STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

SUIT	E 1200, Bremer Tower	Annual Reporting Initial Registration				
ST. P (651)	MINNESOTA STREET PAUL, MN 55101-2130) 757-1311	FEDERAL EIN NUMBER: 41-1388406				
) 296-1410 (TTY) v.ag.state.mn.us	FOR YEAR ENDING: June 30, 2010				
SEC	CTION ONE: REQUIRED INFORMATION F	OR INITIAL REGISTRATION & ANNUAL REPORTING				
1.	Legal Name of Organization: Association	of Minnesota Public Educational Radio Stations, Inc.				
	If annual reporting, is this a new name since t	he organization's last filing?				
	If so, please state former name:					
2.	List all names under which the organization s Association of Minnesota Public Education					
3.	Independent Public Radio Mailing Address of Organization 525 Park Street, Suite 310 St. Paul, MN 55103	Physical Address of Organization 525 Park Street, Suite 310 St. Paul, MN 55103				
4.	Contact Person Joel Glaser Tel. No. 651-686-5367	E-mail icmdirector@comcast.net Fax No. 651-286-3822				
5.		twelve-month accounting year. While this information 990, this section is required to be completed even if an this section, please refer to the Instructions.				
	INCOME Contributions from the public Government Grants Other revenue TOTAL REVENUE	For Year Ending: June 30, 2010 \$ 235,741.00 \$ 0.00 \$ 66,109.00 \$ 301,850.00				
	EXPENSES Amount spent for program or charitable Management/general expense Fund-raising expense TOTAL EXPENSES	\$ purposes \$ 212,413.00 \$ 56,333.00 \$ 11,280.00 \$ 280,026.00				
	EXCESS or DEFICIT TOTAL Assets TOTAL Liabilities \$	21,824.00 75,849.00 0.00				
ENI	D OF YEAR FUND BALANCE/NET WORT	TH (Assets minus Liabilities) \$ 75,849.00				

6.	Does the organic	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			_				
	City	State	Zip	Compensation				
7.	Does this profess	sional fund-raiser	solicit or cor	nsult in Minnesota?		Yes	■ No	
8.	Month and day a	ccounting year e	nds: June 30					
9.	Has the organiza instructions?	tion included the	filing fee, lat	e fee (if any) and all at	tachments requi	ired by the Yes	No	
						,		

For Office Use Only: \$\Bigsigmu\$\$50 \$\Bigsigmu\$\$55 \$\Bigsigmu\$\$A/R/F \$\Bigsigmu\$\$SIG \$\Bigsigmu\$\$990 \$\Bigsigmu\$\$EZ \$\Bigsigmu\$\$PF \$\Bigsigmu\$\$F/E/S \$\Bigsigmu\$\$B/D \$\Bigsigmu\$\$SAL \$\Bigsigmu\$\$Audit

SECTION TWO: REQUIRED FOR INITIAL REGISTRATION ONLY

Street and Nui	nber						
City		State	Zip	Telephone #	!		
Type of legal of Nonprofit			_	nt): Γrust		Unincorporated as	sociation
Place and date	the organization	ation was	incorporated:	(-4-4-)		(4040)	
				(state)		(date)	
	h a copy of	the IRS de	etermination l	letter)		Status: 501(c	
						iscal agent, state	
			e right to soli	cit contributions?			
a. By any g b. By any c	overnment a ourt?	agency?		Yes Yes	No No	If yes, attach exp If yes, attach exp	
b. By any c	ourt?		oses of the or	Yes	No		lanation.
b. By any c Explain in det Please mark al Arts & Cu Environm	ourt? ail the charit litems that liture Hent Ment	describe the descr	he organization	ganization, including the proof of the proof	ng major sion: Interna	If yes, attach exp	lanation.
b. By any control Explain in det Please mark al Arts & Cu Environm Or: List the N Which of the a	ourt? ail the charit litems that elture Hent M TEE code(s	describe the describe the describe the describe that describes the descr	he organization or	ganization, including the property of the prop	ing major sion: Interna gious : urpose(s)	If yes, attach exp program activities tional Health Other	lanation.
By any of Explain in det Please mark al Arts & Cu Environm Or: List the N Which of the a	l items that lture Hent Ment Move two becomes method appeals	describe the describe the describe that describe the describe describe describe describe that describe describe describe the describe desc	he organization vices Control	ganization, including the property of the prop	ing major ssion: Interna gious [urpose(s)	If yes, attach exp program activities tional Health Other	lanation.

SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY

ALL organizations MUST complete questions 1-5.

1.	Has the organization's accounting year changed since the last report was filed? Yes 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.					
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. <i>See</i> Minn. Stat. § 317A.011, subd. 18.					
		Name/Title	Compen	sation		
	1	Joel Glaser, Executive Director	\$!	56,398		
	2				******	
	3					
	4					
	5					
4.	Att	ach a list of organization's board of directors.	Attache Include	ed ed in IRS R	leturn	
5.	Attach a GAAP audit if total revenue exceeds \$750,000. Attach 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).					
6.	Minnesota law requires that an organization file a copy of any IRS Form 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, 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)?					

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

7. The following organizations must complete and return the statement of functional expenses below:
1) organizations that do not file a return with the IRS; 2) organizations that file a 990-EZ or 990-PF; and 3) organizations that file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

	Statement of Fu	nctional Exp	enses		
		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S.		•		
2	Grants and other assistance to individuals in the U.S.			4.2	
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	56,398	45,118	0	11,280
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	19,356		19,356	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	<u>, </u>	9,800	8,820	980	
11	Fees for services (non-employees):				
a	Management				
b	Legal	600		600	-
c	Accounting	13,656		13,656	
_	Lobbying	28,803	28,227	576	
	Professional fundraising services	20,003	20,221	310	
_	Investment management fees	0.4.000	04 000	`	
1 0	Other	31,802	31,802	405	
	Advertising and promotion	135	0.740	135	·
13		3,613	2,710	903	
15		43,471	43,471		
16	Occupancy	2.264		2 264	
17	Travel	2,261	0.704	2,261	
18		2,721	2,721		
	Payments of travel or entertainment expenses for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings	1,920		1,920	
20	Interest				
21	Payments to affiliates		,		
22	Depreciation, depletion, and amortization				
23	Insurance	925	694	231	
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.)	45 400	45 466		
1	Underwriting distribution	45,403	45,403		
ı	Miscellaneous expenses	1,355		1,355	
	Commission	12,785		12,785	
1	All other expenses	5,023	3,448	1,575	
25	Total functional expenses. Add lines 1 through 24d	-,-20	-,	.,	
-	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	280,026	212,413	56,333	11,280

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, stat	e and acknowledge that we are duly	y constituted officers of this organization,
being the	(Title) and	(Title) respectively, and
that we execute this docum	nent on behalf of the organizat	ion pursuant to the resolution of the
	(Board of Directors, Trustees, or	r Managing Group) adopted on the
day of	, 20, approving the contents of	f the document, and do hereby certify that
the	(Board of Directors, T	rustees or Managing Group) has assumed,
and will continue to assume, re	esponsibility for determining matter	rs of policy, and have supervised, and will
continue to supervise, the fina	ances of the organization. We furt	ther state that the information supplied is
true, correct and complete to th	ne best of our knowledge.	
•	,	
Name (Print)	Name	(Print)
Signature	Signature	
Title	Title	
	2.00	
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.

AG: #2497885-v1