

# IRS e-file Signature Authorization for an Exempt Organization

Form **8879-EO**

For calendar year 2013, or fiscal year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20\_\_\_\_\_

**Do not send to the IRS. Keep for your records.**

**Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

# 2013

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**MINNESOTA COMPUTERS FOR SCHOOLS**

Employer identification number

**20-1776702**

Name and title of officer

**TAMARA L. GILLARD  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|    |                          |                                     |   |  |    |                  |
|----|--------------------------|-------------------------------------|---|--|----|------------------|
| 1a | Form 990 check here      | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | <b>1,095,431</b> |
| 2a | Form 990-EZ check here   | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9)                      | 2b |                  |
| 3a | Form 1120-POL check here | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22)                               | 3b |                  |
| 4a | Form 990-PF check here   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b |                  |
| 5a | Form 8868 check here     | <input type="checkbox"/>            | b | Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)     | 5b |                  |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize **BOYUM & BARENSCHEER PLLP** to enter my PIN **76702** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date **08/15/14**

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**41405455425**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **08/15/14**

**ERO Must Retain This Form—See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2013 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

**C** Name of organization  
**MINNESOTA COMPUTERS FOR SCHOOLS**

Doing Business As \_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**970 PICKETT ST N**

City or town, state or province, country, and ZIP or foreign postal code  
**BAYPORT MN 55003**

**F** Name and address of principal officer: \_\_\_\_\_

**D** Employer identification number  
**20-1776702**

**E** Telephone number  
**651-779-2816**

**G** Gross receipts \$ **1,095,431**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.MNCF'S.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**H(c)** Group exemption number ▶ \_\_\_\_\_

**L** Year of formation: **2004** **M** State of legal domicile: **MN**

**Part I Summary**

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>TO WORK COLLABORATIVELY WITH SCHOOLS AND EDUCATIONALLY FOCUSED COMMUNITY ORGANIZATIONS TO PROVIDE TECHNOLOGY SOLUTIONS AND SKILLS TRAINING TO INDIVIDUALS IN NEED.</b> |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | <b>10</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | <b>10</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)   | <b>5</b>                         | <b>9</b>            |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | <b>10</b>           |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | <b>0</b>            |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34             | <b>7b</b>   | <b>0</b>                         |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>222,711</b>                   | <b>239,729</b>      |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>967</b>                       | <b>680</b>          |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>1,015,901</b>                 | <b>855,022</b>      |
|   | <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>1,239,579</b>                 | <b>1,095,431</b>    |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)  |                                  | <b>0</b>            |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |                                  | <b>0</b>            |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | <b>555,321</b>                   | <b>620,734</b>      |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>36,455</b>                    | <b>46,249</b>       |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>79,434</b>  |                                  |                     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | <b>470,393</b>                   | <b>516,868</b>      |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | <b>1,062,169</b>  | <b>1,183,851</b>                 |                     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>177,410</b>  | <b>-88,420</b>                   |                     |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>715,656</b>                   | <b>632,830</b>      |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>74,240</b>                    | <b>79,834</b>       |
|   |   | <b>641,416</b>                   | <b>552,996</b>      |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **TAMARA L. GILLARD** Date: \_\_\_\_\_  
Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **ANNA LOVEGREN** Preparer's signature: *Anna C Lovgren* Date: **08/13/14** Check  if self-employed  if PTIN **P00643123**

Firm's name: **BOYUM & BARENSCHEER PLLP** Firm's EIN: **41-6192096**  
Firm's address: **3050 METRO DR STE 200 MINNEAPOLIS, MN 55425-1515** Phone no.: **952-854-4244**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO WORK COLLABORATIVELY WITH SCHOOLS AND EDUCATIONALLY FOCUSED COMMUNITY ORGANIZATIONS TO PROVIDE TECHNOLOGY SOLUTIONS AND SKILLS TRAINING TO INDIVIDUALS IN NEED.

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

Yes No

X

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 services?

Yes No

X

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 834,682 including grants of \$ ) (Revenue \$ 855,022 )

THE PROGRAM INVOLVES INMATES OF A LOCAL PRISON REFURBISHING AND RECYCLING COMPUTERS THAT ARE DONATED BY LOCAL CORPORATIONS AND GOVERNMENT AGENCIES. THESE COMPUTERS ARE THEN SOLD AT DISCOUNTED PRICES TO SCHOOLS, TEACHERS, NOT-FOR-PROFIT ORGANIZATIONS AND DISADVANTAGED YOUTH THROUGHOUT MINNESOTA. MINNESOTA COMPUTERS FOR SCHOOLS (MCFS) IMPROVES STUDENT SUCCESS BY TRANSFORMING COMPUTER TECHNOLOGY TO PROVIDE GREATER EDUCATIONAL OPPORTUNITIES FOR STUDENTS IN MINNESOTA. DURING 2013, MINNESOTA COMPUTERS FOR SCHOOLS WAS ABLE TO PLACE 4,325 SYSTEMS IN MINNESOTA. MCFS ALSO PROVIDES A WORKFORCE DEVELOPMENT PROGRAM AT GUADALUPE ALTERNATIVE PROGRAMS AND WASHINGTON TECHNOLOGY MAGNET SCHOOL IN ST. PAUL.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 834,682

**Part IV Checklist of Required Schedules**

|     |   | Yes | No |
|-----|---|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  |     | X  |
| 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   | X   |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |     | X  |
| 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   |     | 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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | X   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | X   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  |     | 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)   | X   |    |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |

**Part IV Checklist of Required Schedules** (continued)

|     |   | Yes      | No       |
|-----|---|----------|----------|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  |          | <b>X</b> |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |          | <b>X</b> |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  |          | <b>X</b> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            |          | <b>X</b> |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |          |          |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |          |          |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |          |          |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |          | <b>X</b> |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       |          | <b>X</b> |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II                                    |          | <b>X</b> |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III |          | <b>X</b> |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |          |          |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |          | <b>X</b> |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |          | <b>X</b> |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |          | <b>X</b> |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |          | <b>X</b> |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |          | <b>X</b> |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |          | <b>X</b> |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |          | <b>X</b> |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  |          | <b>X</b> |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1   |          | <b>X</b> |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |          | <b>X</b> |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   |          |          |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |          | <b>X</b> |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   |          | <b>X</b> |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | <b>X</b> |          |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 1a-13b with various tax-related questions and numerical inputs.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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

Table with 2 columns: Question, Answer. Rows include: 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. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRISTINE DOPKINS 970 PICKETT STREET NORTH BAYPORT MN 55003 651-779-2816

**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 organizations compensated any current officer, director, or trustee.

| (A)<br>Name and Title       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                             |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) <b>STEVE BARTHOLET</b>  | 5.00   |   |                       |         |              |                              |        |  |   |   |
| CHAIR                       | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (2) <b>GREGG DORAZIO</b>    | 5.00   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) <b>DAVE SCHEFFLER</b>   | 5.00   |   |                       |         |              |                              |        |  |   |   |
| SECRETARY                   | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (4) <b>ERIC VERCAUTEREN</b> | 5.00   |   |                       |         |              |                              |        |  |   |   |
| VICE CHAIR                  | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) <b>DOUG SWENSON</b>     | 5.00   |   |                       |         |              |                              |        |  |   |   |
| TREASURER                   | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) <b>KAREN BLACK</b>      | 5.00   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (7) <b>DEB JOHNSON</b>      | 5.00   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (8) <b>MIKE LINNEMANN</b>   | 5.00   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) <b>DEBRA SEVELIUS</b>   | 5.00   |   |                       |         |              |                              |        |  |   |   |
| BOARD MEMBER                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) <b>ERIN WAIT</b>       | 5.00   |   |                       |         |              |                              |        |  |   |   |
| TREASURER                   | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (11) <b>TAMARA GILLARD</b>  | 45.00  |   |                       |         |              |                              |        |  |   |   |
| EXECUTIVE DIRECTOR          | 0.00   |   |                       | X       |              |                              | 96,815 | 0  | 2,653   |   |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (12) CHRISTINE DOPKINS<br>BUSINESS MANAGER                     | 45.00<br>0.00  |   |                       | X       |              |                              |        | 51,284   | 0   | 2,484   |
| (13)   |  |   |                       |         |              |                              |        |  |   |   |
| (14)   |  |   |                       |         |              |                              |        |  |   |   |
| (15)   |  |   |                       |         |              |                              |        |  |   |   |
| (16)   |  |   |                       |         |              |                              |        |  |   |   |
| (17)   |  |   |                       |         |              |                              |        |  |   |   |
| (18)   |  |   |                       |         |              |                              |        |  |   |   |
| (19)   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        | <b>148,099</b>   |   | <b>5,137</b>  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | <b>148,099</b>   |   | <b>5,137</b>  |

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

|   | Yes | No       |
|---|-----|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       |     | <b>X</b> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |     | <b>X</b> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | <b>X</b> |

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>       | <b>1a</b> Federated campaigns  |                      |  |   |  |  |
|   | <b>b</b> Membership dues   |                      |  |   |  |  |
|   | <b>c</b> Fundraising events  |                      |  |   |  |  |
|   | <b>d</b> Related organizations   |                      |  |   |  |  |
|   | <b>e</b> Government grants (contributions)   |                      |  |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above                                      | <b>239,729</b>       |  |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$   | <b>16,201</b>        |  |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f  |                      | <b>239,729</b>                                     |   |  |  |
| <b>Program Service Revenue</b>                                      | <b>2a</b> .....  |                      |  |   |  |  |
|   | <b>b</b> .....   |                      |  |   |  |  |
|   | <b>c</b> .....   |                      |  |   |  |  |
|   | <b>d</b> .....   |                      |  |   |  |  |
|   | <b>e</b> .....   |                      |  |   |  |  |
|   | <b>f</b> All other program service revenue   |                      |  |   |  |  |
|   | <b>g Total.</b> Add lines 2a-2f  |                      |  |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  |                      | <b>680</b>   |   | <b>680</b>   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  |                      |  |   |  |  |
|   | <b>5</b> Royalties   |                      |  |   |  |  |
|   | <b>6a</b> Gross rents  | (i) Real             |  |   |  |  |
|   |  | (ii) Personal        |  |   |  |  |
|   | <b>b</b> Less: rental exps.  |                      |  |   |  |  |
|   | <b>c</b> Rental inc. or (loss)   |                      |  |   |  |  |
|   | <b>d</b> Net rental income or (loss)   |                      |  |   |  |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities       |  |   |  |  |
|   |  | (ii) Other           |  |   |  |  |
|   | <b>b</b> Less: cost or other basis & sales exps.   |                      |  |   |  |  |
|   | <b>c</b> Gain or (loss)  |                      |  |   |  |  |
|   | <b>d</b> Net gain or (loss)  |                      |  |   |  |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>             |  |   |  |  |
|   | <b>b</b> Less: direct expenses   | <b>b</b>             |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events               |  |                      |  |   |  |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>   |                      |  |   |  |  |
| <b>b</b> Less: direct expenses                                      | <b>b</b>   |                      |  |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities                |  |                      |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>   | <b>855,022</b>       |  |   |  |  |
|   | <b>b</b> Less: cost of goods sold  | <b>b</b>             |  |   |  |  |
| <b>c</b> Net income or (loss) from sales of inventory               |  | <b>855,022</b>       | <b>855,022</b>                                     |   |  |  |
| Miscellaneous Revenue   |  |                      |  |   |  |  |
| <b>11a</b> .....  | <b>Busn. Code</b>  |                      |  |   |  |  |
|   | <b>b</b> .....   |                      |  |   |  |  |
|   | <b>c</b> .....   |                      |  |   |  |  |
|   | <b>d</b> All other revenue   |                      |  |   |  |  |
|   | <b>e Total.</b> Add lines 11a-11d  |                      |  |   |  |  |
| <b>12 Total revenue.</b> See instructions.                          |  | <b>1,095,431</b>     | <b>855,022</b>                                     | <b>0</b>                                | <b>680</b>   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 153,236               | 23,836                          | 109,907                                | 19,493                      |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| 7 Other salaries and wages   | 391,536               | 338,696                         | 52,840                                 |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  | 30,903                | 30,903                          |  |                             |
| 10 Payroll taxes   | 45,059                | 45,059                          |  |                             |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   |                       |                                 |  |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  | 46,249                |                                 |  | 46,249                      |
| f Investment management fees   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   | 117,414               | 44,431                          | 72,983                                 |                             |
| 12 Advertising and promotion   | 43,673                | 26,497                          | 4,661                                  | 12,515                      |
| 13 Office expenses   | 3,680                 | 516                             | 1,987                                  | 1,177                       |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 11,017                | 10,025                          | 992                                    |                             |
| 17 Travel  | 31,413                | 17,160                          | 14,253                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 9,305                 | 9,305                           |  |                             |
| 23 Insurance   | 6,510                 | 1,302                           | 5,208                                  |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>COMPUTER COMPONENTS &amp; EQU</b>   | 268,052               | 264,276                         | 3,776                                  |                             |
| b <b>WARRANTY EXPENSE</b>  | 19,476                | 19,476                          |  |                             |
| c <b>MISCELLANEOUS</b>   | 2,591                 | 518                             | 2,073                                  |                             |
| d <b>SALVAGE &amp; DISPOSAL</b>  | 2,167                 | 2,167                           |  |                             |
| e All other expenses   | 1,570                 | 515                             | 1,055                                  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e   | 1,183,851             | 834,682                         | 269,735                                | 79,434                      |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest bearing   | 350,517                  | 1          | 195,414            |
|   | <b>2</b> Savings and temporary cash investments  | 239,988                  | 2          | 267,612            |
|   | <b>3</b> Pledges and grants receivable, net  |                          | 3          |                    |
|   | <b>4</b> Accounts receivable, net  | 73,914                   | 4          | 106,556            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                          | 5          |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |                          | 6          |                    |
|   | <b>7</b> Notes and loans receivable, net   |                          | 7          |                    |
|   | <b>8</b> Inventories for sale or use   | 10,969                   | 8          | 9,392              |
|   | <b>9</b> Prepaid expenses and deferred charges   | 21,690                   | 9          | 16,746             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 97,824               |            |                    |
|   | <b>b</b> Less: accumulated depreciation  | 10b 60,714               | 10c 18,578 | 37,110             |
|   | <b>11</b> Investments—publicly traded securities   |                          | 11         |                    |
|   | <b>12</b> Investments—other securities. See Part IV, line 11   |                          | 12         |                    |
|   | <b>13</b> Investments—program-related. See Part IV, line 11  |                          | 13         |                    |
|   | <b>14</b> Intangible assets  |                          | 14         |                    |
|   | <b>15</b> Other assets. See Part IV, line 11   |                          | 15         |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 715,656  | 16                       | 632,830    |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 64,240                   | 17         | 62,519             |
|   | <b>18</b> Grants payable   |                          | 18         |                    |
|   | <b>19</b> Deferred revenue   |                          | 19         | 2,315              |
|   | <b>20</b> Tax-exempt bond liabilities  |                          | 20         |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | 21         |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   |                          | 22         |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |                          | 23         |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                          | 24         |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 10,000                   | 25         | 15,000             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 74,240                   | 26         | 79,834             |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |            |                    |
|   | <b>27</b> Unrestricted net assets  | 519,139                  | 27         | 460,949            |
|   | <b>28</b> Temporarily restricted net assets  | 122,277                  | 28         | 92,047             |
|   | <b>29</b> Permanently restricted net assets  |                          | 29         |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |            |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | 30         |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | 31         |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | 32         |                    |
| <b>33</b> Total net assets or fund balances                         | 641,416  | 33                       | 552,996    |                    |
| <b>34</b> Total liabilities and net assets/fund balances            | 715,656  | 34                       | 632,830    |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |                  |
|-----------|--|-----------|------------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>1,095,431</b> |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>1,183,851</b> |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>-88,420</b>   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | <b>641,416</b>   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |                  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                  |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                  |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                  |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  |                  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | <b>552,996</b>   |

**Part XII Financial Statements and Reporting**

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

- 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? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated 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? \_\_\_\_\_  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- 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. \_\_\_\_\_

|           | Yes      | No       |
|-----------|----------|----------|
| <b>2a</b> |          | <b>X</b> |
| <b>2b</b> | <b>X</b> |          |
| <b>2c</b> | <b>X</b> |          |
| <b>3a</b> |          | <b>X</b> |
| <b>3b</b> |          |          |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Name of the organization

MINNESOTA COMPUTERS FOR SCHOOLS

Employer identification number

20-1776702

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 3 rows (11g(i), 11g(ii), 11g(iii)) and 2 columns (Yes, No)

h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support. Includes rows (A) through (E) and a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011  | (d) 2012  | (e) 2013  | (f) Total |
|---|----------|----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 125,587  | 150,080  | 269,681   | 222,711   | 239,729   | 1,007,788 |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 549,262  | 679,272  | 796,711   | 1,015,901 | 855,022   | 3,896,168 |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |           |           |           |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |           |           |           |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |           |           |           |           |
| <b>6 Total.</b> Add lines 1 through 5   | 674,849  | 829,352  | 1,066,392 | 1,238,612 | 1,094,751 | 4,903,956 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |           |           |           |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |           |           |           |           |
| <b>c</b> Add lines 7a and 7b  |          |          |           |           |           |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |           |           |           | 4,903,956 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011  | (d) 2012  | (e) 2013  | (f) Total |
|---|----------|----------|-----------|-----------|-----------|-----------|
| <b>9</b> Amounts from line 6  | 674,849  | 829,352  | 1,066,392 | 1,238,612 | 1,094,751 | 4,903,956 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 5,714    | 1,072    | 1,228     | 967       | 680       | 9,661     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |           |           |           |           |
| <b>c</b> Add lines 10a and 10b  | 5,714    | 1,072    | 1,228     | 967       | 680       | 9,661     |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |           | 126,129   |           | 126,129   |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |           |           |           |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 680,563  | 830,424  | 1,067,620 | 1,365,708 | 1,095,431 | 5,039,746 |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 97.31 % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15                      | <b>16</b> | 96.93 % |

**Section D. Computation of Investment Income Percentage**

|   |           |     |
|---|-----------|-----|
| <b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | %   |
| <b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17                        | <b>18</b> | 1 % |

**19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**2013**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|  |   |
|--|---|
| Name of the organization<br><br><b>MINNESOTA COMPUTERS FOR SCHOOLS</b> | Employer identification number<br><br><b>20-1776702</b> |
|--|---|

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| Name of organization<br><b>MINNESOTA COMPUTERS FOR SCHOOLS</b> | Employer identification number<br><b>20-1776702</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | MARDAG FOUNDATION<br>55 FIFTH STREET E<br>SUITE 600<br>ST PAUL MN 55101-1797        | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          | ECOLAB FOUNDATION<br>370 N WABASHA STREET<br>ST. PAUL MN 55102-1306                 | \$ 22,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          | ST. PAUL TRAVELERS FOUNDATION<br>385 WASHINGTON STREET<br>ST. PAUL MN 55102-1396    | \$ 41,201                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | ANDERSEN FOUNDATION<br>WHITE PINE BUILDING<br>342 5TH AVENUE N.<br>BAYPORT MN 55003 | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          | BEST BUY CHILDRENS FOUNDATION<br>7601 PENN AVE S<br>RICHFIELD MN 55423              | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          | MARCH FAMILY FOUNDATION<br>4709 TOWNES ROAD<br>EDINA MN 55424                       | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><b>MINNESOTA COMPUTERS FOR SCHOOLS</b> | Employer identification number<br><b>20-1776702</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | MEDTRONIC FOUNDATION<br>710 MEDTRONIC PARKWAY<br>MINNEAPOLIS MN 55432                   | \$ 20,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | BIGELOW FOUNDATION<br>55 FIFTH STREET EAST, SUITE 600<br>ST PAUL MN 55101               | \$ 15,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | OTTO BREMER FOUNDATION<br>445 MINNESOTA STREET, SUITE 2250<br>ST PAUL MN 55101-2107     | \$ 40,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | SAINT PAUL FOUNDATION<br>55 FIFTH STREET EAST, SUITE 600<br>ST PAUL MN 55101-1797       | \$ 21,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | PENTAIR FOUNDATION<br>5500 WAYZATA BOULEVARD, SUITE 800<br>GOLDEN VALLEY MN 55416-1259  | \$ 5,000                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | BOSTON SCIENTIFIC<br>MAIL STOP B<br>ONE BOSTON SCIENTIFIC PLACE<br>NATICK MA 01760-1537 | \$ 7,500                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>MINNESOTA COMPUTERS FOR SCHOOLS</b> | Employer identification number<br><b>20-1776702</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given         | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received    |
|---------------------------|--|--|-------------------------|
| <b>3</b>                  | <b>ANNUAL EVENT COSTS</b><br>.....<br>.....<br>..... | \$ ..... <b>16,201</b>                         | .....<br>.....<br>..... |
| .....                     | .....<br>.....<br>.....                              | \$ .....                                       | .....<br>.....<br>..... |
| .....                     | .....<br>.....<br>.....                              | \$ .....                                       | .....<br>.....<br>..... |
| .....                     | .....<br>.....<br>.....                              | \$ .....                                       | .....<br>.....<br>..... |
| .....                     | .....<br>.....<br>.....                              | \$ .....                                       | .....<br>.....<br>..... |
| .....                     | .....<br>.....<br>.....                              | \$ .....                                       | .....<br>.....<br>..... |
| .....                     | .....<br>.....<br>.....                              | \$ .....                                       | .....<br>.....<br>..... |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2013

Open to Public Inspection

Name of the organization

Employer identification number

MINNESOTA COMPUTERS FOR SCHOOLS

20-1776702

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2 regarding collections of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Yes  No

**Part V Endowment Funds.**

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ ..... %
  - b Permanent endowment ▶ ..... %
  - c Temporarily restricted endowment ▶ ..... %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations  Yes  No
  - (ii) related organizations  Yes  No
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land .....  |                                      |                                 |                              |                |
| b Buildings .....  |                                      |                                 |                              |                |
| c Leasehold improvements .....   |                                      |                                 |                              |                |
| d Equipment .....  |                                      | 42,377                          | 27,994                       | 14,383         |
| e Other .....  |                                      | 55,447                          | 32,720                       | 22,727         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ |                                      |                                 |                              | <b>37,110</b>  |

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives   |                |  |
| (2) Closely-held equity interests   |                |  |
| (3) Other   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |  |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) <b>WARRANTY LIABILITY</b>   | <b>15,000</b>  |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>15,000</b>  |  |

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

|   |   |    |         |           |
|---|---|----|---------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1       | 1,453,105 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |         |           |
| a | Net unrealized gains on investments   | 2a |         |           |
| b | Donated services and use of facilities  | 2b | 357,674 |           |
| c | Recoveries of prior year grants   | 2c |         |           |
| d | Other (Describe in Part XIII.)  | 2d |         |           |
| e | Add lines 2a through 2d   |    | 2e      | 357,674   |
| 3 | Subtract line 2e from line 1  |    | 3       | 1,095,431 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |         |           |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |         |           |
| b | Other (Describe in Part XIII.)  | 4b |         |           |
| c | Add lines 4a and 4b   |    | 4c      |           |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5       | 1,095,431 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|   |  |    |         |           |
|---|--|----|---------|-----------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1       | 1,541,525 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |         |           |
| a | Donated services and use of facilities   | 2a | 357,674 |           |
| b | Prior year adjustments   | 2b |         |           |
| c | Other losses   | 2c |         |           |
| d | Other (Describe in Part XIII.)   | 2d |         |           |
| e | Add lines 2a through 2d  |    | 2e      | 357,674   |
| 3 | Subtract line 2e from line 1   |    | 3       | 1,183,851 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |         |           |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |         |           |
| b | Other (Describe in Part XIII.)   | 4b |         |           |
| c | Add lines 4a and 4b  |    | 4c      |           |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5       | 1,183,851 |

**Part XIII Supplemental Information**

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

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION'S FILINGS WITH THE INTERNAL REVENUE SERVICE ARE SUBJECT TO AUDIT. THE INFORMATION RETURNS FOR THE PAST THREE AND ONE HALF YEARS ARE OPEN TO EXAMINATION. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED THAT THEY DO NO RESULT IN ANYTHING THAT WOULD REQUIRE EITHER RECORDING OR DISCLOSURE IN THE FINANCIAL STATEMENTS BASED ON THE CRITERIA SET FORTH IN ASC 740.

**Part XIII** Supplemental Information (continued)

[This area contains horizontal dotted lines for supplemental information.]

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

**MINNESOTA COMPUTERS FOR SCHOOLS**

Employer identification number

**20-1776702**

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

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

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

| (i) Name and address of individual or entity (fundraiser)             | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| J MURPHY & ASSOCIATES<br>1 2300 KENNEDY ST NE<br>MINNEAPOLIS MN 55413 | GRANT WRIT    |  | X  | 215,204                           | 48,773  | 166,431   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    | <b>215,204</b>                    | <b>48,773</b>   | <b>166,431</b>                                    |

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

**MINNESOTA**

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

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Revenue (Gross receipts, Less: Contributions, Gross income) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, Net income summary).

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

Table with 5 columns: (a) Bingo, (b) Pull tabs/instant bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue (Gross revenue) and Direct Expenses (Cash prizes, Noncash prizes, Rent/facility costs, Other direct expenses, Volunteer labor, Direct expense summary, Net gaming income summary).

- 9 Enter the state(s) in which the organization operates gaming activities:
a Is the organization licensed to operate gaming activities in each of these states?
b If "No," explain:
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity operated in:

|   |                             |     |   |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility         | 13b | % |

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

Name ▶ .....

Address ▶ .....

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

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

c If "Yes," enter name and address of the third party: Name ▶ .....

Address ▶ .....

16 Gaming manager information: Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer  Employee  Independent contractor

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

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

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

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

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

**2013**

**Open to Public  
Inspection**

Employer identification number

**MINNESOTA COMPUTERS FOR SCHOOLS**

**20-1776702**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**THE 990 IS REVIEWED BY THE ADMINISTRATION COMMITTEE AND THEY PRESENT THEIR  
RECOMMENDATION OF ACCEPTANCE TO THE FULL BOARD.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**THE MCF'S BOARD REVIEWS FOR ACTIVITY ON AN ANNUAL BASIS WITH THE EXECUTIVE  
DIRECTOR. THE POLICY PROVIDES FOR ENFORCEMENT OF COMPLIANCE ISSUE  
PROCEDURES IF THEY SHOULD ARISE. THERE HAVE BEEN NO CONFLICT OF INTEREST  
ACTIVITIES.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**THE MCF'S BOARD CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE  
DIRECTOR. COMPENSATION HAS BEEN BASED ON SIMILAR POSITIONS AND EXPERIENCE  
OF A NON-PROFIT EXECUTIVE DIRECTOR IN THE METRO AREA.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**THE MCF'S BOARD CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE BUSINESS  
MANAGER. COMPENSATION HAS BEEN BASED ON SIMILAR POSITIONS AND EXPERIENCE  
OF A NON-PROFIT BUSINESS MANAGER IN THE METRO AREA.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS INCLUDING THE  
CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE FINANCIAL  
STATEMENTS ARE AVAILABLE UPON REQUEST AND ARE ALSO  
REFLECTED IN THE FORM 990 AND ARE AVAILABLE THROUGH THE OFFICE OF THE**

Name of the organization

**MINNESOTA COMPUTERS FOR SCHOOLS**

Employer identification number

**20-1776702**

**ATTORNEY GENERAL OF MINNESOTA.**

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**MINNESOTA COMPUTERS FOR SCHOOLS**

Identifying number

**20-1776702**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 500,000          |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | 2,000,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2012 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)                      | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12   | 13                           |                  |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

|    |   |    |       |
|----|---|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |       |
| 15 | Property subject to section 168(f)(1) election  | 15 |       |
| 16 | Other depreciation (including ACRS)   | 16 | 9,305 |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|    |   |    |   |
|----|---|----|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2013  | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |   |

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a                            | 3-year property                      |  |                     |                |            |                            |
| b                              | 5-year property                      |  |                     |                |            |                            |
| c                              | 7-year property                      |  |                     |                |            |                            |
| d                              | 10-year property                     |  |                     |                |            |                            |
| e                              | 15-year property                     |  |                     |                |            |                            |
| f                              | 20-year property                     |  |                     |                |            |                            |
| g                              | 25-year property                     |  | 25 yrs.             |                | S/L        |                            |
| h                              | Residential rental property          |  | 27.5 yrs.           | MM             | S/L        |                            |
| i                              | Nonresidential real property         |  | 39 yrs.             | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

|     |            |  |         |    |     |  |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life |  |         |    | S/L |  |
| b   | 12-year    |  | 12 yrs. |    | S/L |  |
| c   | 40-year    |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|    |   |    |       |
|----|---|----|-------|
| 21 | Listed property. Enter amount from line 28  | 21 |       |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 9,305 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |       |

For Paperwork Reduction Act Notice, see separate instructions.



**Federal Asset Report****Form 990, Page 1**

| Asset                                    | Description                   | Date<br>In Service | Cost          | Bus<br>% | Sec<br>179 | Bonus | Basis<br>for Depr | Per<br>Conv | Meth     | Prior         | Current      |
|--|-------------------------------|--------------------|---------------|----------|------------|-------|-------------------|-------------|----------|---------------|--------------|
| <b>Other Depreciation:</b>               |                               |                    |               |          |            |       |                   |             |          |               |              |
| 1  | Equipment                     | 12/31/05           | 7,000         |          |            |       | 7,000             | 5           | MO S/L   | 7,000         | 0            |
| 2  | Baler                         | 5/10/06            | 13,689        |          |            |       | 13,689            | 10          | MO S/L   | 9,099         | 1,368        |
| 3  | Office 2007                   | 5/15/07            | 1,904         |          |            |       | 1,904             | 3           | MO Amort | 1,904         | 0            |
| 4  | 8 Dell Optiplex 745 Computers | 5/29/07            | 5,493         |          |            |       | 5,493             | 3           | MO S/L   | 5,493         | 0            |
| 5  | Database                      | 11/01/07           | 25,706        |          |            |       | 25,706            | 3           | MO Amort | 25,706        | 0            |
| 6  | Forklift                      | 3/01/12            | 13,495        |          |            |       | 13,495            | 7           | MO S/L   | 1,607         | 1,927        |
| 7  | Pallet Jacks w/Scales         | 5/01/12            | 2,700         |          |            |       | 2,700             | 3           | MO S/L   | 600           | 900          |
| 8  | Website Development Costs     | 4/23/13            | 10,875        |          |            |       | 10,875            | 3           | MO Amort | 0             | 2,719        |
| 9  | Filemaker 2013 Phase 1        | 5/28/13            | 10,758        |          |            |       | 10,758            | 3           | MO Amort | 0             | 2,391        |
| 10                                       | 2014 Video                    | 12/31/13           | 300           |          |            |       | 300               | 3           | -- Memo  | 0             | 0            |
| 11                                       | Filemaker 2013 Phase 2        | 12/31/13           | 5,904         |          |            |       | 5,904             | 3           | -- Memo  | 0             | 0            |
| <b>Total Other Depreciation</b>          |                               |                    | <u>97,824</u> |          |            |       | <u>97,824</u>     |             |          | <u>51,409</u> | <u>9,305</u> |
| <b>Total ACRS and Other Depreciation</b> |                               |                    | <u>97,824</u> |          |            |       | <u>97,824</u>     |             |          | <u>51,409</u> | <u>9,305</u> |
| <b>Grand Totals</b>                      |                               |                    | 97,824        |          |            |       | 97,824            |             |          | 51,409        | 9,305        |
| <b>Less: Dispositions and Transfers</b>  |                               |                    | 0             |          |            |       | 0                 |             |          | 0             | 0            |
| <b>Less: Start-up/Org Expense</b>        |                               |                    | 0             |          |            |       | 0                 |             |          | 0             | 0            |
| <b>Net Grand Totals</b>                  |                               |                    | <u>97,824</u> |          |            |       | <u>97,824</u>     |             |          | <u>51,409</u> | <u>9,305</u> |

Form **990****Two Year Comparison Report****2012 & 2013**

For calendar year 2013, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

Taxpayer Identification Number

**MINNESOTA COMPUTERS FOR SCHOOLS****20-1776702**

|                          |  | 2012          | 2013      | Differences |
|--------------------------|--|---------------|-----------|-------------|
| <b>Revenue</b>           | 1. Contributions, gifts, grants                                | 1. 222,711    | 239,729   | 17,018      |
|                          | 2. Membership dues and assessments                             | 2.            |           |             |
|                          | 3. Government contributions and grants                         | 3.            |           |             |
|                          | 4. Program service revenue                                     | 4.            |           |             |
|                          | 5. Investment income   | 5. 967        | 680       | -287        |
|                          | 6. Proceeds from tax exempt bonds                              | 6.            |           |             |
|                          | 7. Net gain or (loss) from sale of assets other than inventory | 7.            |           |             |
|                          | 8. Net income or (loss) from fundraising events                | 8.            |           |             |
|                          | 9. Net income or (loss) from gaming                            | 9.            |           |             |
|                          | 10. Net gain or (loss) on sales of inventory                   | 10. 888,772   | 855,022   | -33,750     |
|                          | 11. Other revenue  | 11. 127,129   |           | -127,129    |
|                          | 12. <b>Total revenue.</b> Add lines 1 through 11               | 12. 1,239,579 | 1,095,431 | -144,148    |
| <b>Expenses</b>          | 13. Grants and similar amounts paid                            | 13.           |           |             |
|                          | 14. Benefits paid to or for members                            | 14.           |           |             |
|                          | 15. Compensation of officers, directors, trustees, etc.        | 15. 151,112   | 153,236   | 2,124       |
|                          | 16. Salaries, other compensation, and employee benefits        | 16. 404,209   | 467,498   | 63,289      |
|                          | 17. Professional fundraising fees                              | 17. 36,455    | 46,249    | 9,794       |
|                          | 18. Other professional fees                                    | 18. 122,142   | 117,414   | -4,728      |
|                          | 19. Occupancy, rent, utilities, and maintenance                | 19. 10,085    | 11,017    | 932         |
|                          | 20. Depreciation and Depletion                                 | 20. 3,576     | 9,305     | 5,729       |
|                          | 21. Other expenses   | 21. 334,590   | 379,132   | 44,542      |
|                          | 22. <b>Total expenses.</b> Add lines 13 through 21             | 22. 1,062,169 | 1,183,851 | 121,682     |
|                          | 23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12  | 23. 177,410   | -88,420   | -265,830    |
| <b>Other Information</b> | 24. Total exempt revenue                                       | 24. 1,239,579 | 1,095,431 | -144,148    |
|                          | 25. Total unrelated revenue                                    | 25.           |           |             |
|                          | 26. Total excludable revenue                                   | 26. 1,239,579 | 1,095,431 | -144,148    |
|                          | 27. Total assets   | 27. 715,656   | 632,830   | -82,826     |
|                          | 28. Total liabilities  | 28. 74,240    | 79,834    | 5,594       |
|                          | 29. Retained earnings  | 29. 641,416   | 552,996   | -88,420     |
|                          | 30. Number of voting members of governing body                 | 30. 9         | 10        |             |
|                          | 31. Number of independent voting members of governing body     | 31. 9         | 10        |             |
|                          | 32. Number of employees  | 32. 9         | 9         |             |
|                          | 33. Number of volunteers                                       | 33. 12        | 10        |             |

Form **990T****Two Year Comparison Report****2012 & 2013**

For calendar year 2013, or tax year beginning

, ending

Name

Taxpayer Identification Number

**MINNESOTA COMPUTERS FOR SCHOOLS****20-1776702**

|                                       |  | 2012                                | 2013          | Differences   |  |
|---------------------------------------|--|-------------------------------------|---------------|---------------|--|
| <b>Revenue</b>                        | 1. Gross profit/loss on business activities                                  | 1.                                  |               |               |  |
|                                       | 2. Capital gains/losses  | 2.                                  |               |               |  |
|                                       | 3. Income/loss from partnerships and S corporations                          | 3.                                  |               |               |  |
|                                       | 4. Rental income (net of expense)  | 4.                                  |               |               |  |
|                                       | 5. Unrelated debt-financed income (net of expense)                           | 5.                                  |               |               |  |
|                                       | 6. Interest, and other income from controlled organizations (net of expense) | 6.                                  |               |               |  |
|                                       | 7. Investment income of specific organizations (net of expense)              | 7.                                  |               |               |  |
|                                       | 8. Exploited exempt activity income (net of expense)                         | 8.                                  |               |               |  |
|                                       | 9. Advertising income (net of expense)                                       | 9.                                  |               |               |  |
|                                       | 10. Other income   | 10.                                 |               |               |  |
|                                       | <b>11. Total trade or business income.</b> Combine lines 1 through 10        | <b>11.</b>                          |               |               |  |
| <b>Expenses</b>                       | 12. Compensation of officers, directors, and trustees                        | 12.                                 |               |               |  |
|                                       | 13. Other salaries and wages   | 13.                                 |               |               |  |
|                                       | 14. Repairs and maintenance  | 14.                                 |               |               |  |
|                                       | 15. Bad debts  | 15.                                 |               |               |  |
|                                       | 16. Interest   | 16.                                 |               |               |  |
|                                       | 17. Taxes and licenses   | 17.                                 |               |               |  |
|                                       | 18. Charitable contributions   | 18.                                 |               |               |  |
|                                       | 19. Depreciation and Depletion   | 19.                                 |               |               |  |
|                                       | 20. Contributions to deferred compensation plans                             | 20.                                 |               |               |  |
|                                       | 21. Employee benefit programs  | 21.                                 |               |               |  |
|                                       | 22. Other deductions   | 22.                                 |               |               |  |
|                                       | <b>23. Total deductions.</b> Add lines 12 through 22                         | <b>23.</b>                          |               |               |  |
|                                       | <b>24. Taxable income before NOL.</b> Subtract line 23 from 11               | <b>24.</b>                          |               |               |  |
|                                       | 25. Net operating loss deduction   | 25.                                 |               |               |  |
|                                       | 26. Specific deduction   | 26.                                 | 1,000         | 1,000         |  |
|                                       | <b>27. Unrelated business taxable income.</b>                                | <b>27.</b>                          | <b>-1,000</b> | <b>-1,000</b> |  |
|                                       | <b>Tax &amp; Credits</b>   | 28. Income tax (corporate or trust) | 28.           |               |  |
| 29. Proxy tax                         |  | 29.                                 |               |               |  |
| 30. Alternative minimum tax           |  | 30.                                 |               |               |  |
| <b>31. Total taxes</b>                |  | <b>31.</b>                          |               |               |  |
| 32. Other credits                     |  | 32.                                 |               |               |  |
| 33. General business credit           |  | 33.                                 |               |               |  |
| 34. Credit for prior year minimum tax |  | 34.                                 |               |               |  |
| <b>35. Total credits</b>              |  | <b>35.</b>                          |               |               |  |
| <b>36. Net tax after credits</b>      |  | <b>36.</b>                          |               |               |  |
| 37. Recapture taxes                   |  | 37.                                 |               |               |  |
| <b>38. Total Taxes</b>                | <b>38.</b>   |                                     |               |               |  |
| <b>Due/Refund</b>                     | 39. Prior year overpayment and estimated tax payments                        | 39.                                 |               |               |  |
|                                       | 40. Payment made with extension  | 40.                                 |               |               |  |
|                                       | 41. Backup withholding and foreign withholding                               | 41.                                 |               |               |  |
|                                       | 42. Other payments   | 42.                                 |               |               |  |
|                                       | <b>43. Total payments</b>  | <b>43.</b>                          |               |               |  |
|                                       | <b>44. Balance due/(Overpayment)</b>   | <b>44.</b>                          |               |               |  |
|                                       | 45. Overpayment applied to next year   | 45.                                 |               |               |  |
|                                       | 46. Penalties  | 46.                                 |               |               |  |
|                                       | <b>47. Total due/(Refund)</b>  | <b>47.</b>                          |               |               |  |

**Taxable Interest on Investments**

| <u>Description</u> | <u>Amount</u>        | <u>Unrelated<br/>Business Code</u> | <u>Exclusion<br/>Code</u> | <u>Postal<br/>Code</u> | <u>Acquired after<br/>6/30/75</u> | <u>US<br/>Obs (\$ or %)</u> |
|--------------------|----------------------|------------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| INTEREST           | \$ <u>680</u>        |                                    |                           | 14 MN                  |                                   |                             |
| TOTAL              | \$ <u><u>680</u></u> |                                    |                           |                        |                                   |                             |

**Federal Statements**

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

| Description | Total<br>Expenses | Program<br>Service | Manage<br>Gen |
|-------------|-------------------|--------------------|---------------|
| PROF FEES   | \$ 117,414        | \$ 44,431          | \$            |
| TOTAL       | <u>\$ 117,414</u> | <u>\$ 44,431</u>   | <u>\$</u>     |

**Form 990, Part IX, Line 24e - All Other Expenses**

| Description           | Total<br>Expenses | Program<br>Service | Manage<br>Gen |
|-----------------------|-------------------|--------------------|---------------|
| BOARD OF DIRECTORS    | \$ 1,319          | \$ 264             | \$            |
| REPAIRS & MAINTENANCE | 251               | 251                | \$            |
| TOTAL                 | <u>\$ 1,570</u>   | <u>\$ 515</u>      | <u>\$</u>     |

091290 MINNESOTA COMPUTERS FOR SCHOOLS  
20-1776702  
FYE: 12/31/2013

**Federal Statements**

**Schedule A, Part III, Line 1(e)**

Description

| Description                   | \$ |
|-------------------------------|----|
| MISCELLANEOUS                 |    |
| MARDAG FOUNDATION             |    |
| CASH CONTRIBUTION             |    |
| ECOLAB FOUNDATION             |    |
| CASH CONTRIBUTION             |    |
| ST. PAUL TRAVELERS FOUNDATION |    |
| CASH CONTRIBUTION             |    |
| ANNUAL EVENT COSTS            |    |
| ANDERSEN FOUNDATION           |    |
| CASH CONTRIBUTION             |    |
| BEST BUY CHILDRENS FOUNDATION |    |
| CASH CONTRIBUTION             |    |
| MARCH FAMILY FOUNDATION       |    |
| CASH CONTRIBUTION             |    |
| MEDTRONIC FOUNDATION          |    |
| CASH CONTRIBUTION             |    |
| BIGELOW FOUNDATION            |    |
| CASH CONTRIBUTION             |    |
| OTTO BREMER FOUNDATION        |    |
| CASH CONTRIBUTION             |    |
| SAINT PAUL FOUNDATION         |    |
| CASH CONTRIBUTION             |    |
| PENTAIR FOUNDATION            |    |
| CASH CONTRIBUTION             |    |
| BOSTON SCIENTIFIC             |    |
| CASH CONTRIBUTION             |    |
| TOTAL                         | \$ |

091290 MINNESOTA COMPUTERS FOR SCHOOLS

20-1776702

FYE: 12/31/2013

## Federal Statements

### Schedule A, Part III, Line 2(e)

Description

COMPUTER SALES

TOTAL

\$

\$

### Schedule A, Part III, Line 10a(e)

Description

INTEREST

TOTAL

\$

\$

**Prepaid Expenses**

| <u>Description</u>     | <u>Amount</u>    |
|------------------------|------------------|
| PREPAID INSURANCE      | \$ 16,746        |
| OTHER PREPAID EXPENSES |                  |
| TOTAL                  | <u>\$ 16,746</u> |

**PART IV-A&B-DONATED SERVICES**

| <u>Description</u>      | <u>Amount</u>     |
|-------------------------|-------------------|
| RENT & BUILDING EXPENSE | \$ 126,031        |
| SALARIES & PAYROLL      | 223,843           |
| TRANSPORTATION          | 7,800             |
| TOTAL                   | <u>\$ 357,674</u> |

**Expenses-donated services**

| <u>Description</u>       | <u>Amount</u>     |
|--------------------------|-------------------|
| RENT & BUILDING EXPENSES | \$ 126,031        |
| SALARIES & PAYROLL       | 223,843           |
| TRANSPORTATION           | 7,800             |
| TOTAL                    | <u>\$ 357,674</u> |



## **Filing Instructions**

### **MINNESOTA COMPUTERS FOR SCHOOLS**

#### **Minnesota Annual Report**

#### **Taxable Year Ended December 31, 2013**

**Date Due:** November 17, 2014

**Remittance:** The filing fee for the tax year ended 12/31/13 is \$25. Include a check payable to the State of Minnesota and write "E.I.N. 20-1776702, for the year ended 12/31/13 " on the check.

**Mail To:** Office of the Attorney General  
1200 Bremer Tower  
445 Minnesota Street  
St. Paul, MN 55101-2130

**Signature:** The Annual Report Form must be signed and dated on page 6 by two duly constituted officers of the organization.

**Other:** Initial and date the copy of the return, and retain it for your records.

# STATE OF MINNESOTA

## CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

**ATTORNEY GENERAL LORI SWANSON**

SUITE 1200, BREMER TOWER  
 445 MINNESOTA STREET  
 ST. PAUL, MN 55101-2130  
 (651) 757-1311  
 (651) 296-1410 (TTY)  
 www.ag.state.mn.us

 Annual Reporting     Initial Registration

|                                |
|--------------------------------|
| FEDERAL EIN NUMBER: 20-1776702 |
|--------------------------------|

|                           |
|---------------------------|
| FOR YEAR ENDING: 12/31/13 |
|---------------------------|

### SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. Legal Name of Organization: MINNESOTA COMPUTERS FOR SCHOOLS

If annual reporting, is this a new name since the organization's last filing?     Yes     No

If so, please state former name: \_\_\_\_\_

2. List all names under which the organization solicits contributions:  
MINNESOTA COMPUTERS FOR SCHOOLS

|   |   |
|---|---|
| 3. Mailing Address of Organization (required)<br><hr/> <u>970 PICKETT ST N</u><br><u>BAYPORT MN 55003</u> | Physical Address of Organization (required)<br><hr/> <u>970 PICKETT STREET NORTH</u><br><u>BAYPORT MN 55003</u> |
|---|---|

|  |  |
|--|--|
| 4. Contact Person <u>CHRISTINE DOPKINS</u><br>Tel. No. <u>651-779-2816</u> | E-mail <u>CHRISTINE.DOPKINS@STATE.MN.US</u><br>Fax No. <u>651-747-1613</u> |
|--|--|

5. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?  
 Yes     No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. **Attach schedule if more than one.**

Name J MURPHY & ASSOCIATES  
 Address 2300 KENNEDY ST NE  
 City MINNEAPOLIS State MN Zip 55413 Compensation 46,249

6. a) Does this professional fund-raiser solicit or consult in Minnesota?     Yes     No  
 b) Is this professional fund-raiser registered to solicit or consult in Minnesota?     Yes     No

7. Month and day accounting year ends: 12/31

8. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions?     Yes     No

|                  |     |      |      |                |     |    |    |     |     |    |     |       |
|------------------|-----|------|------|----------------|-----|----|----|-----|-----|----|-----|-------|
| Office Use Only: | ARF | \$25 | \$50 | N (e-Postcard) | 990 | EZ | PF | FES | SIG | BD | SAL | Audit |
|------------------|-----|------|------|----------------|-----|----|----|-----|-----|----|-----|-------|

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

**INCOME**

|                               |    |                         |
|-------------------------------|----|-------------------------|
| Contributions from the public | \$ | <u>239,729</u>          |
| Government Grants             | \$ |                         |
| Other revenue                 | \$ | <u>855,702</u>          |
| <b>TOTAL REVENUE</b>          | \$ | <u><b>1,095,431</b></u> |

|                   |    |                |
|-------------------|----|----------------|
| EXCESS or DEFICIT | \$ | <u>-88,420</u> |
| TOTAL Assets      | \$ | <u>632,830</u> |
| TOTAL Liabilities | \$ | <u>79,834</u>  |

**END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities)**      \$ 552,996

**SECTION B: REQUIRED FOR INITIAL REGISTRATION ONLY**

1. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.  
 Name \_\_\_\_\_  
 Street and Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_
  
2. Type of legal entity (**Attach** the creating document):  
 Nonprofit corporation     Trust     Unincorporated association     Other \_\_\_\_\_
  
3. Place and date the organization was incorporated: \_\_\_\_\_  
(state) (date)
  
4. Is the organization exempt from federal income taxes?  
 Yes (**Attach** a copy of the IRS determination letter) Status: 501(c) ( \_\_\_\_\_ )  
 No Date organization submitted Form 1023 to the IRS \_\_\_\_\_
  
5. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name, address and federal EIN: \_\_\_\_\_  
 \_\_\_\_\_
  
6. Has the organization been denied the right to solicit contributions?  
 a. By any government agency?  Yes  No If yes, attach explanation.  
 b. By any court?  Yes  No If yes, attach explanation.
  
7. Explain in detail the charitable purposes of the organization, including major program activities.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
8. Please mark all items that describe the organization's charitable mission:  
 Arts & Culture     Human Services     Civic/Lobbying     International     Health  
 Environment     Mental Health     Education     Religious     Other \_\_\_\_\_  
 Or: List the NTEE code(s) that describe the organization's purpose: \_\_\_\_\_
  
9. Which of the above two best describes the organization's primary purpose(s)?  
 1. \_\_\_\_\_ 2. \_\_\_\_\_
  
10. Check one or more methods of solicitation the organization anticipates using:  
 Telephone appeals     Grant writing     Sweepstakes     Other \_\_\_\_\_  
 Direct mail     Internet     Media
  
11. State the total contributions the organization received during the accounting year last ended:  
 \$ \_\_\_\_\_
  
12. **Attach** a list of organization's officers, directors, trustees, and chief executive officer, including their titles, addresses, and total annual compensation paid to each.  Attached

**SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY**

**ALL Annual Report filers MUST complete questions 1-6**

1. Has the organization's accounting year changed since the last report was filed?  Yes No    
 If yes, provide the new year-end date: \_\_\_\_\_

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending.  None  Attached

3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

|   | Name/Title | Compensation | Deferred Compensation | Fringe Benefits |
|---|------------|--------------|-----------------------|-----------------|
| 1 |            |              |                       |                 |
| 2 |            |              |                       |                 |
| 3 |            |              |                       |                 |
| 4 |            |              |                       |                 |
| 5 |            |              |                       |                 |

4. **Attach** a list of organization's board of directors.  Attached  Included in IRS Return

5. **Attach a GAAP audit** if total revenue exceeds \$750,000.  Attached  Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).  Audit not required

6. Minnesota law requires that an organization file a copy of all tax or information returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)?  Yes  No (Not required to file a return with IRS or files a group return).

NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

| <b>Statement of Functional Expenses</b>  |                              |  |   |                                    |
|--|------------------------------|--|---|------------------------------------|
|  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
| <b>1</b> Grants and other assistance to governments and organizations in the U.S.  |                              |  |   |                                    |
| <b>2</b> Grants and other assistance to individuals in the U.S.  |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S.   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  |                              |  |   |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages  |                              |  |   |                                    |
| <b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                              |  |   |                                    |
| <b>9</b> Other employee benefits   |                              |  |   |                                    |
| <b>10</b> Payroll taxes  |                              |  |   |                                    |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management  |                              |  |   |                                    |
| <b>b</b> Legal   |                              |  |   |                                    |
| <b>c</b> Accounting  |                              |  |   |                                    |
| <b>d</b> Lobbying  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services   |                              |  |   |                                    |
| <b>f</b> Investment management fees  |                              |  |   |                                    |
| <b>g</b> Other   |                              |  |   |                                    |
| <b>12</b> Advertising and promotion  |                              |  |   |                                    |
| <b>13</b> Office expenses  |                              |  |   |                                    |
| <b>14</b> Information technology   |                              |  |   |                                    |
| <b>15</b> Royalties  |                              |  |   |                                    |
| <b>16</b> Occupancy  |                              |  |   |                                    |
| <b>17</b> Travel   |                              |  |   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings   |                              |  |   |                                    |
| <b>20</b> Interest   |                              |  |   |                                    |
| <b>21</b> Payments to affiliates   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization  |                              |  |   |                                    |
| <b>23</b> Insurance  |                              |  |   |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  |                              |  |   |                                    |
| <b>a</b> .....   |                              |  |   |                                    |
| <b>b</b> .....   |                              |  |   |                                    |
| <b>c</b> .....   |                              |  |   |                                    |
| <b>d</b> All other expenses  |                              |  |   |                                    |
| <b>25 Total functional expenses.</b> Add lines 1 through 24d   |                              |  |   |                                    |
| <b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                              |  |   |                                    |

**Must be prepared in accordance with generally accepted accounting principles.**  
**For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ**  
**For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF**  
**The total of Column A, lines 1 through 24d should equal line 25a.**  
**The total of lines 25b, 25c and 25d, should equal line 25a.**

**SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING**

**BOARD OF DIRECTORS  
SIGNATURES AND ACKNOWLEDGMENT**

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the EXECUTIVE DIRECTOR (Title) and \_\_\_\_\_ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, approving the contents of the document, and do hereby certify that the \_\_\_\_\_ (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

**TAMARA L. GILLARD**

Name (Print)

Name (Print)

Signature

Signature

**EXECUTIVE DIRECTOR**

Title

Title

Date

Date

**\* NOTICE \***

**Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.**