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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2015

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 Open to Public Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection For the 2015 calendar year, or tax year beginning 4/1/2015 and ending 3/31/2016 Check if applicable C Name of organization Minnesota AFL-CIO 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 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 3.157.328 Application pending Name and address of principal officer H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? 501(c)(3) X If "No," attach a list (see instructions) 501(c) Tax-exempt status ) < (insert no ) 4947(a)(1) or Website<sup>.</sup> ▶ H(c) Group exemption number ► 1338 K Form of organization X Association Corporation Trust Other ▶ L Year of formation 1955 M State of legal domicile MN Part I 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 Activitles & Governance inimical to these objectives 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) Number of independent voting members of the governing body (Part VI, line 1b) 73 Total number of individuals employed in calendar year 2015 (Part V. line 2a) 5 17 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year** Contributions and grants (Part VIII, line 1h) 473,269 112,508 Program service revenue (Part VIII, line 2q) 2,793,417 3.016.247 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4,274 4,395 24,178 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,233 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,282,193 3,157,328 Grants and similar amounts paid (Part IX, column (A), lines 1-3) æ 13 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 ANNET OCT Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1.837.379 1,937,377 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines\_11a-11d, 11f-24e) 1,625,210 1,335,125 Total expenses Add lines 13–17 (must equal Parelly column (A) (me 25) 18 3,462,589 3,272,502 Revenue less expenses Subtract line 18 from 19 -180,396-115,174 **Beginning of Current Year End of Year** 0 OCT 1 7 2016 Total assets (Part X, line 16) 1,786,844 1,626,737 20 21 Total liabilities (Part X, line 26) 824, 189 779,256 Net assets or fund balances Subtract line 962,655 847,481 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 10-3-16 Sian Here Julie Blaha secretary Trassure Steve Hunter, Secretary/Treasurer Type or print name and title Preparer's signature Pnnt/Type preparer's name PTIN Check X Paid 9/24/2016 self-employed P00484716 Gary W Paulson Preparer ► Gary W Paulson, CPA Firm's EIN > 41-1643869 **Use Only** Firm's address ► 4962 Black Spruce Trail NW, Hackensack, MN 56452 320-630-9166 Phone no X | Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 99	0 (2015)	Minnesota AFL-CIO	41-0785271	Page <b>2</b>
Par	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly des	scribe the organization's mission		
		legislation which enhances the rights, security and welfare of workers and labor and to oppose legislation inimical to these objectives		
	the prior F	ganization undertake any significant program services during the year which were not listed on form 990 or 990-EZ?	Yes	X No
		escribe these new services on Schedule O ganization cease conducting, or make significant changes in how it conducts, any program		
	services?		Yes	X No
		escribe these changes on Schedule O		<b></b> -
	expenses	the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo xpenses, and revenue, if any, for each program service reported	as measured by ecations to others	
4a	(Code	) (Expenses \$ \text{including grants of \$ \text{) (Revenue}	 e \$	)
	Legisla	tive		,
	The Mi	nnesota AFL-CIO advocated for numerous issues in the 2015-2016 Biennial Legislative Session		
	•	passed and many did not – in large part due to a divided legislature. The successes included,		
		ed unemployment benefits to taconite miners in northeastern Minnesota, passage of state		
		yee contracts and 12 weeks of paid family and medical leave passed the Senate but not the		
		Important legislation that did not pass included, comprehensive transportation/transit funding, apital investment bonding bill		
	Legisla	tive/Political Conference		
	legislat	sted our Legislative and Political Conference on November 12-13, 2015 Attendees learned about tive issues that could arise in the 2016 Legislative Session and skills to use during the 2016 n season		
	Politica	al		
	2016 a effort v	bor 2016 Political Plan was approved at the Minnesota AFL-CIO Executive Board on January and the General Board on February 16, 2016. The plan is being implemented and considerable will be put into educating and mobilizing the members of our affiliated unions to support our sed candidates in the 2016 elections.		
	Organi	ızing		
		ganizing director and strategic research director work to expand affiliates' capacity to wage		
	strateg	gic organizing campaigns, coordinate support for affiliate organizing, and work on initiatives to		
		inion employers. Over the past two years, the Organizing Department has supported over 40 es with consultation, direct support, and/or trainings to support internal and external organizing		
	State F	Fair		
		ordinated the planning and activities of our affiliates at the Minnesota AFL-CIO Labor Pavilion at innesota State Fair		
	Comm	nunications		
	release	ition to the ongoing work of the Communications staff – the weekly email <i>Labor Update</i> , press es and interviews, the <i>Minnesota Works</i> podcast – we greatly expanded and upgraded our digital unications capabilities to improve our reach and redesigned our website. We also began using		
	live vid	deo streaming capabilities for Labor events and actions		
4d		ogram services (Describe in Schedule O )		
	(Expense		0)	<del></del> -
<u>4e</u>	iotal proc	gram service expenses • 0		200

# 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		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
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	х	
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		
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	$\times$	
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		Χ
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		Χ_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
	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		X
0	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
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1	a partie	K. T
	VII, VIII, IX, or X as applicable	<b>3</b>		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	Х	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			i
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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	_	Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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		Χ_
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		8	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
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		v
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
		Form	990	
			. ,	

# Part IV Checklist of Required Schedules (continued)

200	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	24		V
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	-	Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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? If "Yes," 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	<b>5</b>	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)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		χ Χ
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<del>  ^</del>
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	}	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del>                                     </del>	x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
- •	Part I	31		Χ_
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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	34	X	
25.	III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del>  ^</del>	X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	000	<u> </u>	<del>  ^</del>
D	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			
J0	organization? If "Yes," complete Schedule R, Part V, line 2	36	L	L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	<u> </u>	X
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	X	<u></u>
		E 0	441	12015

Form 990 (2015) Minnesota AFL-CIO 41-0785271 Page 5 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 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1a 5 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 17 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 4 (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b 5b С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 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? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С required to file Form 8282? 7с If "Yes." indicate the number of Forms 8282 filed during the year Ч 1.1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9ь b Section 501(c)(7) organizations. Enter 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b \*\* Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O 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 13b 13c Enter the amount of reserves on hand C Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2015) Minnesota AFL-CIO 41-0785271 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Х 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 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 Enter the number of voting members included in line 1a, above, who are independent 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 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Х 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10a X 10a Did the organization have local chapters, branches, or affiliates?

	and the engineering control of the c			
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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	". <u>"</u> , "	aprile.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	4	1775 1775	4 h m 67
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1	San Millian	11. 4
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	المادة المدا		1800° E J
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	J. Harris	्र अवर्ष	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	11/10/1	<u> </u>	<sup>۱۰۱</sup> ایر ،
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>

Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ None  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website Another's website X Upon request 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, address, and telephone number of the person who possesses the organization's books and records ▶		the organization's exempt status with respect to such arrangements?	16b	1
<ul> <li>List the states with which a copy of this Form 990 is required to be filed         Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply         Own website             Another's website             X             Upon request             Other (explain in Schedule O)         </li> </ul> <li>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</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records</li>	Sec			
available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  X  Upon request  Other (explain in Schedule O)  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  State the name, address, and telephone number of the person who possesses the organization's books and records		List the states with which a copy of this Form 990 is required to be filed None		
Own website Another's website X Upon request 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, address, and telephone number of the person who possesses the organization's books and records	18		s)s only)	
20 State the name, address, and telephone number of the person who possesses the organization's books and records	19	Own website Another's website X Upon request Other (explain in Schedule O)		
20 State the name, address, and telephone number of the person who possesses the organization's books and records		financial statements available to the public during the tax year		
Value Dialia	20	State the name, address, and telephone number of the person who possesses the organization's books and records  Julie Blaha 651-227-7647	<b>&gt;</b>	
175 Aurora Avenue, St. Paul, MN 55103		175 Aurora Avenue, St. Paul, MN 55103		

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Form 990 (2015)	Minnesota AFL-CIO									41-07852				
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	еу	Em	plo	yee	s, i	lighest Comp	ensated	rage /			
•	Employees, and Independent C Check if Schedule O contains a r		to to	anı	مار ا		a thua	. n.	\ / / I					
Section A.	Officers, Directors, Trustees, Key E													
	this table for all persons required to be									with or within the				
organization's			pci	Juli	0111	OI E	ne ca	iCi i	an year ending v	with or within the				
of compensat	of the organization's <b>current</b> officers, di ion_Enter -0- in columns (D), (E), and (	F) if no compens	sation	wa	s pa	ud					unt			
• List all	of the organization's <b>current</b> key emplo	yees, if any Sec	ınstr	ucti	ons	for	defini	tior	of "key employe	ee "				
who received	organization's five current highest con reportable compensation (Box 5 of For and any related organizations	m W-2 and/or Bo	ox 7 c	of Fo	ner i	tnar 109	n an c 9-MIS	sc)	of more than \$1	ee, or key emplo 00,000 from the	yee)			
\$100,000 of re	of the organization's <b>former</b> officers, ke eportable compensation from the organ	ization and any i	relate	d or	gan	ıızat	ions							
organization,	of the organization's <b>former directors o</b> more than \$10,000 of reportable compe	ensation from the	e orga	nıza	atior	n ar	id any	rel	ated organizatio	ns	the			
compensated	n the following order individual trustees employees, and former such persons									•				
Check the	s box if neither the organization nor any	related organiz	ation	con	nper	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee				
						2)								
	(A) Name and Title	(B) Average	Average	Average	Average	box,	unles	s pe	more rson	than c	an	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	$\overline{}$	a Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations			
(1) Bill Mc	Carthy	36 00												
President Charles	Lintos	4 00	X		X	├-			56,671		10,507			
(2) Steve I Sec/Treas	nunter ,	36 00 4 00	x		х				113,798		24,859			
(3) Todd P	ufahl	1 00				<del>                                     </del>			110,100	-	21,000			
LIUNA			Х	_			<u> </u>							
(4) John R USW	ebrovich	1 00	x_											
(5) Dave Y	barra	1 00												
UA lamia	MeNamara	1.00	X		H	├-	<del>                                     </del>	<u> </u>	<del> </del>		<del> </del>			
(6) Jamie !	McNamara	1 00				ĺ		[	ļ					

None

more than \$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(C)												
	(A)	(B)	Position (B) (do not check more than one (D)					(D)	/E)		(5)	
	Name and title	Average	box, unless person is both			is both	an	Reportable	(E) Reportal	ble	(F) Estimated	
		hours per week (list any	officer and a director/trust			compensation from	compensa		amount of			
		hours for	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	the	from rela organizati		other compensation
		related organizations	rect	E	Įά	emp	est i	ब्	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from the
		below dotted	9 5	<u>a</u>		öy	le S		(44-2/1099-1415C)		į	organization and related
		line)	stee	trust		ĕ	pen				1	organizations
			"	8			sate					
				<u> </u>	ļ	ļ	_ a					
	Matt Utecht	1 00										
UFC\			X	$\vdash$	┢	ļ .		_				
	Wade Luneburg	1 00	1				'				İ	
_	E HERE	1.00	X	├	├	├	<u> </u>					
APW	Peggy Whitney	1 00	ı			1						
	Many Producisk	1.00	X	$\vdash$	┢	-						
ED N	Mary Broderick	1 00	х									
	Chalcia Claubitz Cabiau	1 00	<del>  ^</del>	$\vdash$	<del> </del>	┢	-			-	-	
UFC			X			1						
	Alon Notland	1 00		-		<del> </del>						
AFS(		1	x		ĺ						ĺ	
	Bobby Kasper	1 00	_		┢	┢						
LIUN			x									
	Russell Hess	1 00								-		
LIUN		L_	X			١.						
(23)	Mark Froemke	1 00										
BCT	GM		X									
(24)	Harry Melander	1 00						ŀ				
UBC			X	1_	_	_	<u> </u>	<u> </u>				
	Bill Moore	1 00						1				
<u>AFS(</u>		<u> </u>	Х		<u>i .</u>	L	<u> </u>	<u> </u>		<u> </u>		
1b	Sub-total	47							170,469		0	35,366
C	Total from continuation sheets to Part VII, S	ection A							170.460		0	0
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but not liii	mitad to those lis	tod s	hov	(0)	who	roco	uod	170,469		υĮ	35,366
2	reportable compensation from the organization					VIIO	IECEI	veu	illiole than \$100	,000 01		
	Tepottable compensation from the organization				<u> </u>							Yes No
3	Did the organization list any former officer, dire	ector, or trustee.	kev e	emp	love	e. c	r hiat	nesi	t compensated			
•	employee on line 1a? If "Yes," complete Scheo				,	·	,		,			3 X
4	For any individual listed on line 1a, is the sum	of reportable con	nnen	satu	on a	nd (	other	cor	nnensation from		İ	
•	the organization and related organizations great	•										
	individual	2101 111011 4 100,01		•	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					4 X
_	Did any person listed on line 1a receive or acci	rue compensatio	n froi	m a	nv i	inre	hatel	ora	anization or indiv	udual		
5	for services rendered to the organization? If "Y									riduai		5 X
Sect	ion B. Independent Contractors	ou, comprote of	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	****			<u>po.</u>	<del>, , , , , , , , , , , , , , , , , , , </del>				<u> </u>
1	Complete this table for your five highest compe	ensated indepen	dent-	con	trac	tors	that	rece	eived more than	\$100,000	of	
•	compensation from the organization Report co											ax
	year											·
	(A)								(B)	Ţ		(C)
	Name and business add	iress	_					_	Description of ser	vices	С	Compensation
								l				0

Form 990 (2015) Minnesota AFL-CIO 41-0785271 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from function revenue tax under sections revenue 512-514 1a Federated campaigns 1a Contributions, GIfts, Grants and Other Similar Amounts Membership dues 1b 0 Fundraising events 1c 0 Related organizations 1d 15,000 Government grants (contributions) 1e 69.166 All other contributions, gifts, grants, and similar amounts not included above 1f 28,342 Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f 112,508 **Business Code** Program Service Revenue 2a Political fund activity-net(separate 990 filed) 900099 2,639 Per capita taxes b 900099 2,990,659 Other conference receipts С 900099 21,199 Affiliation fees 900099 1,750 0 All other program service revenue 0 Total. Add lines 2a-2f 3.016.247 Investment income (including dividends, interest, and other similar amounts) 4.395 Income from investment of tax-exempt bond proceeds 0 5 Royalties 0 (ı) Real (II) Personal 6a Gross rents Less rental expenses b 0 Rental income or (loss) С Net rental income or (loss) (i) Securities (II) Other Gross amount from sales of 7a assets other than inventory 0 0 Less cost or other basis and sales expenses 0 0 Gain or (loss) 0 0 Net gain or (loss) 0 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c) See Part IV, line 18 0 Less direct expenses 0 Net income or (loss) from fundraising events 0 Gross income from gaming activities See Part IV, line 19 0 а Less direct expenses 0 Net income or (loss) from gaming activities c Gross sales of inventory, less 10a returns and allowances 0 Less cost of goods sold 0 þ Net income or (loss) from sales of inventory 0 Miscellaneous Revenue **Business Code** Copier buy-out 9,333 11a Workers Comp refund 5.096 b 0 С

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

d

е

9,749

24,178

3,157,328

## Part IX Statement of Functional Expenses

Section	ction 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								
	Check it Schedule O Contains a response of Hote	<del> </del>	<del></del>						
	not include amounts reported on lines 6b, 7b, 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 domestic organizations			u <sup>5</sup> }	1, ,				
	domestic governments See Part IV, line 21	l ol		,					
2	Grants and other assistance to domestic			1 7 7 3	is south make the 1				
	individuals See Part IV, line 22	_ o		, ,					
3	Grants and other assistance to foreign			n 20					
	organizations, foreign governments, and foreign			140年中华	١٠-				
	individuals See Part IV, lines 15 and 16	0		100 mm fer 11 mm m	**.				
4	Benefits paid to or for members	0		医乳腺 難 集 计	No Maria Per				
5	Compensation of current officers, directors,								
	trustees, and key employees	245,800		0					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	885,760							
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	336,000		<del></del>					
9	Other employee benefits	376,186							
10	Payroll taxes	93,631							
11	Fees for services (non-employees)	[							
а	Management	0							
þ	Legal	12,116							
С	Accounting	32,360							
d	Lobbying	0	<del>-,</del>	D. 1 20 2.					
е	Professional fundraising services See Part IV, line 17	0	· · · · · · · · · · · · · · · · · · ·	<u>新北部港 , 25</u>					
f	Investment management fees	0							
g	Other (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O)	9,342							
12	Advertising and promotion	27,205	<del></del>	<del></del>	<del></del>				
13	Office expenses	166,510			<del></del>				
14	Information technology •	0							
15	Royalties	98,264			<del></del>				
16	Occupancy	113,785		<del></del>					
17	Travel Payments of travel or entertainment expenses	113,765							
18	for any federal, state, or local public officials	اه							
19	Conferences, conventions, and meetings	45,250			<del></del>				
20	Interest	34,441							
21	Payments to affiliates	649,992							
22	Depreciation, depletion, and amortization	79,661	0	0	0				
23	Insurance	26,116			<del>                                     </del>				
24	Other expenses Itemize expenses not covered			4 1					
	above (List miscellaneous expenses in line 24e If		19 44	77 9	ing				
	line 24e amount exceeds 10% of line 25, column		,	A NAME OF STREET					
	(A) amount, list line 24e expenses on Schedule O)			9					
а	Register and vote	5,188							
b	Legislative Fund - 2014 / 15	4,208							
С	Donations and scholarships	10,114							
d		0							
e	All other expenses	20,573							
25	Total functional expenses. Add lines 1 through 24e	3,272,502	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	1							
	fundraising solicitation. Check here		II						
	following SOP 98-2 (ASC 958-720)	<u> </u>		<u> </u>					
					Form 990 (2015)				

# Part X Balance Sheet Minnesota AFL-CIO

	`	Check if Schedule O contains a response or note to	any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		455,312	1	350,671
	2	Savings and temporary cash investments	190,785	2	192,017	
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former of	ficers, directors,		4. X3	129 (429) - 1 12 (429) - 2
		trustees, key employees, and highest compensated em	ployees		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as de	efined under section		臺	off the Thirty
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contri	outing employers and		# #	
		sponsoring organizations of section 501(c)(9) voluntary employees	beneficiary			
ets		organizations (see instructions) Complete Part II of Schedule L		6		
Assets	7	Notes and loans receivable, net		0	7	0
٩	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				*
		other basis Complete Part VI of Schedule D 10a	1,540,276			
	b	Less accumulated depreciation 10b	533,153	1,063,821	10c	1,007,123
	11	Investments—publicly traded securities			11	76,926
	12	Investments—other securities See Part IV, line 11		<u> </u>	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11	45	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	1,786,844	16	1,626,737
	17	Accounts payable and accrued expenses		-5,087	17	1,969
	18	Grants payable Deferred revenue			18	
	19 20	Tax-exempt bond liabilities		19 20		
	21	Escrow or custodial account liability Complete Part IV of	of Schodulo D		21	
60	22	Loans and other payables to current and former officers		, , , , , , , , , , , , , , , , , , , ,	-21	
tie	22	trustees, key employees, highest compensated employ	100 22 14 - , A, A, A	m Ay	April 19 mars in the	
Liabilities		disqualified persons Complete Part II of Schedule L	oco, and		22	
Lia	23	Secured mortgages and notes payable to unrelated thir	d parties	829,276	23	777,287
	24	Unsecured notes and loans payable to unrelated third p		0	24	0
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24)	Complete			
		Part X of Schedule D		0	25	<u> </u>
	26	Total liabilities. Add lines 17 through 25		824,189	26	779,256
		Organizations that follow SFAS 117 (ASC 958), chec	k here ► X and	an and the second of the second	2.0	•
es		complete lines 27 through 29, and lines 33 and 34.		The second of	م سات	5 ^ •/ 1
and	27	Unrestricted net assets		962,655	27	847,481
Bal	28	Temporarily restricted net assets			28	
or Fund Balances	29	Permanently restricted net assets			29	
Fu		Organizations that do not follow SFAS 117 (ASC958), check he	ere 🕨 🗌 and	· · · · · · · · · · · · · · · · · · ·		ph of a
<u>o</u>		complete lines 30 through 34				
	30	Capital stock or trust principal, or current funds	<u> </u>	30		
Net Assets	31	Paid-in or capital surplus, or land, building, or equipmen	nt fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or			32	
Se	33	Total net assets or fund balances		962,655	33	847,481
	34	Total liabilities and net assets/fund balances		1,786,844		1,626,737

Form 9	990 (2015) Minnesota AFL-CIO	41-0	785271	Pag	e <b>12</b>
Part	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		3,157	7,328
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,502
3	Revenue less expenses Subtract line 2 from line 1	3		-115	5,174
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		962	2,655
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		847	7,481
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				X.
			DESTRUCTION OF	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	· -			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				2
•	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Baren er	X
	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				
	Separate basis Consolidated basis Both consolidated and separate basis		7.361 100 135		
b	Were the organization's financial statements audited by an independent accountant?		2b	X babala, a	Ph. P
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		A Francisco		
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	as metals
	If the organization changed either its oversight process or selection process during the tax year, explain	n		Ŋ	
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	-	X
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	<u> </u>	3b	000	Щ
			Form	990	(2015)

### 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

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

Open to Public Inspection

If the organization answered "Yes," on 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

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

If the organization answered "Yes," on 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 f the organization answered "Yes," on Form 990-F7, Part V, line 35

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

Nam	ne of organization				Employe	r identification r	number		
	nesota AFL-CIO				41-0785271				
Pa		the organization is exempt und			n 527 c	organization.			
1		the organization's direct and indirect p	political campaign	activities in Part IV					
2	Political expenditures				▶ \$		9,396		
3	Volunteer hours						25		
Рa	rt I-B Complete if	the organization is exempt und	der section 501	(c)(3)					
1		excise tax incurred by the organization			▶ \$				
2	•	excise tax incurred by organization m			<b>\$</b>				
3		ed a section 4955 tax, did it file Form	-			Yes	No		
4a	Was a correction made?		·			Yes	☐ No		
b	If "Yes," describe in Part	IV					_		
Pa	rt I-C Complete if	the organization is exempt und	der section 501	(c), except secti	on 501	(c)(3).			
1	Enter the amount directly	expended by the filing organization	for section 527 exe	empt function					
	activities				▶ \$		9,366		
2	Enter the amount of the	filing organization's funds contributed	to other organizati	ions for section					
	527 exempt function acti				▶ \$		0		
3	·	penditures Add lines 1 and 2 Enter h	nere and on Form	1120-POL,					
	line 17b		▶ \$ .	Yes	9,366				
4		n file Form 1120-POL for this year?	/[INI\ -f -!	507 lik l			X 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								
		ontributions received that were promp							
		d fund or a political action committee							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f	tom	(e) Amount of	political		
	(4)	,-,-	(0, 2	filing organizatio	n's	contributions rec	eived and		
				funds if none, ente	:1 -0-	promptly and delivered to a			
						political organi none, ente			
1) N	IONE								
				· · · · · · · · · · · · · · · · · · ·		·			
2)									
<u> </u>									
3) 									
4)									
	<del></del>					<del></del>			
5)									
	· · · · · · · · · · · · · · · · · · ·						<del></del>		
6)					- 1				

В	art II-A Complete if the organization	is exempt	under section F	01/a)/2) and files	Form F769 (ala	Page Z
	under section 501(h)).	i is excilipt	under Section 5	or(c)(s) and mec	i Form 5766 (ele	ction
_	Check ▶ if the filing organization be	longs to an a	affiliated group (a)	nd list in Part IV s	ach affiliated are	un member's
_	name, address, EIN, expe				-	up member s
_	Check ► if the filing organization ch				•	
_	<del></del>			TOT PROVISIONS AP	Piy	<del></del> -
	Limits on Lobb (The term "expenditures" me	ying Expendii Pans amounts	lures . naid or incurred \		(a) Filing organization's totals	(b) Affiliated group totals
la	Total lobbying expenditures to influence publ		<del></del>	<del></del>		<del></del>
b	Total lobbying expenditures to influence a leg					0
C	Total lobbying expenditures (add lines 1a and	-	(direct lobbying)		0	0
d	Other exempt purpose expenditures	u 10)				0
e	Total exempt purpose expenditures (add line	s 1c and 1d)			0	
f	Lobbying nontaxable amount Enter the amo		ollowing table in hot	h		
•	columns		mouning table in bot	''	0	0
- 1	If the amount on line 1e, column (a) or (b) is:	The lobbyir	ng nontaxable amou	int is:		: '>
	Not over \$500,000		mount on line 1e			* !
-	Over \$500,000 but not over \$1,000,000		us 15% of the excess	over \$500,000		** • * •
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	over \$1,500,000		* Ax 9 3		
	Over \$17,000,000					
g	Grassroots nontaxable amount (enter 25% o	0	0			
h	Subtract line 1g from line 1a If zero or less,		0			
ı	Subtract line 1f from line 1c If zero or less, e	0	0			
J	If there is an amount other than zero on either	er line 1h or lin	ie 1i, did the organiz	zation file Form 472	0 reporting	
	section 4911 tax for this year?	<del></del>				Yes No
	4-Y	ear Averaging	g Period Under sed	tion 501(h)		
	(Some organizations that made a se			•	of the five columns	below.
	See the	e separate ins	tructions for lines	2a through 2f.)		
	Lobbyin	g Expenditure	es During 4-Year A	veraging Period		<del></del>
					4.0045	
	Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) Total
	beginning in					
2a 	Lobbying nontaxable amount	0	0	0	0	0
	Lobbying ceiling amount				经济水准业金	
b	(150% of line 2a, column(e))			my min its in	rds the time	0
С	Total lobbying expenditures	0	0	0	0	0
_						
d	Grassroots nontaxable amount	0	0	О	0	0
_	Grassroots ceiling amount				20 Pa Br 23 41	
е	(150% of line 2d, column (e)) .**	* *		er 1960 ***# \$ }	pr. 14 14 14	0
-	Grassroots lobbying expenditures					
•	Olassioots loopling experiences	0	١ ٥	1 0	0	0

Schedule C (Form 990 or 990-EZ) 2015

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	m 576	8	i age c
	each "Van " reasonage on lines to through the law manuals in That IV.	(a)		(b)		
des	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed cription of the lobbying activity	Yes	No	Α	moun	t
1 a	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 Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  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	ú. h	to filine	-		C
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				T SIX	FF Hilly
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	الم آل	Ñ.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				C. Callette	733
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5)	, or s			
	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	<u>L</u>	X
Par	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) DR (l	ors ) Pa	ectior rt III-A	ı , line	3, is
1	Dues, assessments and similar amounts from members		1_			<u>,</u> .
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).					
а	Current year		_2a			
b	Carryover from last year		2b			
С	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			
Par						
_	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	ıst) F	Part II-	A lines		
	e instructions), and Part II-B, line 1 Also, complete this part for any additional information	,, .	۵.,,,	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,	-
•	I-A Line 2 - Direct activity included paying postage and printing costs. The were no indirect					
cost						
			<b></b>	·····	•	
			<b>-</b>	•		

### SCHEDULE D (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

			Employer identification fidinger
	esota AFL-CIO		41-0785271
Pari	Organizations Maintaining Done	or Advised Funds or Other Similar Fu	unds or Accounts.
	Complete if the organization answ	ered "Yes" on Form 990, Part IV, line 6	i
	<b>T</b> . 1	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do		
	funds are the organization's property, subject		
6	Did the organization inform all grantees, done		
	used only for charitable purposes and not for		for any other
	purpose conferring impermissible private ben	etit?	Yes No
Part	Conservation Easements.		
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line 7	,
1	Purpose(s) of conservation easements held t	by the organization (check all that apply)	
	Preservation of land for public use (e g , recr	eation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		or a sorting motoric structure
2	Complete lines 2a through 2d if the organization	on hold a gualified consequation contribution	out the form of a concentation
2	easement on the last day of the tax year	non neid a quaimed conservation contribution	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease	ements	2b
c	Number of conservation easements on a cer		2c
d	Number of conservation easements included	* *	
u	historic structure listed in the National Regist		2d
3	Number of conservation easements modified		
	the tax year ▶	, · · · · · · · · · · · · · · · · · · ·	g
4	Number of states where property subject to o	conservation easement is located	
5	Does the organization have a written policy r		handling of
_	violations, and enforcement of the conservati	· · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring,		conservation easements during the year
	<b>•</b>	•	
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing conse	ervation easements during the year
	▶ \$		
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements o	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the	<del>-</del>	incial statements that describes
	the organization's accounting for conservation	n easements ections of Art, Historical Treasures, c	on Other Cimilar Accets
Par	- ' ' ' '	vered "Yes" on Form 990, Part IV, line 8	
			·· <del>·····</del>
1a	If the organization elected, as permitted under		
	works of art, historical treasures, or other sin		
	of public service, provide, in Part XIII, the tex		
р	If the organization elected, as permitted under		
	works of art, historical treasures, or other sim		on, or research in funnerance
	of public service, provide the following amou		<b>&gt;</b> \$
	(i) Revenue included on Form 990, Part VIII,	iine i	• •
_	(ii) Assets included in Form 990, Part X	art historical transcerses as ather similar asse	to for financial case, provide the
2	If the organization received or held works of	art, riistorical treasures, or other similar asse	eme
	following amounts required to be reported un		EIIIS ▶ ¢
а	Revenue included on Form 990, Part VIII, lin Assets included in Form 990, Part X	<del>c</del> 1	• \$
b	Assets included in Form 330, Fatty		

	ile D (Form 990) 2015 Minnesota AFL-CIO							41-078	5271		Page 2
Part		lections of	Art, Hi	storica	al Tre	easures, o	r Othe	r Similar Ass	ets (con	tinue	d)
з.	Using the organization's acquisition, access	sion, and other	records	s, check	any	of the follow	ing that	are a significan	t use of it	s	
	collection items (check all that apply)		_	_				-			
а	Public exhibition		d [	L	oan c	or exchange	progran	ns			
b	Scholarly research		e	$\neg$ $\circ$	ther						
С	Preservation for future generations		_	_							
4	Provide a description of the organization's c	collections and	explain	how the	ey fu	rther the orga	anızatıd	on's exempt purp	ose in Pa	art	
5	During the year, did the organization solicity assets to be sold to raise funds rather than	or receive don to be maintain	ations c ed as p	of art, his art of the	storic e org	al treasures, janization's c	or othe	er sımılar ın?	☐ Ye	es 🦳	No
Part	IV Escrow and Custodial Arrange	ments.									<u></u>
	Complete if the organization ansi 990, Part X, line 21		on For	rm 990	, Pai	rt IV, line 9,	or rep	orted an amou	unt on Fo	orm	
1a	is the organization an agent, trustee, custoo	dian or other in	termed	ary for	contr	ibutions or of	ther as:	sets not			
	included on Form 990, Part X?								Ye	es 🔲	No
b	If "Yes," explain the arrangement in Part XII	I and complete	the fol	llowing t	able						
									Amount		
C	Beginning balance						10				0
d	Additions during the year						10				
е	Distributions during the year						10				
f	Ending balance						1	<del>`                                    </del>			0
2a	Did the organization include an amount on f	Form 990, Part	t X, line	21, for	escr	ow or custodi	al acco	ount liability?	Ye	es [X]	No
b	If "Yes," explain the arrangement in Part XII	I Check here	ıf the ex	kplanatio	on ha	ıs been provi	ded on	Part XIII			
Part	V Endowment Funds.						_				
	Complete if the organization ans	wered "Yes"	on For	rm 990	, Pai	rt IV, line 10	)				
		) Current year		Prior year	$\overline{}$	(c) Two years		(d) Three years bac	k (e) Fo	our years	back
1a	Beginning of year balance	0			0		0		0		0
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities				- 1						
	and programs										
f	Administrative expenses										
g	End of year balance	0			0		0		0		_0
2	Provide the estimated percentage of the cur	rrent year end	balance	e (line 1	g, co	lumn (a)) hel	d as				
а	Board designated or quasi-endowment	•	····%								
b	Permanent endowment	<u>%</u>									
С	Temporarily restricted endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sh										
3a	Are there endowment funds not in the posse	ession of the o	rganıza	ition tha	t are	held and adı	ministe	red for the	1	<del></del>	
	organization by								( <u>a</u>	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz		-						3b_	L	l
4	Describe in Part XIII the intended uses of the		s endo	wment	runas	<u> </u>					
Part	Land, Buildings, and Equipme		an F-	000	Ω-		0.0-	. Farm 000 D		o 10	
	Complete if the organization ans										
	Description of property	(a) Cost or of		1		st or other s (other)		Accumulated depreciation	(d) B	ook valu	е
4.	Land	(meestin				0	-90 T.	. 40			0
1a	Land	<del></del>	<del></del>	0		1,394,431	·	427,340		96	57,091
b	Buildings	<del> </del>		0		1,394,431	<u> </u>	427,340			0
C	Leasehold improvements	<b> </b>		0		100,330		98,228			2,102
d	Equipment	<b></b>		0		45,515		7,585			37,930
e Total	Other Add lines 1a through 1e (Column (d) must	egual Form 99	0 Part		nn /F		<u> </u>	<i>7,565</i>			07,123
IUIAI	Aug mes la moogh to footamin to made			, 55.57		,, <u> </u>					

Part VII	Investments—Other S Complete if the organiz	ecurities. ation answered "Yes" on Form	990. Part IV. line 11b. See Fo	orm 990 Part X line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	valuation
(1) Financial o	derivatives		0	
(2) Closely-he	eld equity interests		0	
(3) Other				
(B)				
(C)				
	**		_ <del></del>	
Total (Column (h) (	must equal Form 990, Part X, col (B) line	2)		
Part VIII	Investments—Progra	<del></del>	U 1 1年的编辑 14 - 44. 是 ,据 23编数	
Part VIII		ation answered "Yes" on Form	000 Port IV Inc. 11c. Sec. Fo	urm 000 Dart V line 12
		l		
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				····
(3)				
(4)				<del></del>
(5)	-			
(6)				
(7)				
(8)	·			
(9)				
Total (Column (b) n	nust equal Form 990, Part X col (B) line	3)	0	人姓氏 化二种 网络拉拉
Part IX	Other Assets.			
	Complete if the organiz	ation answered "Yes" on Form	990, Part IV, line 11d See Fo	orm 990, Part X, line 15
		(a) Description		(b) Book value
			<del></del>	<del> </del>
(2)				
(3)				<del>                                       </del>
(4)				<del> </del>
<u>(5)</u>				
(6)				<del> </del>
<u>(7)</u>			<del></del>	
(9)				
	n (b) must equal Form 990, I	Part X. col. (B) line 15.)		• 0
Part X	Other Liabilities.			
		ation answered "Yes" on Form	990, Part IV, line 11e or 11f S	See Form 990, Part X.
	line 25		, , ,	,
1.	(a) Description of liability	(b) Book value		
(1) Federal i	ncome taxes		0	•
(2)				
(3)				*,
(4)				૮ મર્ક
(5)				1 u+ 1
(6)			_	•
(7)				Ł
(8)			_	
(9)				4
Total (Column (b) m	ust equal Form 990, Part X, col. (B) line 25.)		0	to the transport of
2. Liability for u	incertain tax positions. In Part 2	(III, provide the text of the footnote to	the organization's financial statemen	its that reports the
organization's	liability for uncertain tax position	ns under FIN 48 (ASC 740) Check he	re ii the text of the foothole has beer	i provided in Part XIII

### 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.

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

Minnesota AFL-CIO 41-0785271 Form 990, Part VI, Section A, Line 6 - Affiliated Organizations send member delegates to the Bi-annual convention based on per capita payments made by them. 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 - The salaries of the President and Secretary / Treasurer are determined at the convention held 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 - The audited financial statements this year were presented to the full General Board by the independent CPA auditor

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Minnesota AFL-CIO

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

■ 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

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Z S	A LO
<b>%</b>	7 000
_	C

OMB No 1545-0047

Inspection

Employer identification number

41-0785271

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling entity ž × × Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f)
Direct controlling entity End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section Legal domicile (state or foreign country) 501(c)(2) 527 Legal domicile (state or foreign country) Primary activity Ζ 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 (1) MN AFL-CIO Political Fund 91-2101127 Name, address, and EIN (if applicable) of disregarded entity (2) MN AFL-CIO Building Corporation 41-1818507 175 Aurora Avenue St Paul, MN 55103 Name, address, and EIN of related organization 175 Aurora Avenue St Paul, MN 55103 Part II €. ල ල ₹ 3 9 3 9  $\Xi$ 2  $\mathbf{E}$ 

Schedule R (Form 990) 2015

Page 2 41-0785271

Percentage ownership

Minnesota AFL-CIO

Schedule R (Form 990) 2015

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34' 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 (J) General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (Form 1065) Code V--UBI end-of-year assets (g) Share of (h)
Disproportionate
allocations? ŝ (f) Share of total Yes (g)
Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) Share of total income because it had one or more related organizations treated as a partnership during the tax year (d)
Direct controlling
entity Predominant income (related, unrelated, tax under sections 512-514) excluded from (c)
Legal domicile
(state or foreign country) (d)
Direct controlling Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a) Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III 8 8 3 €. 3 9 3 € 3 9 Ξ ල <u></u>

(i) Section 512(b)(13)

controlled

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Yes

Schedule R (Form 990) 2015

41-0785271 Minnesota AFL-CIO Schedule R (Form 990) 2015

Page 3

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Method of determining Yes 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 9 4 4 <u>1</u> 19 무 Ξ 7 = **+** 9 4 = Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Amount involved 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? Transaction type (a-s) ê Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Name of related organization Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) (1) NONE Ε 7 \_ \_ × <u>م</u> 0 D) ~ (4) (5) (2) ପ 9

Schedule R (Form 990) 2015

41-0785271

# 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

(K) Percentage ownership							!										
(I) General or managing partner?	<sub>8</sub>																
Gene	Yes									-							
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)																	
(h) pportionate cations?	å										_						
(h) Disproportionate allocations?	Yes									_							
(g) Share of end-of-year assels																	
(f) Share of total income																	
) artners ion (3) ations?	ş							_									
(e) Are all partners section 501(c)(3) organizations?	Yes																
(d) Predominant income (related, unrelated, excluded from tax under from tax under	200000000000000000000000000000000000000																
(c) Legal domicile (state or foreign country)																	
(b) Primary activity																	
(a) (b) (c) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		(1)	(2)	(2)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Schedule R (Form 990) 2015 Minnesota AFL-CIO 41-0							
Part VII	Supplemental Information	41-0785271	Page 5				
``	Provide additional information for responses to questions on Schedule R (see ii	nstructions)					
<del></del>	See II	istructions)					
		• • • • • • • • • • • • • • • • • • • •	<del>-</del>				
	*******						
		·					
<i>-</i>							
		- <b></b>					