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Form **990**

Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-0047

Depar	tment	of the	Treasury				-		rm as it may be m	-				to Public
Intem	al Rev	enue	Service	▶ Info	rmation	about Form 9	90 and its inst	ruction	s is at www.irs.go		990.			ection
A	or t	he 2	016 calenda	ar year, or tax year l	beginni	ng		04-(01 , 2016, and e	nding		12-	31 ,201	6
B (Check	ıf app	olicable	C Name of organization N	MINNE	SOTA AFL-C	10					_		entification no.
	Addres	s cha	ange	Doing business as									11-07852	271
<u></u>	Name (chang	ge	Number and street (or F	PO box i	f mail is not delivered	i to street address)			Room/s	urte		Telephone n	
	nıtıal r	etum	- 1	175 AURORA	AVEN	JE							(651) 227	
	Final re	etum/	terminated	City or town, state or pr	rovince, c	ountry, and ZIP or fo	reign postal code					į	2,588	3,518
\sqcup	Amend	led re	turn	Saint Paul,	MN S	55103							Gross receip	
	Applica	ation	pending	F Name and address of p	principal o	fficer				1				Yes 💹 No
										Н(р)	Are all subore	dinates	included?	Yes No
<u> </u>	Гах-өх	empt	status	501(c)(3) 🔀 501(c) ((5)	◀ (insert no)	4947(a)(1) or		527		If "No," a	ttach a l	list (see instru	
1	Nebsl	te: 🕨	N/A		==						Group exem			1338
			anization		X Assoc	nation Other I	<u> </u>	1	L Year of formation	1955	M State	of legal	domicile M	IN
Pa	rt I		Summar											
	1			be the organization's					secure legis					
ą	1	-		security and			ers and o	rgani	zed labor an	nd to	oppose	leg	islatio	n
. 🚡		į	nimical	to these obj	ectiv	es								
ಗ್ವಾಸನ್ Governance		_												
Š	2			ox 🕨 🗌 if the organi			•	sposed	of more than 25%	of its ne	t assets.	_ (ł	
وي ا	3			oting members of the	•	• • •	•					3		75
es es	4			dependent voting me			_					4		73
Activities &	5	1	Total number	of individuals emplo	oyed in a	calendar year 20)16 (Part V, line	2a)				5		19
₩	6	1	Total number	of volunteers (estim	nate if ne	ecessary)						6		225
<u>-</u>	7	'a 1	Fotal unrelate	ed business revenue	from P	art VIII, column	(C), line 12 .					7a		0
<u>=</u>		b N	Vet unrelated	d business taxable in	come fr	om Form 990-T	, lıne 34 .		<u> </u>	 		7b		0
 3	1										Prior Year			ent Year
ee:	8	1	Contributions	and grants (Part VII	li, line 1	h)			· · · · · ·	<u> </u>	~~~~~~	,508		146,173
~≥ 2	9) F	Program ser	vice revenue (Part V	'III, line :	2g)			DECENTE		3,016			2,428,460
Revenue	10			ncome (Part VIII, colu					RECEIVE	<u> </u>	·	, 395		871
- E	11	1	Other revenu	ue (Part VIII, column	(A), line	es 5, 6d, 8c, 9c,	10c, and 11e)	3			24	,178		13,014
	12	2 7	Total revenu	e - add lines 8 throug	gh 11 (n	nust equal Part	VIII, column (A)	line 12	<u> </u>	1	3,157	,328		2,588,518
	13	3 (Grants and s	similar amounts paid	(Part iX	I, column (A), lir		L	ن ، است »	<u> </u>	·			0
	14	\$ E	Benefits paid	to or for members (Part IX,	column (A), line	94)		OGDEN, L	T				<u> </u>
en	15	5 5	Salaries, oth	er compensation, em	nployee	benefits (Part I)	K, column (A), l	ines-5-1	0)		1,937	,377	1	1,318,473
xpenses	16	ŝa F	Professional	fundraising fees (Pa	art IX, co	olumn (A), line 1	1e)				T	~~~~	ļ	0
ē	1	b i	Total fundrai	sing expenses (Part	IX, colu	ımn (D), line 25)	>		0					
ŭ	17	7 (Other expen	ses (Part IX, column	ı (A), lını	es 11a-11d, 11f	-24e)				1,335	,125		1,110,905
	18	3 7	Total expens	ses. Add lines 13-17	(must e	equal Part IX, co	olumn (A), line 2	25)			3,272	2,502	2 •	2,429,378
	19	9 F	Revenue les	s expenses. Subtra	ct line 1	8 from line 12					(115	, 174	4)	159,140
5	3			3333						Beginn	ng of Curren	t Year	End	of Year
Net Assets or	20)	Total assets	(Part X, line 16) .							1,626	73	<u> </u>	1,744,715
₹ 3	2	1 7	Total habilitie	es (Part X, line 26)							779	,25	6	738,094
2	22	2 1	Net assets o	r fund balances. Su	ıbtract lı	ne 21 from line	20	<u> </u>			84	7,48	1	1,006,621
	rt			re Block										
Und	er pen	altes	of perjury, I de	clare that I have examined	d this retur	n, including accomp	anying schedules a	nd statem	nents, and to the best of	my knowle	dge and belie	f, it is		
		Ci, ai	id Complete De	ciaration of preparer (other	i than one	cer) is based on all i	mornaudi di wilcii	preparer	nas any knowledge					
			Juli	e Blaha Lando	on	/>-							2-3	1-17
Sig	n		Signatu	re of officer								Date	•	
He	re		Juli	e Blaha Lando	on, S	ECRETARY T	REASURER							
				print name and title										
		·	Print/Type pr	eparer's name		Preparer's supplement	Stron		Date		Check [] (f	PTIN	
Pai	d		1	D Betts CPA	1	George O B	ette CPA		05-19-2017	,	self-employ	/ed	P0130	9447
Pre	par	er	Firm's name			Hayes Ltd			· · · · · · · · · · · · · · · · · · ·	Firm'	s EIN 🕨			
	e Oi					der Court					e no.		 	
		•				N 55340				1	7	63-4	478-3169)
May	the	IRS	discuss this	return with the prep			e instructions)						· 🛛 v	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

Form	n 990 (2016) MINNESOTA AFL-CIO	41-0785271	Page 2
Pa	It III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u> D</u>
1	Briefly describe the organization's mission:		
	To secure legislation which enhances the rights, security and welfare of wor	kers 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	_ v	
	prior Form 990 or 990-EZ?	∐ Yes	X No
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	🗍 Yes	X No
		res	Y NO
4	If "Yes," describe these changes on Schedule O.	d by	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other contents.		
	the total expenses, and revenue, if any, for each program service reported	1013,	
	the total expenses, and revenue, it any, for each program service reported		
4a	(Code.) (Expenses \$ including grants of \$) (Revenue	\$	
74	See SERVICES page for a description of this program service.	"	
	bee beavices page for a description of this program service.		
			
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
		·	
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
4-1	Other and the Color of Color o		
4d	Other program services (Describe in Schedule O.)	,	
40	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶		

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," X Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Х 5 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 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II R Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х Χ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 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 Χ 13 Did the organization maintain an office, employees, or agents outside of the United States? 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 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 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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) Х 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х

MINNESOTA AFL-CIO 41-0785271 Page 4 **Checklist of Required Schedules** (continued) Part IV No X Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 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 X through 24d and complete Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 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? 25b 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 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 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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 Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b 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 Х Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

related organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O

X

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	n 990 (2016) MINNESOTA AFL-CIO 41-07852	71	P	age 5
Pa	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	,,
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_ 1		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			v
b	If "Yes," enter the name of the foreign country:	4a		_X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	Ì		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 50		-
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e]	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	}		
	sponsoring organization have excess business holdings at any time during the year?	8		,, <u>,,</u>
9	Sponsoring organizations maintaining donor advised funds.	1		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on Part VIII, line 12	}		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	Ī		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		- (
a b		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	Ī		
12a	Section 4947(a)(4) and execute charitable trusts. In the execution files Form 600 or hours form 10440	40-	- 1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ŧ		
a	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.	198		
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1]	
14a	D. H. C.	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
EEA	The state of the s		990 (2	2016)
			12	,

Form 990 (2016) MINNESOTA AFL-CIO 41-0785271 Page 6 Part Vi 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. XCheck if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 75 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 73 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Χ 15a X Other officers or key employees of the organization 15b . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

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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: Julie Blaha Landon (651)227-7647, 175 Aurora Avenue, Saint Paul, MN 55103

Form	aan	(201	Æ١

MINNESOTA AFL-CIO

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

				(C)					
(A)	(B)	Position (do not check more than one box, unless person is both an						(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per	offic	er and	a dır	recto	r/trustee))	compensation from	compensation from related	amount of other
	week (list any hours for	L,						the	organizations	compensation
	related	Individual trustee or director	însti	Officer	Key employee	B를	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	recto	ution	럑	emp	Highest compensated employee	ner			organization and related
	line)	יי דע	Institutional trustee		loye	gmo				organizations
		tee	uste		Ψ	ens]
			"			ē				II
(1) Bill McCarthy	36.00			\dashv			_			
President	4.00	Х		X		i i		92,472	0	19,800
(2) Steven Hunter	36.00									
Sec/Treas	4.00	X		X				12,147	0	0
(3) Julie Blaha Landon	36.00									
Sec/Treas	4.00	Х		X				62,812	0	7,164
(4) Todd Pufahl	1.00									n
LIUNA	<u> </u>	X							_0	0
(5) John Rebrovich	1.00	<u>'</u>								
USW		X							0	0
(6) Dave Ybarra	1.00									
UA		X							0	0
(7) Jamie McNamara	1.00									
IBEW		X					L		0	0
(8) Glen Johnson	1.00									
IUOE		Х					<u> </u>		0	0
(9) Mona Meyer	1.00									
CWA	ļ	Х							0	0
(10)Mary Turner	1.00									
MNA		X		_					. 0	0
(11)Denise Specht	1.00							ļ		
ED MN	ļ	X					_		0	0
(12)Eliot Seide	1.00					1			_	
AFSCME		X				ļ	<u> </u>		0	0
(13)Don Yetman	1.00									_
IAMAW		X				_	 	ļ	0	0
(14)Jamie Gulley	1.00	1,7					1		_	_
SEIU		X	لِـــا			<u> </u>	<u> </u>	<u> </u>		0
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				((C)					
(A)	(B)	/da			sition	han one		(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	box, offic	unles er and	ss pe	rson ı	s both a	n	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Jane Nygaard AFGE	1.00	х							0 0	0
(2) Matt Utecht UFCW	1.00	Х							0	0
(3) Wade Luneburg UNITE HERE	1.00	Х							0	0
(4) Peggy Whitney APWU	1.00	х							0	0
(5) Mary Broderick ED MN	1.00	х							0 0	0
(6) Chelsie Glaubitz Gabiou UFCW	1.00	х							0	o
(7) Alan NetlandAFSCME	1.00	х							00	0
(8) Bobby Kasper LIUNA	1.00	х							0	0
(9) Russell Hess LIUNA	1.00	Х							0 0	0
(10)Mark Froemke BCTGM	1.00	Х							0 0	0
(11)Harry Melander UBC	1.00	Х							0 0	0
(12)Bill Moore AFSCME	1.00	Х							0 0	0
(13)Francisco Altamirano LCLLA/IUPAT	1.00	Х							0 0	0
(14)Chris Erickson ED MN	1.00	Х							0 0	0

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Form 990 (20	(6) MINNESOTA AFL-CIO	41-0765271	rage
Part VII	Compensation of Officers, Directors, Trustees, Key Employees	, Highest Compensated Empl	oyees, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		<u>.</u>

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any	related organization	comp	ens		any c)	curre	nt of	ficer, director, or	trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m ss per	sition fore the	nan one a Highest compensated employee	n)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Wayne_Fleishhacker	1.00_	х							d 0	0
(2) Kathy Hegstom ED MN	1.00	Х							0 0	0
(3) Mark Loch AFSCME	1.00_	Х							0 0	0
(4) Julie Blaha ED MN	1.00	Х							0	0
(5) Joyce Carlson AFSCME	1.00_	Х							0 0	0
(6) Lori Christian	1.00	Х							d o	0
(7) Uriel Perez Espinoza UNITE HERE	1.00	Х							d o	0
(8) Mary Falk AFSCME	1.00	Х							q 0	0
(9) Teferi Fufa ED MN	1.00	Х							0	0
(10)Michelle Hiezelman ED MN	1.00	Х							0 0	0
(11)Mark Lawson	1.00	Х							0 0	0
(12)Pete Lindahl IBEW	1.00	Х							0 0	0
(13)Paul Mueller ED MN	1.00	Х							0 0	0
(14)Terry Nelson IUPAT	1.00	Х							d o	0

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MINNESOTA AFL-CIO

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

				(C)					
(A) Name and Title	(B) Average hours per week (list any	box,	unles	eck m ss per	son ı	han one s both a r/trustee	ın	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Carol Nieters	1.00	х		-				<u> </u>	o o	0
(2) Jigme Ugen SEIU	1.00	Х							0	0
(3) Mike Zagaros	1.00	Х							0 0	0
(4) Dustin Loosbrock IUOE	1.00	Х							o	0
(5) Jim Kottke USW	1.00	Х							o	0_
(6) Beth McCuskey ED MN	1.00	Х							0 0	0
(7) Craig Olson IUPAT	1.00	Х							0 0	0
(8) Carrie Umpierre AFSCME	1.00	Х							0 0	0
(9) Judy Wahlberg AFSCME	1.00	Х							o 0	0
(10)Joe Cerar ED MN	1.00	Х							0 0	0
(11)Greg Graif IBEW	1.00	Х							0 0	0
(12)Michael Murphy IBEW	1.00	Х							0	0
(13)Rick Pospichal AFSCME	1.00	Х							0	0
(14)Denise Welte SEIU	1.00	Х							0	0

Section A.

41-0785271 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any relate	d organizatioi	comp	ens	ated	any	curre	nt of	ficer, director, or to	rustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m ss per	son is	nan one a Highest compensated employee	n)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) John Ewalt	1.00	х							0	0
(2) Jen Guertin AFSCME	1.00	X							0	0
(3) Warren Harder IUPAT	1.00	Х							0	0
(4) Deb Haugen MNA	1.00	Х_							0	0
(5) Eric Lehto AFSCME	1.00	Х			'				0	0
(6) Richard Magler Jr UA	1.00	Х							00	0
(7) Roy Magnuson ED MN	1.00	Х							0 0	. 0
(8) Tom McCarthy UA	1.00	Х							0 0	0
(9) Mike Hoppe IBEW	1.00	Х							00	0
(10)Gerry Parzino USW	1.00	<u>x</u>							0 0	0
(11)Denise Rodriguez SP Fed of Teachers (12)Dale Moerke	1.00	Х						_	o <u>o</u>	0
UFCW (13)Jeff Offut	1.00	Х							oo	0
ED MN (14)Kevin Olson	1.00	Х		-	_		ļ —		oo	0
AFSCME	- 1:50	Х							oo	0

Part VII Section A. Officers, Directors, Trustees	, Key Employ	ees, a	ınd H	łigh	est	Comp	ens	ated Employees	(continued)			
(A) Name and title	(B) Average hours per	box, u	ot che unless er and	pers	tion ore th	an one both an trustee)		(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated Imount of other	
•	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)	related organizations (W-2/1099-MISC)	or	other mpensate from the ganizate and relate ganizate	e ION ed
(15)Bruce Stahnke IUOE	1.00	х							0 0			0
(16)Kenneth Garnier Working America	1.00	х							0 0			0
(17)Lance Lindeman OPEIU	1.00	X					-		0 0			0
[18]Rick Ryan	1.00	X								 		0
(19)Tom Thornberg	1.00	X							0 0			0
(20)David Ruth AFSCME	1.00_	X							d o			0
(21)												
(22)												
[23)												
(24)							_					
(25)												
1b Sub-total					- - 		>			1		
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limite								167,43			26,	,964
reportable compensation from the organization		eu abo	(VC) V	WIIO					0			
3 Did the organization list any former officer, director	or or trustee. k	ev em	nlove	ee d	or hi	ahest (com	pensated			Yes	No
employee on line 1a? If "Yes," complete Schedule		-				-				3		X
For any individual listed on line 1a, is the sum of re organization and related organizations greater tha	•											
r i i				•						4	Ī	X
5 Did any person listed on line 1a receive or accrue			-			-	nızat	tion or individual				
for services rendered to the organization? If "Yes, Section B. Independent Contractors	" complete Sc	hedule	J for	rsuc	ch p	erson		· · · · <u>· ·</u> · · · ·	<u></u>	5	<u> </u>	X
Complete this table for your five highest compens compensation from the organization. Report comp	=										_	
year. (A)								(B)		(C)	
Name and business addres	ss							Description o	f services	Corr	pensati	on
					_			 				
2 Total number of independent contractors (including received more than \$100,000 of compensation from the contractors).	=		iose l	liste	d ab	ove) w	vho	·				

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Part		ata ta anu lina in thi	o Bost VIII			Г
11	Check if Schedule O contains a response or n	ote to any line in thi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	ta Federated campaigns	83,608 62,565	146,173			
Program Service Revenue	2a Political Fund Activity b Per Capita Taxes c Conference Receipts d e f All other program service revenue	900099 900099 900099	2,412,747 15,074 2,428,460	639 2,412,747 15,074		
Other Revenue	9a Gross income from gaming activities. See Part IV, line 19	eeds	871	6 191		
	11a Workers Comp Refund b Reimbursements	900099	6,191 4,795	6,191 4,795		

2,028

13,014

2,588,518

2,028

2,442,345

d All other revenue . .

e Total. Add lines 11a-11d

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, Fundraising expenses Program service Management and 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . 5 Compensation of current officers, directors, 167,431 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 535,263 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 265,764 9 288,106 Other employee benefits . . . 10 Payroll taxes . 61,909 11 Fees for services (non-employees): Management а 2,191 b Legal 29,465 . . Professional fundraising services See Part IV, line 17 . Other. (If line 11g amount exceeds 10% of line 25, column 2,400 (A) amount, list line 11g expenses on Schedule O) . 12 6,076 Advertising and promotion 83,053 13 Office expenses . . . 14 Information technology 15 79,220 16 49,104 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 58,834 24,754 20 21 520,368 Payments to affiliates . 48,400 22 Depreciation, depletion, and amortization 23 17,634 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 8,127 a Register and Vote 117,420 Legislative BCTGM Strike Fund Expense 41,238 6,562 d Donations All other expenses 16,059 2,429,378 0 0 0 25 Total functional expenses. Add lines 1 through 24e 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 🕒 📙 if following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 350,671 1 549,342 Cash - non-interest-bearing 192,017 2 180,460 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,596,466 1,014,913 1,007,123 10c Less: accumulated depreciation 10b b 76,926 11 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 14 15 15 Other assets. See Part IV, line 11 1,744,715 1,626,737 16 16 1,969 17 875 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and 22 777,287 23 737,219 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 779,256 738,094 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 💹 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 847,481 27 1,006,621 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🔲 and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 1,006,621 847,481 33 33 1,626,737 1,744,715 34

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Pa	rt 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	2,	588,	<u>518</u>
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	2,	429,	378
3	Revenue less expenses. Subtract line 2 from line 1	. 3		159,	140
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		847,	481
5	Net unrealized gains (losses) on investments	. 5	<u> </u>		
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	. 10	1,	006,	621
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	 	<u> </u>		. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	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 ☐ Both consolidated and separate basis			`	
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			· ·	
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.			ŧ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				ļ
	the Single Audit Act and OMB Circular A-133?		_3a		
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		<u> </u>
EEA			Form	990 (2016)

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

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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.

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

	Section 501(c)(4), (5), or (6) organizations:	Complete Part III.				
Nam	e of organization				Employer i	identification number
MI	NNESOTA AFL-CIO			ļ	41-0785	5271
Pa	rt I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section	527 orga	anization.
1	Provide a description of the organization's					
	definition of "political campaign activities")					
2	Political campaign activity expenditures (s	see instructions)			▶ \$	117,424
3	Volunteer hours for political campaign act					
Pa		ization is exempt under section				
1	Enter the amount of any excise tax incurre				▶ \$	
2	Enter the amount of any excise tax incurre					
3	If the organization incurred a section 4955					. Yes No
4a	Was a correction made?					. Yes No
ь	If "Yes," describe in Part IV.					
Pa	rt I-C Complete if the organ	ization is exempt under section	on 501(c), exc	ept section	1 501(c)(3).
1	Enter the amount directly expended by the					
	activities				▶ \$	117,424
2	Enter the amount of the filing organization					
	527 exempt function activities	_			. ▶ \$	
3	Total exempt function expenditures. Add					
	line 17b				. > \$	117,424
4	Did the filing organization file Form 1120-					
5	Enter the names, addresses and employe					
	organization made payments For each o					
	the amount of political contributions receiv					
	as a separate segregated fund or a politic					
		(b) Address	(c) EIN	(d) Amount		(e) Amount of political
	(a) Name	(b) Address	(C) EIN	filing organ		contributions received and
				funds if none	e, enter -0-	promptly and directly
		{		Ì		delivered to a separate political organization If
		<u> </u>		l		none, enter -0-
(1)				1		
(2)						
				1		†
(3)				İ		
				 		
(4)						
				 		
(5)				1		
		 		 		
(6)		t				

_	tule C (Form 990 or 990-EZ) 2016 MINNESOTA AFL-				41-07852	
Pa	rt II-A Complete if the organization	is exempt un	der section 501	I(c)(3) and filed	l Form 5768 (elec	tion under
	section 501(h)).					
A	Check $lacktriangle$ If the filing organization belongs to an				mber's	
	name, address, EIN, expenses, and					
B	Check ▶ ☐ If the filing organization checked box			y		
	` Limits on Lobbyi	-			(a) Filing	(b) Affiliated
	(The term "expenditures" mea				organization's totals	group totals
1a	Total lobbying expenditures to influence public opin	_				
b	Total lobbying expenditures to influence a legislative	•			ļ	
C	Total lobbying expenditures (add lines 1a and 1b)				<u> </u>	
d	• • • •					
е	Total exempt purpose expenditures (add lines 1c ar					
f	Lobbying nontaxable amount. Enter the amount from	n the following tab	ole in both]	
	columns.				<u> </u>	
	If the amount on line 1e, column (a) or (b) is:		nontaxable amount	is:	<u> </u>	
	Not over \$500,000		ount on line 1e.		[
	Over \$500,000 but not over \$1,000,000		15% of the excess o			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess o		1	
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov	er \$1,500,000	f 1	
لــــ	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line 1	•				
h	Subtract line 1g from line 1a. If zero or less, enter -					
i	Subtract line 1f from line 1c. If zero or less, enter -0				L	
j	If there is an amount other than zero on either line					
	reporting section 4911 tax for this year?				<u>· · · · · · · · · · · · · · · · · · · </u>	∐ Yes ☐ No
	(Some organizations that made a sec		ng Period Under		ll of the five colum	ne below
			structions for lir			iis peiow.
	See t	ne separate m	Structions for in	ies za tillough z	1.,	
	Lobbyir	a Expenditures	During 4-Year Aver	aging Period		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Loodyn					
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
EEA		-			Schodule C (Ec	rm 990 or 990-F7\ 2016

Schedule C (Form 990 or 990-EZ) 2016 MINNESOTA AFL-CIO 41-0785271 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount 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? . Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? C Mailings to members, legislators, or the public? Publications, or published or broadcast statements? е Grants to other organizations for lobbying purposes? a Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? j 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Χ Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? X Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members . . . Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. 01. Direct and indirect political campaign activities (Part I-A, line 1)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and

Direct activity included postage, printing, receptions, lodging, and organizing. There were no indirect costs.

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

▶ 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.

Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2016

Open to Public inspection

Employer identification number

	NNESOTA AFL-CIO	41-0785271
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accour	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(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 donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	∐ Yes ∐ No
149	Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	····
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified hist	toric structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of the conservation contribution contribution in the form of the conservation contribution	
_	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	20
.		2d
3	historic structure listed in the National Register	
·	tax year	ation during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
	>	.
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)) (ı)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	l balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	therance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	S.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal	ance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	therance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
_	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

41-0785271

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1c 1d 1f	Pa	t III Organizations Maintaining Colle	ctions of Art, His	storical Treasures,	or Other Similar A	ssets (continued)
a Public exhibition d Loan or exchange programs b Scholerly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII. 5	3	Using the organization's acquisition, accession, and of	ther records, check an	y of the following that are	a significant use of its	
b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XXII. XXII. During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		collection items (check all that apply):				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yee No	а	Public exhibition	d 🔲 Loan or exc	hange programs		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Fart IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other informediary for contributions or other assets not included on Form 990, Part X? b If 'Yes', explain the arrangement in Part XIII and complete the following table. C Beginning balance d Additions during the year f Ending balance 1c Amount Ending balance 1d d Ee 1 Ending balance 1d to Ee 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	þ	Scholarly research	e 🗌 Other			
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization? Part IV	С	Prèservation for future generations	· · ·			
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization? Fart IV Escrow and Custodial Arrangements.	4	Provide a description of the organization's collections	and explain how they f	urther the organization's e	xempt purpose in Part	
assets to be sold to raise funds rather than to be maintained as part of the organization?		XIII.				
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table. Complete if the organization and in Part XIII and complete the following table. Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds and fundament Endowment Endoyment Endowment	5	During the year, did the organization solicit or receive	donations of art, histor	ical treasures, or other sin	nılar	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance		assets to be sold to raise funds rather than to be main	tained as part of the or	ganization's collection?		🗌 Yes 🗌 No
990, Part X, line 21. 1a Is the organization an agent, rurstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table. c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Dut the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Pa	t IV Escrow and Custodial Arrangeme	ents.			
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No Yes No It "Yes," explain the arrangement in Part XIII and complete the following table. Amount		Complete if the organization answer	red "Yes" on Form	n 990, Part IV, line 9	, or reported an amo	ount on Form
ncluded on Form 990, Part X? I "Yes," explain the arrangement in Part XIII and complete the following table. I "Yes," explain the arrangement in Part XIII and complete the following table. Amount Amount		990, Part X, line 21.				
b If "Yes," explain the arrangement in Part XIII and complete the following table. Amount	1a	Is the organization an agent, trustee, custodian or other	er intermediary for conf	tributions or other assets r	not	
c Beginning balance		included on Form 990, Part X?				🗌 Yes 🗌 No
c Beginning balance 1c	b	If "Yes," explain the arrangement in Part XIII and comp	olete the following table	€.		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?					A	mount
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С	Beginning balance			1c	
f Ending balance	d	Additions during the year			. 1d	
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year			1e	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	f	Ending balance			. 1f	
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	Did the organization include an amount on Form 990,	Part X, line 21, for esci	row or custodial account li	ability?	🗌 Yes 📗 No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Sa(i) Three years back (e) Four y	b	If "Yes," explain the arrangement in Part XIII. Check h	ere if the explanation h	as been provided on Part	XIII <u></u> . <u></u> .	<u> </u>
Beginning of year balance Contributions Contributions Grants or scholarships Cother expenditures for facilities and programs For Administrative expenses Board designated or quasi-endowment Permanent endowment The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organizations (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Two years (e) Two years (f) Two years (h) Three years back (e) Two years (h) Three years back (e) Two years (h) Three years back (e) Two years (h) The years back (e) Two years (h) The years back (e) Two years (h) The years back (e) Two years (h) Two years (h) The years back (e) Two years (h) The years back (e) Two years (h) The years back (e) Two years (h) The years back (h) For years back (h) The years back (h) For years (h) For years (h) For years (h) For years (h) For yea	Pa	t V Endowment Funds.	<u> </u>			
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		Complete if the organization answer	red "Yes" on Form	n 990, Part IV, line 1	0	
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Methodological Services of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.		(a)	Current year (b)	Prior year (c) Two years	s back (d) Three years bac	k (e) Four years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b	1a	Beginning of year balance				
losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b	Contributions				
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and				
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		losses				
programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships				
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b	е	Other expenditures for facilities and				
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		programs				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	f	Administrative expenses				
a Board designated or quasi-endowment	g	End of year balance				
b Permanent endowment	2	Provide the estimated percentage of the current year	end balance (line 1g, c	olumn (a)) held as:		
Temporarily restricted endowment	а	Board designated or quasi-endowment	%			
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.	b	Permanent endowment ▶ %				
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.	c	Temporarily restricted endowment ▶	%			
organization by (i) unrelated organizations (ii) related organizations (iii) related o		The percentages in lines 2a, 2b, and 2c should equal	100%.			
(i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.	3a	Are there endowment funds not in the possession of the	he organization that are	e held and administered fo	or the	
(i) unrelated organizations (ii) related organizations b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.		organization by				Yes No
b If "Yes" on 3a(II), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. [Part VI] Land, Buildings, and Equipment.						3a(i)
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.		_				3a(ii)
Part VI Land, Buildings, and Equipment.	р	If "Yes" on 3a(II), are the related organizations listed a	s required on Schedul	e R?		. 3b
Part VI Land, Buildings, and Equipment.	4	Describe in Part XIII the intended uses of the organization	tion's endowment fund	is.		
<u></u>	Pai					
	L	······································		n 990, Part IV, line 1	1a. See Form 990, I	Part X, line 10.
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value			1			
(investment) (other) depreciation		F - F - F				
1a Land	1a	Land				
b Buildings				1,394,431	458.733	935.698
c Leasehold improvements		-				
d Equipment	_			131.520	100.451	31.069
e Other STMD1E 70,515 22,369 48,146	_	• •				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			m 990, Part X. column			

EEA

Schedule D (Form 990) 2016

	(a) Decorption of accounts or actions:	(b) Bookt	(a) Mathad - fundament
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial			
	eld equity interests		
 Other 	· · · · · · · · · · · · · · · · · · ·		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Column (b)	must equal Form 990, Part X, col (B) line 12.)		
Part VIII	Investments - Program Related.	d "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b)	must equal Form 990, Part X, col (B) line 13)		
Doef IV	Other Assets.		
T GET IV		d "Voo" on Earn 000 D-	+11/ line 11d Cos Farm 000 Day V 15 45
F GILL IV	Complete if the organization answere		
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990, Part X, line 15
(1)	Complete if the organization answere		
(1)	Complete if the organization answere		
(1) (2) (3)	Complete if the organization answere		
(1) (2) (3) (4)	Complete if the organization answere		
(1) (2) (3) (4) (5)	Complete if the organization answere		
(1) (2) (3) (4) (5) (6)	Complete if the organization answere		rt IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answere		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answere	escription	
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Complete if the organization answere (a) D	escription	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answere (a) D (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Complete if the organization answere (a) D (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990, Pa	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column	Complete if the organization answere (a) D (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column Part X	Complete if the organization answere (a) D (b) must equal Form 990, Part X, col. (B) line 15. Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" on Form 990, Pa	(b) Book value
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	MINUESOIA AFE-CIO			1-070	
Pa	Reconciliation of Revenue per Audited Financial Statem			r Retu	rn.
1	Complete if the organization answered "Yes" on Form 990, F Total revenue, gains, and other support per audited financial statements	anı	7, line 12a.	T 1 T	2,588,518
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,566,516
	Net unrealized gains (losses) on investments	2a	1		
b	Donated services and use of facilities	2b		1 1	
	Recoveries of prior year grants	2c		1 1	
d	Other (Describe in Part XIII.)	2d		1 1	
е	Add lines 2a through 2d			7 2e	
3	Subtract line 2e from line 1			3	2,588,518
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b]]	
C	Add lines 4a and 4b			4c	
5			 <u> </u>	5_	2,588,518
Par	Reconciliation of Expenses per Audited Financial State			per R	eturn.
_	Complete if the organization answered "Yes" on Form 990,		V, line 12a.		2 420 380
1	Total expenses and losses per audited financial statements			1	2,429,378
2	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities	1 2-	l		
a		2a 2b		┨]	
b D	Prior year adjustments	2c		-	
d	Other (Describe in Part XIII.)	2d	 	1 1	
	Add lines 2a through 2d		L	2e	
3	Subtract line 2e from line 1			3	2,429,378
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	į i			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b		1	
С				4c	
с 5				4c 5	2,429,378
5	Add lines 4a and 4b			+	2,429,378
5 Par	Add lines 4a and 4b	· ·	and 2b; Part V, line 4; Pa	5	
5 Par	Add lines 4a and 4b	es 1b a		5	
Par Par rovid , Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 1x XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	es 1b a	nal information	5 art X, line	
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Par rovid , Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) EXIII Supplemental Information. The de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Other revenues not included on Form 990 (Part III).	es 1b a	xI, line 2	5 art X, line	9
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	Form 990		MINN	ESOTA	AFL-CIO						41-0785271	Page 5
Part)		Supple	emental	Inforn	nation (contir	nued)						
					<u> </u>							
	-											
02.	Othe:	rexpe	enses	not	included	d on For	m 990	(Part	XII,	line	2d)	
	•							<u>,</u>				
Politi	ical e	xpenses	repor	ted o	n a separat	e form 990	of the	sectio	n 527	PAC (91	-2101127)	
		pc.i.bc.i	repor	tea o.	n d Separat	101111 330		, <u>DC</u> CC10			2101.27	
												
												
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Schedule D (Form 990) 2016

EEA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► ATTACH TO FORM 990 OF 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number MINNESOTA AFL-CIO 41-0785271 01. Members or stockholder classes and rights (Part VI, 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. 02. Form 990 governing body review (Part VI, line 11) 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. 03. CEO, executive director, top management comp (Part VI, line 15a) The salaries of the President and Secretary/Treasurer are determined at the convention held bi-annually. 04. Governing documents, etc, available to public (Part VI, line 19) Governing documents, policies, and financial statements would be made available upon authorized formal request

	Related Organiz	janizations and Unrelated Partnerships	related Pa	rtnerships			OMB No. 1545-0047	5-0047
(Form 990) ► Complet	► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	swered "Yes" on Forn	n 990, Part IV, li	ne 33, 34, 35b, 36, c	ır 37.		2016	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.cov/form990.	► Attach to Form 990. (Form 990) and its instruction	990. tructions is at v	vww.irs.aov/form99	<i>0</i>	_	Open to Public inspection	
						Employer identification number	on number	
MINNESOTA AFL-CIO						41-0785271		
Part i Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line	s. Complete if the o	rganization answe	red "Yes" on	Form 990, Part	IV, line 33.			
(B)		(q)		Legal dom (state		(e)	(f) Direct controlling	rolling
Name, address, and EIN (II applicable) of otsregarded entry	entity	rimary activity				2000		
(2)								
(6)								
(4)								
(5)								
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ot Organizations. Cizations during the ta	ns. Complete if the orgathe tax year.	anization ans	wered "Yes" on	Form 990, Par	1 IV, line 34 b	ecause it h	ad
(a)		(g)	(၁)	(P)	(e)	(c)		(g)
Name, address, and EIN of related organization		Primary activity	Legal dom (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct		Yes No
(1) MN AFL-CIO Political Fund, 91-2101127 175 Aurora Avenue Saint Paul, MN 55103	Political	al Fund	MM	527		N/A		
Corporation,	41-1818507 Title Holding	olding Company	MN	501(c)(2)		N/A		
(4)								
(9)								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	for Form 990.						Schedule R (Form 990) 2016	n 990) 2016

EEA

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 41-0785271 MINNESOTA AFL-CIO

Schedule R (Form 990) 2016

Part

Page 2

nanaging owner-Percentage Sec 512(b)(13) ship ž Schedule R (Form 990) 2016 ₹ % controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Yes No Yes partner? Gen or 9 ownership Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets ≘ Share of 6 res No (h) Disprop-ortionate allocations? Share of total псоте (g) Share of end-of-year assets line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Type of entity (C corp, S corp, or trust) (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year Predominant income (related, unrelated, sections 512-514) excluded from tax under Direct controlling æ Direct controlling entity Ē (c) Legal domicile (state or foreign country) (c)
Legal
domicile
(state or foreign country) Primary activity <u>e</u> Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Æ € € 3 | ഇ 3 9 3 ල ₹ 3

Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part V

Schedule R (Form 990) 2016 Method of determining amount involved Yes ပ္ P <u>1</u> ₽ **1** 두 ᆵ 두 4 = ¥ 우 8 Ŧ 2 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 Amount involved 3 1 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) 1 Performance of services or membership or fundraising solicitations for related organization(s) m 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 : Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) : Name of related organization j Lease of facilities, equipment, or other assets to related organization(s) Reimbursement paid by related organization(s) for expenses S Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid to related organization(s) for expenses **b** Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e 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) f Dividends from related organization(s) c 9 Ξ 3 3 3 ල EEA Page 4

MINNESOTA AFL-CIO

41-0785271 Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2016

Part VI Unrela

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.

or gross received, that made not a reacted or gain ration to be a received by the state of the s	The second secon	3	To a mount	3	9	1	1	8	8	[3
(4)		<u> </u>	·	Are all		B		(A)	∋	<u> </u>
Name, address, and EIN of entity	Primary activity	Legal	Predominant income (related.	partners	Share of total income	Share of end-of-vear	Disprop-	Code V-UBI	Gen or	* 5
		(state or foreign	unrelated, excluded from tax under	501(c)(3) organi- zations?		assets	alloca- tions?		partner?	diys
		country)	section 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)						i				
(5)										
(6)										
(1)										
(8)										
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EEA								Schedule R (Form 990) 2016	(Form 990)	2016