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

X  Annual Reporting   □  Initial Registration

FEDERAL EIN NUMBER: 41-1388406  
FOR YEAR ENDING: 06/30/2011

SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING
ASSOCIATION OF MINNESOTA PUBLIC EDUCATIONAL RADIO STATIONS, INC.

1. Legal Name of Organization: EDUCATIONAL RADIO STATIONS, INC.
If annual reporting, is this a new name since the organization’s last filing?  □ Yes  X No
If so, please state former name: 

2. List all names under which the organization solicits contributions:
ASSOCIATION OF MINNESOTA PUBLIC EDUCATIONAL RADIO STATIONS, INC.
INDEPENDENT PUBLIC RADIO; AMPERS

3. Mailing Address of Organization  
2175 COOL STREAM CIRCLE  
EAGAN, MN 55122

Physical Address of Organization  
2175 COOL STREAM CIRCLE  
EAGAN, MN 55122

4. Contact Person: JOEL GLASER  
Tel. No. 651-686-5367  
E-mail: JGLASER@AMPERS.ORG  
Fax No. 

5. Complete the following for the most recent twelve-month accounting year. While this information should reflect the financials on the IRS Form 990, this section is required to be completed even if an IRS Form 990 is attached. Before completing this section, please refer to the Instructions.

INCOME
Contributions from the public  
Government Grants  
Other revenue  
TOTAL REVENUE

For Year Ending: 06/30/2011

$ 398,934.
$ 67,693.
$ 466,627.

EXPENSES
Amount spent for program or charitable purposes  
Management/general expense  
Fund-raising expense  
TOTAL EXPENSES

$ 373,836.
$ 69,382.
$ 20,661.
$ 463,879.

EXCESS or DEFICIT  
$ 2,748.
TOTAL Assets  
$ 77,343.
TOTAL Liabilities  

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities)  

$ 77,343.

For Office Use Only: ARF  □ $25  □ $50  □ $75  □ N (e-Postcard)  □ 990  □ EZ  □ PF  □ FES  □ SIG  □ BD  
□ SAL  □ Audit

6/11

Upon request this material can be made available in alternate formats.
6. 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 ____________________________________________________________
Address __________________________________________________________
City ____________________________ State ___ ZIP ____________ Compensation __________

7. Does this professional fund-raiser solicit or consult in Minnesota?

☐ Yes  ☐ No

8. Month and day accounting year ends: 06/30

9. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions?

☒ Yes  ☐ No

SECTION TWO: 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

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)  ☐ No

Status: 501(c)(______)
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 ☐ Sweep ☐ 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 THREE: REQUIRED FOR ANNUAL REPORTING ONLY

ALL organizations 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 the five highest paid directors, officers and employees of the organization and its related organization(s) who receive total compensation of $50,000 or more, indicating their titles and total compensation paid to each. Total compensation includes salaries, fees, bonuses, fringe benefits, severance payments and deferred compensation paid by the organization and all related organizations. A "related organization" is an organization that controls, is controlled by or is under common control with another corporation. "Control" can exist through stock ownership or membership interests, the authority to appoint members, or the ability to direct the policies and management of other corporations. See Minn. Stat. § 317A.011, subd. 18. Due to changes in the law, for annual reports due after August 1, 2011, the compensation reporting threshold is $100,000 and total compensation is defined as total amount reported on W2 (box 5) and/or Form 1099 MISC (box 7) issued by the organization and its related organizations.

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Compensation</th>
<th>Deferred Compensation</th>
<th>Fringe Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<td>4</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

☐ 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 any IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF informational return that was filed with the IRS. Has the organization included with this annual report a copy of all IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF informational returns that it filed with the IRS (excluding Schedule B or any other donor list required by the IRS)?

☒ Yes
☐ No (Not required to file a return with IRS or files with National Chapter).

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).
The following organizations must complete and return the statement of functional expenses below: 1) organizations that file a 990-N (e-Postcard), 990-EZ or 990-PF; and 2) organizations that file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

<table>
<thead>
<tr>
<th>Statement of Functional Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Total expenses</td>
</tr>
<tr>
<td>(B) Program service expenses</td>
</tr>
<tr>
<td>(C) Management and general expenses</td>
</tr>
<tr>
<td>(D) Fundraising expenses</td>
</tr>
</tbody>
</table>

### 1. Grants and other assistance to governments and organizations in the U.S.

### 2. Grants and other assistance to individuals in the U.S.

### 3. Grants and other assistance to governments, organizations, and individuals outside the U.S.

### 4. Benefits paid to or for members

### 5. Compensation of current officers, directors, trustees, and key employees

### 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

### 8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)

### 9. Other employee benefits

### 10. Payroll taxes

### 11. Fees for services (non-employees):
   - a. Management
   - b. Legal
   - c. Accounting
   - d. Lobbying
   - e. Professional fundraising services
   - f. Investment management fees
   - g. Other

### 12. Advertising and promotion

### 13. Office expenses

### 14. Information technology

### 15. Royalties

### 16. Occupancy

### 17. Travel

### 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

### 23. Insurance

### 24. 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.)
   - a. __________________________
   - b. __________________________
   - c. __________________________
   - d. All other expenses

### 25. Total functional expenses. Add lines 1 through 24d

### 26. Joint costs. Check here □ 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.
SECTION FOUR: 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

PRESIDENT (Title) and EXECUTIVE DIRECTOR (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) adopted on the 14th day of May, 2012 approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS (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.

KICHELE JANSEN
Name (Print)

Signature

PRESIDENT
Title

5-14-12
Date

JOEL GLASER
Name (Print)

Signature

EXECUTIVE DIRECTOR
Title

5-14-12
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.

AG: #2757541-v1
Business Record Details

File Amendment or Renewal (/Business/Amendments/P-627?status=Active&itemType=Nonprofit%20Corporation%20(Domestic))

Order Copies

Order a Certificate (/Business/Certificates/P-627?status=Active&itemType=Nonprofit%20Corporation%20(Domestic)&route=filing&productld=083dd338-fad3-e011-a886-001ec94ffe7f&originalFilingGuid=07f34d8a-65d5-e011-a886-001ec94ffe7f)

Minnesota Business Name

Association of Minnesota Public Educational Radio Stations, Inc.

Business Type
Nonprofit Corporation (Domestic)

MN Statute
317A

File Number
P-627

Home Jurisdiction
Minnesota

Filing Date
07/26/1977

Status
Active / In Good Standing

Renewal Due Date:
12/31/2012

Registered Office Address
2175 Cool Stream Cir
Eagan MN 55122
USA

Number of Shares
NONE

Registered Agent(s)
(Optional) None provided

President
Joel Glaser
525 Park Street #310
St. Paul MN 55103 2106
USA

Filing History

Renewal History
### Filing History

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/26/1977</td>
<td>Original Filing - Nonprofit Corporation (Domestic)</td>
</tr>
<tr>
<td>07/26/1977</td>
<td>Nonprofit Corporation (Domestic) Business Name</td>
</tr>
<tr>
<td>06/23/1988</td>
<td>Amendment - Nonprofit Corporation (Domestic)</td>
</tr>
<tr>
<td>12/31/1997</td>
<td>Involuntary Dissolution - Nonprofit Corporation (Domestic)</td>
</tr>
<tr>
<td>12/31/1998</td>
<td>Nonprofit Corporation (Domestic) Other</td>
</tr>
<tr>
<td>12/31/1998</td>
<td>Registered Office and/or Agent - Nonprofit Corporation (Domestic)</td>
</tr>
<tr>
<td>01/26/2006</td>
<td>Involuntary Dissolution - Nonprofit Corporation (Domestic)</td>
</tr>
<tr>
<td>08/29/2007</td>
<td>Annual Reinstatement - Nonprofit Corporation (Domestic)</td>
</tr>
<tr>
<td>01/21/2009</td>
<td>Involuntary Dissolution - Nonprofit Corporation (Domestic)</td>
</tr>
<tr>
<td>07/21/2009</td>
<td>Annual Reinstatement - Nonprofit Corporation (Domestic)</td>
</tr>
<tr>
<td>12/16/2011</td>
<td>Registered Office - Nonprofit Corporation (Domestic)</td>
</tr>
</tbody>
</table>

### System Requirements

The MBLS application works with the following web browsers:

- Microsoft Internet Explorer (version 7+)
- Mozilla Firefox (version 3.5+)
- Apple Safari (version 3+)
- Google Chrome

### Additional MBLS Information

- Terms & Conditions ([http://www.sos.state.mn.us/index.cfm?page=1667](http://www.sos.state.mn.us/index.cfm?page=1667))
- Contact Us ([http://www.sos.state.mn.us/index.cfm?page=42](http://www.sos.state.mn.us/index.cfm?page=42))
- Frequently Asked Questions ([FAQ](http://www.sos.state.mn.us/index.cfm?page=12))

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http://mblsportal.sos.state.mn.us/Business/SearchDetails/P-627?status=Active&itemType=... 5/14/2012