL-CIO

Employer identification number

41-0785271

Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees										
(A) Name and title	(B)	Posit			C)	45-4		(D)	(E)	(F)
Name and little	Average hours per week (list any hours for related organizations below dotted line)	Individual trustee	Institutional trustee	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(68) Rick Pospichal AFSCME - SE	1 00	×								
(69) Mona Meyer CWA	1 00	х								
(70) Walt Federickson MNA	1 00	х								
(71) Jamie Gulley SEIU	1 00	х						_		
(72) Bernie Hesse SEIUUFCW	1 00	х								
(73) Jane Nygaard AFGE		х								
(74) Mary Cathryn Ricker Ed MN - Metro	1 00	х								
(75)					!					
(76)										
(77)										
(78)										
(79)										
(80)										
(81)										
(82)										
(83)										
(84)										
(85)										
(86)										
(87)						-				
(88)		_								

Form **8868**

(Rev January 20 44)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

► File a separate application for each return.
Information about Form 8868 and its instructions is at www.irs gov/form8868.

OMB No 1545-1709

 If you are Do not con 	e filing for an Additional (Not Automatic) 3 Inplete Part II unless you have already bee	-Month Ex n granted a	tension, complete only Part II (on an automatic 3-month extension on a	page 2 of this a previously f	formiled F) orm 88	68		
a corporatio 8868 to requ Return for T	illing (e-file). You can electronically file Form required to file Form 990-T), or an addition uest an extension of time to file any of the formsfers Associated With Certain Personal For more details on the electronic filing of	nal (not au orms listed Benefit Cor	tomatic) 3-month extension of time in Part I or Part II with the exception intracts, which must be sent to the IR	You can elect of Form 8870 S in paper fo	tronic 0, Info rmat	ally file ormation (see	Form n		
Part I	Automatic 3-Month Extension of 3	Time. Onl	y submit original (no copies nee	ded)					
Part I only All other cor	n required to file Form 990-T and requesting porations (including 1120-C filers), partners income tax returns		ICs, and trusts must use Form 7004	to request ar	n exte				
-	This			identifying r					
Type or	Name of exempt organization or other filer, se	e instruction	ıs	Employer iden	tificatio	on numbe	(EIN) or		
print	Minnesota AFL-CIO		·	41-0785271					
File by the due date for	Number, street, and room or suite no. If a PO	box, see in	structions	Social secui	ity nu	mber (S	SN)		
filing your	175 Aurora Avenue								
return See instructions	City, town or post office, state, and ZIP code I St Paul, MN 55103	-or a foreigr —————	address, see instructions						
Enter the Re			01						
Application Return Application Is For Code Is For									
Form 990 or Form 990-EZ 01 Form 990-T (corporation)									
Form 990-BL 02 Form 1041-A									
Form 4720 (individual) 03 Form 4720 (other than individual)									
Form 990-F	<u>'F</u>	04	Form 5227				10		
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069									
Form 990-T (trust other than above) 06 Form 8870									
Telephon If the org If this is for the whole list with the standard until	names and EINs of all members the extensions and automatic 3-month (6 months for a continuous)	four digit of If it is for pon is for orporation	Group Exemption Number (GEN) and of the group, check this box	1338 on of time	► Th	an	his is d attach a		
	tax year beginning 4/1/2 tax year entered in line 1 is for less than 12 hange in accounting period			3/31/2014 Final		 ר	-		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
nonre	nonrefundable credits. See instructions								
	application is for Forms 990-PF, 990-T, 472								
	ated tax payments made Include any prior				3b	\$	0		
c Balar	ice due. Subtract line 3b from line 3a Inclu	de your pa	yment with this form, if required, by t	using	. }				

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for

EFTPS (Electronic Federal Tax Payment System) See instructions