

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**

C2

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information

Legal Name of Organization ASSOCIATION OF MINNESOTA PUBLIC EDUCATIONAL RADIO STATIO

Federal EIN: 41-1388406

Fiscal Year-End: 06302024

mm/dd/yyyy

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

Mailing Address: <u>JOEL GLASER</u> Contact Person <u>916 HIGHVIEW CIRCLE N</u> Street Address <u>MENDOTA HEIGHTS, MN 55118</u> City, State, and ZIP Code <u>651-587-5550</u> Phone Number <u>JGLASER@AMPERS.ORG</u> Email Address	Physical Address: <u>JOEL GLASER</u> Contact Person <u>916 HIGHVIEW CIRCLE N</u> Street Address <u>MENDOTA HEIGHTS, MN 55118</u> City, State, and ZIP Code <u>651-587-5550</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).
ASSOCIATION OF MN PUBLIC EDUCATIONAL RADIO STATIONS Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

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

5. Total amount of contributions the organization received from Minnesota donors: \$ 1,034,405.

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 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 No
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
Street Address	City, State, and ZIP Code

10. Is the organization a food shelf? Yes 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? Yes No
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
JOEL GLASER PRESIDENT & CEO	186,513.	23,211.

*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.

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).

SEE STATEMENT 1

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)
WELLS FARGO BANK N.A.

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	\$ _____	5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ _____	9
10. EXCESS or DEFICIT	\$ _____	10
(Line 5 minus Line 9)		

ASSETS

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

LIABILITIES

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

FUND BALANCE/NET WORTH

\$ _____

(Line 14 minus Line 18)

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
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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, Compensation, Payroll taxes, Advertising, and Total functional expenses.

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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

PRESIDENT & CEO (Title) and BOARD CHAIR (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 _____

day of _____, 20 ____, 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 operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

JOEL A GLASER

Name (Print)

Signature

PRESIDENT & CEO

Title

Date

FAITH AHLGREEN

Name (Print)

Signature

BOARD CHAIR

Title

Date

ANNUAL REPORT
INITIAL REGISTRATION

BOARD OF DIRECTORS

STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>COMPENSATION</u>
FREDDIE BELL 916 HIGHVIEW CIRCLE N, MENDOTA HEIGHTS, MN 55118	0.
MARK JOHNSON 916 HIGHVIEW CIRCLE N, MENDOTA HEIGHTS, MN 55118	0.
STACIE DROUILLARD 916 HIGHVIEW CIRCLE N, MENDOTA HEIGHTS, MN 55118	0.
FAITH AHLGREEN 916 HIGHVIEW CIRCLE N, MENDOTA HEIGHTS, MN 55118	0.
PJ HILL 916 HIGHVIEW CIRCLE N, MENDOTA HEIGHTS, MN 55118	0.
DOUG WESTERMAN 916 HIGHVIEW CIRCLE N, MENDOTA HEIGHTS, MN 55118	0.
SARA MILLER 916 HIGHVIEW CIRCLE N, MENDOTA HEIGHTS, MN 55118	0.
DAVID ORENSTEIN 916 HIGHVIEW CIRCLE N, MENDOTA HEIGHTS, MN 55118	0.