

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MINNESOTA LIFE COLLEGE Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 7501 LOGAN AVENUE SOUTH ROOM/SUITE 2A City or town, state or country, and ZIP + 4 RICHFIELD, MN 55423	D Employer identification number 41-1814112 E Telephone number (612) 869-4008 G Gross receipts \$ 2,651,850
F Name and address of principal officer AMY GUDMESTAD 7501 LOGAN AVENUE SOUTH RICHFIELD, MN 55423		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: MINNESOTALIFECOLLEGE.COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1995 M State of legal domicile MN

Part I Summary

1	Briefly describe the organization's mission or most significant activities THE MISSION OF MINNESOTA LIFE COLLEGE (MLC) IS TO TRANSFORM THE LIVES OF YOUNG ADULTS WITH LEARNING DIFFERENCES AND AUTISM SPECTRUM DISORDERS BY TEACHING THEM THE SKILLS NECESSARY FOR INDEPENDENT LIVING AS THEY PURSUE PERSONAL AND FINANCIAL SELF-SUFFICIENCY			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3		21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		21
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5		54
6	Total number of volunteers (estimate if necessary)	6		72
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	281,081		559,979
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,758,501		1,871,366
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,270		9,406
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,696		90,296
		2,124,548		2,531,047
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	156,650		122,500
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,266,085		1,388,778
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>203,889</u>			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	618,246		630,230
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,040,981		2,141,508	
19 Revenue less expenses Subtract line 18 from line 12	83,567		389,539	
Net Assets or Fund Balances		Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	1,300,049		1,681,220
	21 Total liabilities (Part X, line 26)	209,478		201,110
22 Net assets or fund balances Subtract line 21 from line 20	1,090,571		1,480,110	

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	2013-11-15 Date			
	AMY GUDMESTAD EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name ANNA LOVEGREN	Preparer's signature	Date 2013-11-25	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <u>BOYUM & BARENSCHEER PLLP</u>	Firm's EIN			
	Firm's address <u>3050 METRO DR STE 200</u> MINNEAPOLIS, MN 554251515	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 to any question in this Part III

1 Briefly describe the organization's mission
 THE MISSION OF MINNESOTA LIFE COLLEGE (MLC) IS TO TRANSFORM THE LIVES OF YOUNG ADULTS WITH LEARNING DIFFERENCES AND AUTISM SPECTRUM DISORDERS BY TEACHING THEM THE SKILLS NECESSARY FOR INDEPENDENT LIVING AS THEY PURSUE PERSONAL AND FINANCIAL SELF-SUFFICIENCY

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
 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
 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 \$ 1,237,969 including grants of \$ 122,500) (Revenue \$ 1,379,250)
 MINNESOTA LIFE COLLEGE (MLC) UNDERGRADUATE PROGRAM TEACHES THE CORE SKILLS THAT WE BELIEVE ARE ESSENTIAL IN BEING ABLE TO LIVE INDEPENDENTLY WITHIN A COMMUNITY WE PROVIDE INSTRUCTION AND SUPPORT ON INDEPENDENT LIVING SKILLS, EMPLOYMENT SKILLS AND SOCIAL SKILLS USING A HOLISTIC, STRENGTH- BASED MODEL OF EDUCATION WE SERVE OVER 300 INDIVIDUALS WHO HAVE EITHER LEARNING DIFFERENCES, AUTISM SPECTRUM DISORDERS OR WHO HAVE FAMILY MEMBERS WITH THESE DISABILITIES FOR THE PAST 17 YEARS, MLC HAS BEEN PERFECTING AN EXTREMELY EFFECTIVE MODEL OF TRANSITION INTO ADULTHOOD FOR THE INDIVIDUALS THAT WE SERVE WE PROVIDE WORK READINESS TRAINING, CAREER DEVELOPMENT, JOB TRAINING AND JOB PLACEMENT PROGRAMS TO ENSURE THAT OUR CLIENTS ARE ABLE TO GET AND KEEP A JOB THAT WILL ENABLE THEM TO SUPPORT THEMSELVES AND LIVE INDEPENDENTLY IN OUR COMMUNITY WE MEASURE OUR SUCCESS BY THE NUMBER OF CLIENTS WHO ARE EMPLOYED AND WHO LIVE INDEPENDENTLY IN THE COMMUNITY CURRENTLY 93% OF OUR CLIENTS HAVE PAID EMPLOYMENT AND 95% ARE LIVING ON THEIR OWN, OUTSIDE OF THEIR PARENTS HOMES, HERE IS THE TWIN CITIES AN ADDITIONAL COMPONENT OF THE UNDERGRADUATE PROGRAM IS OUR VOCATIONAL READINESS/EMPLOYMENT PROGRAM WHERE WE TEACH OUR STUDENTS HOW TO GET AND KEEP A JOB THIS ABILITY TO LIVE AND WORK INDEPENDENTLY IS THE HEART OF OUR PROGRAM MLC ACCOMPLISHES THIS BY PROVIDING STUDENTS WITH THE SKILLS THAT ARE NECESSARY TO COMPLETE THE JOB SEARCH PROCESS, OBTAIN EMPLOYMENT AND DEMONSTRATE THE BEHAVIORS THAT WILL HELP THEM MAINTAIN THEIR EMPLOYMENT PRIMARY TOPICS ADDRESSED ARE, JOB RESEARCH, WORK BEHAVIORS, RESUMES, DEVELOPING PROFESSIONAL REFERENCES, COVER LETTERS, COMPLETING APPLICATIONS, INTERVIEWING, DISABILITY & THE WORKPLACE (ADA), WORK SKILLS/ABILITIES AND INTERESTS, JOB SEARCH PROCESS, EMPLOYMENT PAPERWORK AND WORKSITE SAFETY OUR VOCATIONAL TEAM ASSESSMENTS INCLUDE, VOCATIONAL INTEREST INVENTORY, THE READING & MATH INDEX 12 (RAI-12) AND THE CAREER ABILITY PLACEMENT SURVEY (CAPS) RESULTS ARE COMBINED WITH JOB EXPLORATION ACTIVITIES COMPLETED BY STUDENTS TO DEVELOP JOB GOALS DIRECTED TOWARDS THEIR VOCATIONAL STRENGTHS AND THE JOBS THAT WOULD BE THE MOST APPROPRIATE FOR THEIR LEVEL OF SKILL AND INTERESTS OUR FOCUS IS TEACHING REAL SKILLS FOR REAL LIFE THE UNDERGRADUATE STUDENTS LIVE IN APARTMENTS ON OUR CAMPUS, WHICH ALLOWS OUR INSTRUCTORS TO TEACH INDEPENDENT LIVING SKILLS IN THE TYPE OF ENVIRONMENT THAT OUR STUDENTS WILL TRANSITION TO UPON GRADUATION FROM THE PROGRAM ADDITIONALLY, WE TEACH SKILLS RANGING FROM BASIC COOKING, CLEANING AND ORGANIZATION TO BUDGETING, MEDICATION MANAGEMENT, TRANSPORTATION AND ROOMMATE DYNAMICS OUR GOAL IS TO ENSURE THAT OUR UNDERGRADUATES ARE FULLY PREPARED TO LIVE INDEPENDENTLY UPON GRADUATION FROM OUR PROGRAM THE TRAINING INTERNSHIP EXPERIENCE IS AN ADDITIONAL COMPONENT OF OUR VOCATIONAL TRAINING THAT ALLOWS OUR STUDENTS THE ADDITIONAL VALUE OF LEARNING WHILE DOING OUR TRAINING PROGRAM PARTNERS UNDERSTAND THE POSITIVE IMPACT THE REAL WORLD EXPERIENCE CAN PROVIDE AND THE ON-SITE JOB COACHES, PROVIDED BY MLC STAFF, HELP OUR STUDENTS INTERPRET THEIR REAL WORK EXPERIENCES IN REAL TIME EACH SEMESTER, STUDENTS ARE ASSIGNED A POSITION AT ONE OF OUR VOLUNTEER TRAINING SITES, WHERE THEY COMPLETE AN APPLICATION AND ARE GIVEN AN EMPLOYMENT INTERVIEW IN ADDITION TO THE MLC CLASSES THEY ATTEND ON CAMPUS, THE STUDENTS WILL EACH SPEND FOUR DAYS A WEEK, SEVERAL HOURS A DAY, DEVELOPING VARIOUS VOCATIONAL AND JOB-RELATED INTERPERSONAL SKILLS MINNESOTA LIFE COLLEGE (MLC) UNDERGRADUATE PROGRAM TEACHES THE CORE SKILLS THAT WE BELIEVE ARE ESSENTIAL IN BEING ABLE TO LIVE INDEPENDENTLY WITHIN A COMMUNITY WE PROVIDE INSTRUCTION AND SUPPORT ON INDEPENDENT LIVING SKILLS, EMPLOYMENT SKILLS AND SOCIAL SKILLS USING A HOLISTIC, STRENGTH- BASED MODEL OF EDUCATION WE SERVE OVER 300 INDIVIDUALS WHO HAVE EITHER LEARNING DIFFERENCES, AUTISM SPECTRUM DISORDERS OR WHO HAVE FAMILY MEMBERS WITH THESE DISABILITIES FOR THE PAST 17 YEARS, MLC HAS BEEN PERFECTING AN EXTREMELY EFFECTIVE MODEL OF TRANSITION INTO ADULTHOOD FOR THE INDIVIDUALS THAT WE SERVE WE PROVIDE WORK READINESS TRAINING, CAREER DEVELOPMENT, JOB TRAINING AND JOB PLACEMENT PROGRAMS TO ENSURE THAT OUR CLIENTS ARE ABLE TO GET AND KEEP A JOB THAT WILL ENABLE THEM TO SUPPORT THEMSELVES AND LIVE INDEPENDENTLY IN OUR COMMUNITY WE MEASURE OUR SUCCESS BY THE NUMBER OF CLIENTS WHO ARE EMPLOYED AND WHO LIVE INDEPENDENTLY IN THE COMMUNITY CURRENTLY 93% OF OUR CLIENTS HAVE PAID EMPLOYMENT AND 95% ARE LIVING ON THEIR OWN, OUTSIDE OF THEIR PARENTS HOMES, HERE IS THE TWIN CITIES AN ADDITIONAL COMPONENT OF THE UNDERGRADUATE PROGRAM IS OUR VOCATIONAL READINESS/EMPLOYMENT PROGRAM WHERE WE TEACH OUR STUDENTS HOW TO GET AND KEEP A JOB THIS ABILITY TO LIVE AND WORK INDEPENDENTLY IS THE HEART OF OUR PROGRAM MLC ACCOMPLISHES THIS BY PROVIDING STUDENTS WITH THE SKILLS THAT ARE NECESSARY TO COMPLETE THE JOB SEARCH PROCESS, OBTAIN EMPLOYMENT AND DEMONSTRATE THE BEHAVIORS THAT WILL HELP THEM MAINTAIN THEIR EMPLOYMENT PRIMARY TOPICS ADDRESSED ARE, JOB RESEARCH, WORK BEHAVIORS, RESUMES, DEVELOPING PROFESSIONAL REFERENCES, COVER LETTERS, COMPLETING APPLICATIONS, INTERVIEWING, DISABILITY & THE WORKPLACE (ADA), WORK SKILLS/ABILITIES AND INTERESTS, JOB SEARCH PROCESS, EMPLOYMENT PAPERWORK AND WORKSITE SAFETY OUR VOCATIONAL TEAM ASSESSMENTS INCLUDE, VOCATIONAL INTEREST INVENTORY, THE READING & MATH INDEX 12 (RAI-12) AND THE CAREER ABILITY PLACEMENT SURVEY (CAPS) RESULTS ARE COMBINED WITH JOB EXPLORATION ACTIVITIES COMPLETED BY STUDENTS TO DEVELOP JOB GOALS DIRECTED TOWARDS THEIR VOCATIONAL STRENGTHS AND THE JOBS THAT WOULD BE THE MOST APPROPRIATE FOR THEIR LEVEL OF SKILL AND INTERESTS OUR FOCUS IS TEACHING REAL SKILLS FOR REAL LIFE THE UNDERGRADUATE STUDENTS LIVE IN APARTMENTS ON OUR CAMPUS, WHICH ALLOWS OUR INSTRUCTORS TO TEACH INDEPENDENT LIVING SKILLS IN THE TYPE OF ENVIRONMENT THAT OUR STUDENTS WILL TRANSITION TO UPON GRADUATION FROM THE PROGRAM ADDITIONALLY, WE TEACH SKILLS RANGING FROM BASIC COOKING, CLEANING AND ORGANIZATION TO BUDGETING, MEDICATION MANAGEMENT, TRANSPORTATION AND ROOMMATE DYNAMICS OUR GOAL IS TO ENSURE THAT OUR UNDERGRADUATES ARE FULLY PREPARED TO LIVE INDEPENDENTLY UPON GRADUATION FROM OUR PROGRAM THE TRAINING INTERNSHIP EXPERIENCE IS AN ADDITIONAL COMPONENT OF OUR VOCATIONAL TRAINING THAT ALLOWS OUR STUDENTS THE ADDITIONAL VALUE OF LEARNING WHILE DOING OUR TRAINING PROGRAM PARTNERS UNDERSTAND THE POSITIVE IMPACT THE REAL WORLD EXPERIENCE CAN PROVIDE AND THE ON-SITE JOB COACHES, PROVIDED BY MLC STAFF, HELP OUR STUDENTS INTERPRET THEIR REAL WORK EXPERIENCES IN REAL TIME EACH SEMESTER, STUDENTS ARE ASSIGNED A POSITION AT ONE OF OUR VOLUNTEER TRAINING SITES, WHERE THEY COMPLETE AN APPLICATION AND ARE GIVEN AN EMPLOYMENT INTERVIEW IN ADDITION TO THE MLC CLASSES THEY ATTEND ON CAMPUS, THE STUDENTS WILL EACH SPEND FOUR DAYS A WEEK, SEVERAL HOURS A DAY, DEVELOPING VARIOUS VOCATIONAL AND JOB-RELATED INTERPERSONAL SKILLS

4b (Code) (Expenses \$ 257,554 including grants of \$) (Revenue \$ 239,921)
 THE GRADUATE LIVING COMMUNITY (GLC) IS A PROGRAM THAT MLC HAS CREATED THAT WE PROVIDE TO THE INDIVIDUALS WITH LEARNING DIFFERENCES AND AUTISM SPECTRUM DISORDERS WHO HAVE SUCCESSFULLY COMPLETED OUR UNDERGRADUATE PROGRAM OUR GRADUATES WHO ARE LIVING INDEPENDENTLY IN THEIR OWN APARTMENT, USING PUBLIC TRANSPORTATION AND ARE EMPLOYED IN SKILL BASED EMPLOYMENT, HAVE THE GLC PROGRAM TO PROVIDE THEM WITH A COMMUNITY OF POSITIVE RELATIONSHIPS, POSITIVE CHOICES AND HEALTHY ACTIVITIES WITHIN THE TWIN CITIES GLC PROVIDES SUPPORT TO OUR EMPLOYED GRADUATES WHO NEED ASSISTANCE AT WORK OR WHO ARE LOOKING FOR THE NEXT STEP IN THEIR CAREER THIS COMMUNITY LIVING PROGRAM ASSISTS OUR GRADUATES TO MAINTAIN THEIR INDEPENDENCE IN AN EVER- CHANGING WORLD THE GLC PROGRAM HAS BEEN OPERATING SINCE 2005 AND OVER THE PAST 5 YEARS WE HAVE SEEN A 50% INCREASE IN INDIVIDUALS PARTICIPATING IN THE PROGRAM OUR PROGRAM IS CURRENTLY SERVING 45 ADULTS AND WE ANTICIPATE THAT BY 2016 OUR GLC ENROLLMENT WILL BE APPROXIMATELY 70 ADULTS, A GROWTH OF 54%

4c (Code) (Expenses \$ 93,559 including grants of \$) (Revenue \$ 94,300)
 THE SUMMER INTERNSHIP PROGRAM (SIP) IS MLCS OPPORTUNITY TO MAKE A GREATER IMPACT WITHIN THE COMMUNITY BY OFFERING A RESIDENTIAL 3 WEEK SUMMER SESSION THESE SUMMER SESSIONS GIVE HIGH SCHOOL AND TRANSITION AGE INDIVIDUALS WITH LEARNING DIFFERENCES AND AUTISM SPECTRUM DISORDERS AN OPPORTUNITY TO WORK ON THEIR SKILLS SIMILAR TO THE UNDERGRADUATE PROGRAM, WE PROVIDE AN APARTMENT LIVING EXPERIENCE THAT INCLUDES SKILL BUILDING IN THE AREAS OF COOKING, CLEANING, BUDGETING AND TRANSPORTATION WE ALSO PROVIDE VOCATIONAL SUMMER INTERNSHIPS TO OUR PARTICIPANTS VIA OUR CORPORATE PARTNERSHIPS IN THE COMMUNITY WE FEEL THAT THAT THE SIP PROGRAM IS AN OPPORTUNITY THAT WILL ALLOW US TO PARTNER WITH OTHER ORGANIZATIONS AND FOUNDATIONS TO INCREASE OUR FOOTPRINT AND TOUCH MORE LIVES WE KNOW THAT THERE IS A CRISIS LOOMING FOR INDIVIDUALS WITH LEARNING DIFFERENCES AND AUTISM SPECTRUM DISORDERS THAT WILL NEED THE APPROPRIATE TRANSITION SUPPORT PROVIDED BY THIS PROGRAM WE BELIEVE THAT THE DEVELOPMENT OF OUR SUMMER PROGRAMS, WITH PARTNERS SUCH AS HENNEPIN COUNTY, UNIVERSITY OF MINNESOTA AND LOCAL SCHOOL DISTRICTS, WILL GIVE MORE YOUNG ADULTS ACCESS TO THE SKILLS AND SUPPORT THAT WE PROVIDE OUR 1-2 YEAR GOAL WOULD BE TO FORM AT LEAST TWO PARTNERSHIPS AROUND OUR SUMMER INTERNSHIP PROGRAM THAT WILL ALLOW MORE INDIVIDUALS TO BE IMPACTED BY MINNESOTA LIFE COLLEGE

(Code) (Expenses \$ 216,256 including grants of \$) (Revenue \$)
 ALL OTHER PROGRAMS

4d Other program services (Describe in Schedule O)
 (Expenses \$ 216,256 including grants of \$) (Revenue \$)

4e Total program service expenses 1,805,338

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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)*

<p>21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i></p>	<p>21</p>		<p>No</p>
<p>22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i></p>	<p>22</p>	<p>Yes</p>	
<p>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? <i>If "Yes," complete Schedule J</i></p>	<p>23</p>		<p>No</p>
<p>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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>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?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25a</p>		<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>		<p>No</p>
<p>26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i></p>	<p>26</p>		<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part III</i></p>	<p>27</p>		<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>		<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28c</p>		<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>		<p>No</p>
<p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p>	<p>32</p>		<p>No</p>
<p>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? <i>If "Yes," complete Schedule R, Part I</i></p>	<p>33</p>		<p>No</p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p>	<p>34</p>		<p>No</p>
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>		<p>No</p>
<p>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)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>35b</p>		
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>36</p>		<p>No</p>
<p>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? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p>37</p>		<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1b, 1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
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?		No
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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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	Yes	
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
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?		No
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

- 17** List the States with which a copy of this Form 990 is required to be filed MN, CA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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
 DENISE CIOLA 7501 LOGAN AVENUE SOUTH SUITE 2A RICHFIELD, MN (612) 876-9421

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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, or 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) 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) AMY GUDMESTAD EXECUTIVE DI	40 00	X		X				65,736	0	405
(2) KATHIE CONSTANTINE BOARD MEMBER	1 00	X						0	0	0
(3) ANN RYAN PHD BOARD MEMBER	1 00	X						0	0	0
(4) JAMES HOUSE SECRETARY	1 00	X		X				0	0	0
(5) JAMES SCHAGH TREASURER	1 00	X		X				0	0	0
(6) JERRY FOSS BOARD MEMBER	1 00	X						0	0	0
(7) STEVEN FREDERICKSON VICE CHAIR	1 00	X		X				0	0	0
(8) PAUL GULSTRAND CHAIR	1 00	X		X				0	0	0
(9) BEVERLY HATLEN FOUNDER/BOAR	1 00	X						0	0	0
(10) JOHN LAMMERT PHD ASSISTANT SE	1 00	X		X				0	0	0
(11) PHILLIP LIGHTY BOARD MEMBER	1 00	X						0	0	0
(12) CHRISTINE MONZINGO JD BOARD MEMBER	1 00	X						0	0	0
(13) JEFF THAYER BOARD MEMBER	1 00	X						0	0	0
(14) BRANDT UTHUS BOARD MEMBER	1 00	X						0	0	0
(15) GEOFF BARNARD BOARD MEMBER	1 00	X						0	0	0
(16) JENNIFER GREENE BOARD MEMBER	1 00	X						0	0	0
(17) JANE KUHN BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR SUSAN ISENSEE MD PARENT ASSC	1 00	X						0	0	0
(19) WENDY BENNIS BOARD MEMBER	1 00	X						0	0	0
(20) MARK MILBERGER BOARD MEMBER	1 00	X						0	0	0
(21) MICHAEL ZALK BOARD MEMBER	1 00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							65,736			405

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 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? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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) Name and business address	(B) Description of services	(C) 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

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	175,437				
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	384,542				
	g Noncash contributions included in lines 1a-1f \$	2,356				
	h Total. Add lines 1a-1f	559,979				
Program Service Revenue	Business Code					
	2a UNDERGRADUATE	611600	1,607,250	1,607,250		
	b GLC	611600	264,116	264,116		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		1,871,366				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,406		9,406	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 175,437 of contributions reported on line 1c) See Part IV, line 18	a	202,890			
		b Less direct expenses b	120,803			
c Net income or (loss) from fundraising events			82,087		82,087	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS INCOME	611600	8,209		8,209		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		8,209				
12 Total revenue. See Instructions		2,531,047	1,871,366		99,702	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(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 United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	122,500	122,500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	76,441	62,189	6,478	7,774
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	1,107,961	873,606	82,727	151,628
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	88,933	72,352	7,537	9,044
10	Payroll taxes	115,443	93,870	9,806	11,767
11	Fees for services (non-employees)				
a	Management				
b	Legal	350	63	287	
c	Accounting	8,500	6,916	720	864
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
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)	8,445	7,603	383	459
12	Advertising and promotion	56,968	46,851	98	10,019
13	Office expenses	10,660	8,673	903	1,084
14	Information technology				
15	Royalties				
16	Occupancy	14,300		11,154	3,146
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	34,660	28,199	2,937	3,524
23	Insurance	12,694	10,327	1,076	1,291
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	UG ROOM AND BOARD	261,111	261,111		
b	STUDENT COMMON EXPENSES	102,868	102,868		
c	UG COMMON EXPENSES	36,996	36,996		
d	TECHNOLOGY EXPENSES	29,584	24,068	2,507	3,009
e	All other expenses	53,094	47,146	5,668	280
25	Total functional expenses. Add lines 1 through 24e	2,141,508	1,805,338	132,281	203,889
26	Joint costs. 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 to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	553,368	1	683,482
	2 Savings and temporary cash investments	524,462	2	511,162
	3 Pledges and grants receivable, net	25,000	3	277,500
	4 Accounts receivable, net	28,649	4	14,395
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	59,950	9	58,525
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 351,080		
	b Less accumulated depreciation	10b 220,724	102,820	10c 130,356
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	5,800	15	5,800
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,300,049	16	1,681,220	
Liabilities	17 Accounts payable and accrued expenses	85,686	17	101,400
	18 Grants payable		18	
	19 Deferred revenue	115,275	19	86,590
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	8,517	25	13,120
	26 Total liabilities. Add lines 17 through 25	209,478	26	201,110
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,065,571	27	1,195,010
	28 Temporarily restricted net assets	25,000	28	285,100
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,090,571	33	1,480,110	
34 Total liabilities and net assets/fund balances	1,300,049	34	1,681,220	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,531,047
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,141,508
3	Revenue less expenses Subtract line 2 from line 1	3	389,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,090,571
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,480,110

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c 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	Yes	
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?		No
3b 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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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. ▶ See separate instructions.

Name of the organization
MINNESOTA LIFE COLLEGE

Employer identification number
41-1814112

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 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?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(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
			Yes	No	Yes	No	Yes	No	
Total									

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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
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

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	318,038	267,114	156,305	281,081	511,086	1,533,624
2 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	1,206,028	1,184,679	1,355,057	1,821,110	1,871,366	7,438,240
3 Gross receipts from activities that are not an unrelated trade or business under section 513			6,935	10,445	8,209	25,589
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,524,066	1,451,793	1,518,297	2,112,636	2,390,661	8,997,453
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	15,500	12,500	2,000	10,000	30,000	70,000
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	583,169	530,537	503,952	564,352	520,452	2,702,462
c Add lines 7a and 7b	598,669	543,037	505,952	574,352	550,452	2,772,462
8 Public support (Subtract line 7c from line 6)						6,224,991

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	1,524,066	1,451,793	1,518,297	2,112,636	2,390,661	8,997,453
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,264	5,907	5,420	5,270	9,406	38,267
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	12,264	5,907	5,420	5,270	9,406	38,267
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		181,895	220,117	68,251	81,087	551,350
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,536,330	1,639,595	1,743,834	2,186,157	2,481,154	9,587,070
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	64.930 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	61.070 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1.000 %

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MINNESOTA LIFE COLLEGE

Employer identification number

41-1814112

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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
1c	
1d	
1e	
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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. 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		113,560	54,026	59,534
d Equipment		237,520	166,698	70,822
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				130,356

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
STUDENT SECURITY DEPOSITS	13,120
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	13,120

2. Fin 48 (ASC 740) Footnote 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

1	Total revenue, gains, and other support per audited financial statements		1	2,604,183
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	73,136	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	73,136
3	Subtract line 2e from line 1		3	2,531,047
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	2,531,047

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

1	Total expenses and losses per audited financial statements		1	2,214,644
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	73,136	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	73,136
3	Subtract line 2e from line 1		3	2,141,508
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	2,141,508

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	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 NOT RESULT IN ANYTHING THAT WOULD REQUIRE EITHER RECORDING OR DISCLOSURE IN THE FINANCIAL STATEMENTS BASED ON THE CRITERIA SET FORTH IN ASC 740 ("INCOME TAXES")

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

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. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization MINNESOTA LIFE COLLEGE

Employer identification number 41-1814112

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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... 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

Table with 6 columns: (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. Includes a Total row at the bottom.

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

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA BENEFIT (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	378,327			378,327
	2 Less Contributions	175,437			175,437
	3 Gross income (line 1 minus line 2)	202,890			202,890
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	120,803			120,803
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(120,803)
11 Net income summary Combine line 3, column (d), and line 10 ▶				82,087	

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to 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).

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2012

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MINNESOTA LIFE COLLEGE

Employer identification number

41-1814112

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government (b) EIN (c) IRC Code section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant or assistance

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. The table is currently empty.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	9		122,500 FMV		SCHOLARSHIPS

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE SCHOLARSHIPS ARE MEANT TO OFFER TUITION ASSISTANCE FOR STUDENTS THE SCHOLARSHIPS ARE KEPT WITHIN THE ORGANIZATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
MINNESOTA LIFE COLLEGE

Employer identification number

41-1814112

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF MINNESOTA LIFE COLLEGE (MLC) IS TO TRANSFORM THE LIVES OF YOUNG ADULTS WITH LEARNING DIFFERENCES AND AUTISM SPECTRUM DISORDERS BY TEACHING THEM THE SKILLS NECESSARY FOR INDEPENDENT LIVING AS THEY PURSUE PERSONAL AND FINANCIAL SELF-SUFFICIENCY

Identifier	Return Reference	Explanation
<p>ANY SIGNIFICANT CHANGES IN CONDUCT FOR PROGRAM SERVICES</p>	<p>FORM 990, PAGE 2, PART III, LINE 3</p>	<p>MINNESOTA LIFE COLLEGE BOARD OF DIRECTORS APPOINTED AMY GUDMESTAD AS ITS NEW EXECUTIVE DIRECTOR TO SUCCEED KATHRYN THOMAS WHO RETIRED IN JUNE 2012. AMY GUDMESTAD HAD BEEN THE MLC DIRECTOR OF ADMISSIONS AND MARKETING SINCE 2004 AND HAD BEEN RESPONSIBLE FOR RECRUITMENT, FUNDRAISING, MARKETING AND THE OVERSIGHT OF THE GRADUATE LIVING COMMUNITY. AMY BRINGS AN UNDERSTANDING OF THE MISSION OF MINNESOTA LIFE COLLEGE AND A VISION FOR WHAT IT CAN BE IN THE FUTURE. IN MARCH 2013 THE MLC BOARD OF DIRECTORS APPROVED A CAMPUS FACILITIES IMPROVEMENT PROJECT WHICH INCLUDED A FUNDRAISING CAMPAIGN OF 300,000 TOWARDS CAMPUS UPGRADES AND ACCESSIBILITY (ADA) ACCOMMODATIONS. THE PROJECT BROKE GROUND JUNE 3RD, 2013 AND IS ANTICIPATED TO BE COMPLETE BY AUGUST 1, 2013. OUR VISION WITH THIS PROJECT IS TO HAVE A CAMPUS THAT CAN ACCOMMODATE THE SIZE OF OUR GROWING PROGRAMS AS WELL AS FULFILL BASIC ACCESSIBILITY REQUIREMENTS TO ALLOW US TO PURSUE OUR NEXT GOAL OF LICENSING AND ACCREDITATION WHICH WE HOPE TO ROLL OUT IN FISCAL YEARS 13-14 AND 14- 15.</p>

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>WILL ENABLE THEM TO SUPPORT THEMSELVES AND LIVE INDEPENDENTLY IN OUR COMMUNITY WE MEASURE OUR SUCCESS BY THE NUMBER OF CLIENTS WHO ARE EMPLOYED AND WHO LIVE INDEPENDENTLY IN THE COMMUNITY CURRENTLY 93% OF OUR CLIENTS HAVE PAID EMPLOYMENT AND 95% ARE LIVING ON THEIR OWN, OUTSIDE OF THEIR PARENTS HOMES, HERE IS THE TWIN CITIES AN ADDITIONAL COMPONENT OF THE UNDERGRADUATE PROGRAM IS OUR VOCATIONAL READINESS/EMPLOYMENT PROGRAM WHERE WE TEACH OUR STUDENTS HOW TO GET AND KEEP A JOB THIS ABILITY TO LIVE AND WORK INDEPENDENTLY IS THE HEART OF OUR PROGRAM MLC ACCOMPLISHES THIS BY PROVIDING STUDENTS WITH THE SKILLS THAT ARE NECESSARY TO COMPLETE THE JOB SEARCH PROCESS, OBTAIN EMPLOYMENT AND DEMONSTRATE THE BEHAVIORS THAT WILL HELP THEM MAINTAIN THEIR EMPLOYMENT PRIMARY TOPICS ADDRESSED ARE, JOB RESEARCH , WORK BEHAVIORS, RESUMES, DEVELOPING PROFESSIONAL REFERENCES, COVER LETTERS, COMPLETING APPLICATIONS, INTERVIEWING, DISABILITY & THE WORKPLACE (ADA), WORK SKILLS/ABILITIES AND INTERESTS, JOB SEARCH PROCESS, EMPLOYMENT PAPERWORK AND WORKSITE SAFETY OUR VOCATIONAL TEAM ASSESSMENTS INCLUDE, VOCATIONAL INTEREST INVENTORY, THE READING & MATH INDEX 12 (RAI-12) AND THE CAREER ABILITY PLACEMENT SURVEY (CAPS) RESULTS ARE COMBINED WITH JOB EXPLORATION ACTIVITIES COMPLETED BY STUDENTS TO DEVELOP JOB GOALS DIRECTED TOWARDS THEIR VOCATIONAL STRENGTHS AND THE JOBS THAT WOULD BE THE MOST APPROPRIATE FOR THEIR LEVEL OF SKILL AND INTERESTS OUR FOCUS IS TEACHING REAL SKILLS FOR REAL LIFE THE UNDERGRADUATE STUDENTS LIVE IN APARTMENTS ON OUR CAMPUS, WHICH ALLOWS OUR INSTRUCTORS TO TEACH INDEPENDENT LIVING SKILLS IN THE TYPE OF ENVIRONMENT THAT OUR STUDENTS WILL TRANSITION TO UPON GRADUATION FROM THE PROGRAM ADDITIONALLY, WE TEACH SKILLS RANGING FROM BASIC COOKING, CLEANING AND ORGANIZATION TO BUDGETING, MEDICATION MANAGEMENT, TRANSPORTATION AND ROOMMATE DYNAMICS OUR GOAL IS TO ENSURE THAT OUR UNDERGRADUATES ARE FULLY PREPARED TO LIVE INDEPENDENTLY UPON GRADUATION FROM OUR PROGRAM THE TRAINING INTERNSHIP EXPERIENCE IS AN ADDITIONAL COMPONENT OF OUR VOCATIONAL TRAINING THAT ALLOWS OUR STUDENTS THE ADDITIONAL VALUE OF LEARNING WHILE DOING OUR TRAINING PROGRAM PARTNERS UNDERSTAND THE POSITIVE IMPACT THE REAL WORLD EXPERIENCE CAN PROVIDE AND THE ON-SITE JOB COACHES, PROVIDED BY MLC STAFF, HELP OUR STUDENTS INTERPRET THEIR REAL WORK EXPERIENCES IN REAL TIME EACH SEMESTER, STUDENTS ARE ASSIGNED A POSITION AT ONE OF OUR VOLUNTEER TRAINING SITES, WHERE THEY COMPLETE AN APPLICATION AND ARE GIVEN AN EMPLOYMENT INTERVIEW IN ADDITION TO THE MLC CLASSES THEY ATTEND ON CAMPUS, THE STUDENTS WILL EACH SPEND FOUR DAYS A WEEK, SEVERAL HOURS A DAY, DEVELOPING VARIOUS VOCATIONAL AND JOB- RELATED INTERPERSONAL SKILLS MINNESOTA LIFE COLLEGE (MLC) UNDERGRADUATE PROGRAM TEACHES THE CORE SKILLS THAT WE BELIEVE ARE ESSENTIAL IN BEING ABLE TO LIVE INDEPENDENTLY WITHIN A COMMUNITY WE PROVIDE INSTRUCTION AND SUPPORT ON INDEPENDENT LIVING SKILLS, EMPLOYMENT SKILLS AND SOCIAL SKILLS USING A HOLISTIC, STRENGTH- BASED MODEL OF EDUCATION WE SERVE OVER 300 INDIVIDUALS WHO HAVE EITHER LEARNING DIFFERENCES, AUTISM SPECTRUM DISORDERS OR WHO HAVE FAMILY MEMBERS WITH THESE DISABILITIES FOR THE PAST 17 YEARS, MLC HAS BEEN PERFECTING AN EXTREMELY EFFECTIVE MODEL OF TRANSITION INTO ADULTHOOD FOR THE INDIVIDUALS THAT WE SERVE WE PROVIDE WORK READINESS TRAINING, CAREER DEVELOPMENT, JOB TRAINING AND JOB PLACEMENT PROGRAMS TO ENSURE THAT OUR CLIENTS ARE ABLE TO GET AND KEEP A JOB THAT WILL ENABLE THEM TO SUPPORT THEMSELVES AND LIVE INDEPENDENTLY IN OUR COMMUNITY WE MEASURE OUR SUCCESS BY THE NUMBER OF CLIENTS WHO ARE EMPLOYED AND WHO LIVE INDEPENDENTLY IN THE COMMUNITY CURRENTLY 93% OF OUR CLIENTS HAVE PAID EMPLOYMENT AND 95% ARE LIVING ON THEIR OWN, OUTSIDE OF THEIR PARENTS HOMES, HERE IS THE TWIN CITIES AN ADDITIONAL COMPONENT OF THE UNDERGRADUATE PROGRAM IS OUR VOCATIONAL READINESS/EMPLOYMENT PROGRAM WHERE WE TEACH OUR STUDENTS HOW TO GET AND KEEP A JOB THIS ABILITY TO LIVE AND WORK INDEPENDENTLY IS THE HEART OF OUR PROGRAM MLC ACCOMPLISHES THIS BY PROVIDING STUDENTS WITH THE SKILLS THAT ARE NECESSARY TO COMPLETE THE JOB SEARCH PROCESS, OBTAIN EMPLOYMENT AND DEMONSTRATE THE BEHAVIORS THAT WILL HELP THEM MAINTAIN THEIR EMPLOYMENT PRIMARY TOPICS ADDRESSED ARE, JOB RESEARCH, WORK BEHAVIORS, RESUMES, DEVELOPING PROFESSIONAL REFERENCES, COVER LETTERS, COMPLETING APPLICATIONS, INTERVIEWING, DISABILITY & THE WORKPLACE (ADA), WORK SKILLS/ABILITIES AND INTERESTS, JOB SEARCH PROCESS, EMPLOYMENT PAPERWORK AND WORKSITE SAFETY OUR VOCATIONAL TEAM ASSESSMENTS INCLUDE, VOCATIONAL INTEREST INVENTORY, THE READING & MATH INDEX 12 (RAI-12) AND THE CAREER ABILITY PLACEMENT SURVEY (CAPS) RESULTS ARE COMBINED WITH JOB EXPLORATION ACTIVITIES COMPLETED BY STUDENTS TO DEVELOP JOB GOALS DIRECTED TOWARDS THEIR VOCATIONAL STRENGTHS AND THE JOBS THAT WOULD BE THE MOST APPROPRIATE FOR THEIR LEVEL OF SKILL AND INTERESTS OUR FOCUS IS TEACHING REAL SKILLS FOR REAL LIFE THE UNDERGRADUATE</p>

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>THE STUDENTS LIVE IN APARTMENTS ON OUR CAMPUS, WHICH ALLOWS OUR INSTRUCTORS TO TEACH INDEPENDENT LIVING SKILLS IN THE TYPE OF ENVIRONMENT THAT OUR STUDENTS WILL TRANSITION TO UPON GRADUATION FROM THE PROGRAM. ADDITIONALLY, WE TEACH SKILLS RANGING FROM BASIC COOKING, CLEANING AND ORGANIZATION TO BUDGETING, MEDICATION MANAGEMENT, TRANSPORTATION AND ROOMMATE DYNAMICS. OUR GOAL IS TO ENSURE THAT OUR UNDERGRADUATES ARE FULLY PREPARED TO LIVE INDEPENDENTLY UPON GRADUATION FROM OUR PROGRAM. THE TRAINING INTERNSHIP EXPERIENCE IS AN ADDITIONAL COMPONENT OF OUR VOCATIONAL TRAINING THAT ALLOWS OUR STUDENTS THE ADDITIONAL VALUE OF LEARNING WHILE DOING. OUR TRAINING PROGRAM PARTNERS UNDERSTAND THE POSITIVE IMPACT THE REAL WORLD EXPERIENCE CAN PROVIDE AND THE ON-SITE JOB COACHES, PROVIDED BY MLC STAFF, HELP OUR STUDENTS INTERPRET THEIR REAL WORK EXPERIENCES IN REAL TIME. EACH SEMESTER, STUDENTS ARE ASSIGNED A POSITION AT ONE OF OUR VOLUNTEER TRAINING SITES, WHERE THEY COMPLETE AN APPLICATION AND ARE GIVEN AN EMPLOYMENT INTERVIEW. IN ADDITION TO THE MLC CLASSES THEY ATTEND ON CAMPUS, THE STUDENTS WILL EACH SPEND FOUR DAYS A WEEK, SEVERAL HOURS A DAY, DEVELOPING VARIOUS VOCATIONAL AND JOB-RELATED INTERPERSONAL SKILLS.</p>

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	THE GLC PROGRAM HAS BEEN OPERATING SINCE 2005 AND OVER THE PAST 5 YEARS WE HAVE SEEN A 50% INCREASE IN INDIVIDUALS PARTICIPATING IN THE PROGRAM. OUR PROGRAM IS CURRENTLY SERVING 45 ADULTS AND WE ANTICIPATE THAT BY 2016 OUR GLC ENROLLMENT WILL BE APPROXIMATELY 70 ADULTS, A GROWTH OF 54%.

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	AND TOUCH MORE LIVES WE KNOW THAT THERE IS A CRISIS LOOMING FOR INDIVIDUALS WITH LEARNING DIFFERENCES AND AUTISM SPECTRUM DISORDERS THAT WILL NEED THE APPROPRIATE TRANSITION SUPPORT PROVIDED BY THIS PROGRAM WE BELIEVE THAT THE DEVELOPMENT OF OUR SUMMER PROGRAMS, WITH PARTNERS SUCH AS HENNEPIN COUNTY, UNIVERSITY OF MINNESOTA AND LOCAL SCHOOL DISTRICTS, WILL GIVE MORE YOUNG ADULTS ACCESS TO THE SKILLS AND SUPPORT THAT WE PROVIDE OUR 1-2 YEAR GOAL WOULD BE TO FORM AT LEAST TWO PARTNERSHIPS AROUND OUR SUMMER INTERNSHIP PROGRAM THAT WILL ALLOW MORE INDIVIDUALS TO BE IMPACTED BY MINNESOTA LIFE COLLEGE

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	ALL OTHER PROGRAMS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	MINNESOTA LIFE COLLEGE HIRES THE ACCOUNTING FIRM OF BOYUM & BARENSCHEER TO COMPLETE OUR 990 FORM ONCE THEY HAVE COMPLETED THE ANNUAL AUDIT THE FIRM COLLECTS PROGRAM INFORMATION FROM THE EXECUTIVE DIRECTOR TO INCLUDE WITH THE FINANCIAL INFORMATION COLLECTED FROM THE AUDIT A DRAFT OF THE 990 IS PRESENTED TO MLCS EXECUTIVE DIRECTOR, ACCOUNTANT AND BOARD FINANCE COMMITTEE FOR REVIEW AND SUBMISSION APPROVAL

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	OUR CONFLICT OF INTEREST POLICY FOR BOTH THE BOARD OF DIRECTORS AND EMPLOYEES HAS BEEN RECENTLY REVIEWED BY THE CHARITIES REVIEW COUNCIL, IN WHICH WE WERE ULTIMATELY AWARDED THE CHARITIES REVIEW COUNCIL SEAL OF APPROVAL. OUR CONFLICT OF INTEREST POLICIES ARE READ AND ACKNOWLEDGED BY EACH BOARD MEMBER AND EMPLOYEE AT THE BEGINNING OF EACH FISCAL YEAR. ALL DISCLOSURES ARE REVIEWED, FILED AND NO CONFLICTS HAVE BEEN IDENTIFIED.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTORS COMPENSATION IS REVIEWED AND DETERMINED ANNUALLY AT THE BOARD OF DIRECTORS MEETING HELD IN MAY THIS PROCESS IS LED BY THE CHAIR OF THE BOARD THE EXECUTIVE DIRECTORS SALARY IS INITIALLY SET BY EVALUATING BOTH THE JOB DUTIES AND RESPONSIBILITIES OF THE POSITION ADDITIONALLY, DATA FROM PUBLISHED SALARY SURVEYS (MCN 2012 STUDY) IS USED TO DETERMINE AN APPROPRIATE SALARY RANGE FOR THE POSITION, WITH CONSIDERATION OF OTHER MULTIPLE FACTORS, INCLUDING EDUCATION, EXPERIENCE AND FIT FOR THE POSITION THE SALARY IS EVALUATED EACH YEAR BASED ON BOTH THE EXECUTIVE DIRECTORS AND ORGANIZATIONS ACHIEVEMENT OF ESTABLISHED GOALS AND OBJECTIVE THERE IS A DISCUSSION WITH THE FULL BOARD OF DIRECTORS AND THEN A WRITTEN AND VERBAL REPORT WITH NEW SALARY INFORMATION IS PROVIDED TO THE EXECUTIVE DIRECTOR

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172
2012
 Attachment
 Sequence No **179**

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

Name(s) shown on return MINNESOTA LIFE COLLEGE	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 41-1814112
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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
6		
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 2011 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 2013 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	34,280

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 2012	17	
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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2012 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	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 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 Total. 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	34,280
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2012 tax year (see instructions) 43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f) See the instructions for where to report