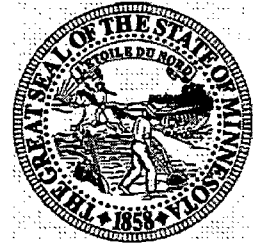


Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**



Website Address:

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization ASSOCIATION OF MINNESOTA PUBLIC EDUCATIONAL RADIO STATIONS

Federal EIN: 41-1388406

Fiscal Year-End: 6/30/2016

mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address: <u>JOEL GLASER</u> Contact Person <u>2175 COOL STREAM CIRCLE</u> Street Address <u>EAGAN, MN 55122</u> City, State, and Zip Code <u>651-686-5367</u> Phone Number <u>JGLASER@AMPERS.ORG</u> Email Address	Physical Address: <u>JOEL GLASER</u> Contact Person <u>2175 COOL STREAM CIRCLE</u> Street Address <u>EAGAN, MN 55122</u> City, State, and Zip Code <u>651-686-5367</u> Phone Number <u>JGLASER@AMPERS.ORG</u> Email Address
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1. Organization's website: WWW.AMPERS.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

 Alternate Former

 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).
ASSOCIATION OF MINNESOTA PUBLIC EDUCATIONAL RADIO STATIONS

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 567,340

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.



CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency? [] Yes [x] No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? [] Yes [x] No If yes, provide the following information for each (attach list if more space is needed):

Table with 2 columns: Name of Professional Fundraiser, Compensation; Street Address, City, State, and Zip Code

10. Is the organization a food shelf? [] Yes [x] No If yes, is the organization required to file an audit? [] Yes, audit attached [] No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? [x] Yes [] No If yes, provide the following information for the five highest paid individuals:

Table with 3 columns: Name and title, Compensation*, Other compensation. Row 1: JOEL GLASER / EXECUTIVE DIRECTOR, \$ 147,229

*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. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.



CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$ 0.00	5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ 0.00	9
10. EXCESS or DEFICIT	\$ 0.00	10

(Line 5 minus Line 9)

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$ 0.00	14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ 0.00	18

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

\$ 0.00



CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Travel, and Total functional expenses.



CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the _____ (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 operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Name (Print)

Signature

Title

Date

Name (Print)

Signature

Title

Date