# \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or the 2	2014 calendar year, or tax year beginning $$ JUL $1$ , $2014$ and ending	J	UN 30, 2015	
	Check if applicable:	C Name of organization		D Employer identific	cation number
	Address change	MINNESOTA INDEPENDENT SCHOOL FORUM			
	Name change	Doing business as			267531
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  A45 MINNESOTA STREET  800/	suite	E Telephone numbe	r 297-6716
L	Final return/ termin-	110 11111111111111111111111111111111111		G Gross receipts \$	728,912.
_	termin- ated Amended return	City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55101-5000		H(a) Is this a group re	
	⊒return ⊒Applica- tion _	F Name and address of principal officer:TIMOTHY BENZ		for subordinates	? Yes X No
L	Ition pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
_	Fay-eyen	npt status: X 501(c)(3)	527	1	list. (see instructions)
<del></del>	Vehsite	► WWW.MISF.ORG		H(c) Group exemptio	n number
K	orm of o	rganization: X Corporation Trust Association Other L	Year	of formation: 1976 N	A State of legal domicile: MN
	art I	Summary			
0)	1 B	riefly describe the organization's mission or most significant activities: MISF HAS	SS	ERVED K-12	PRIVATE AND
Governance	I	NDEPENDENT SCHOOLS SINCE 1976. MIST INFORMS	ىلى	AWMAKERS, P	OPICI
Ĕ		heck this box  if the organization discontinued its operations or disposed of	more		ssets.
ŏ		umber of voting members of the governing body (Part VI, line 1a)			19 18
<u>«</u>		umber of independent voting members of the governing body (Part VI, line 1b)			6
Activities &	ı	otal number of individuals employed in calendar year 2014 (Part V, line 2a)			96
		otal number of volunteers (estimate if necessary)			0.
ĄĊ		otal unrelated business revenue from Part VIII, column (C), line 12			0.
	N d	et unrelated business taxable income from Form 990-T, line 34	Τ	Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)		643,138.	571,254.
Revenue	3	rogram service revenue (Part VIII, line 2g)		149,916.	156,417.
		estment income (Part VIII, column (A), lines 3, 4, and 7d)		735.	585.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1.	656.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		793,790.	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		159,129.	113,211.
		enefits paid to or for members (Part IX, column (A), line 4)	<u></u>	0.	0.
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u></u>	479,673.	493,096.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
.X	b T	otal fundraising expenses (Part IX, column (D), line 25) 50,737.		218,980.	193,751.
ш	J 17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	$\vdash$	857,782.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	-63,992.	-71,146.
<u> </u>	<b>19</b> R	evenue less expenses. Subtract line 18 from line 12	H Re	ginning of Current Year	End of Year
Net Assets or Fund Balances	о т	otal assets (Part X, line 16)		457,076.	412,345.
ASSE	20 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	$\vdash$	144,226.	
Net	22 N	let assets or fund balances. Subtract line 21 from line 20		312,850.	241,704.
P	art II 📗	Signature Block			
Unc	ier penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and s	tatem	ents, and to the best of m	ny knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer	has any knowledge.	
				 Date	
Sig	ın [	Signature of officer		Date	
He	re	TIMOTHY BENZ, PRESIDENT			
		Type or print name and title		Date Check	II PTIN
ъ.		Print/Type preparer's name ASHLEY C. REHN, CPA ASHLEY C. REHN, CPA		2/15/15 self-emplo	
Pai			14	Firm's EIN	41-0975573
	parer     Only	Firm's name REDPATH AND COMPANY, LTD.  Firm's address 4810 WHITE BEAR PARKWAY		I IIII 3 LIV	
USt	, Unity	WHITE BEAR LAKE, MN 55110		Phone no. 6 5	1-426-7000
N/Ac	v the IPS	S discuss this return with the preparer shown above? (see instructions)			X Yes No
		14 HA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2014)

Form	990 (2014) MINNESOTA INDEPENDENT SCHOOL FORUM 41-1267531 Page 2
Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MISF MISSION: "TO STRENGTHEN MINNESOTA'S INDEPENDENT SCHOOLS THROUGH
	ADVOCACY AND ADVANCEMENT." MISF IS THE LARGEST KNOWN STATEWIDE
	ORGANIZATION SERVING THE NEEDS OF INDEPENDENT AND PRIVATE K- $12$ SCHOOLS
	IN MINNESOTA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 X 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 \$ 204,804 · including grants of \$ 112,361 · ) (Revenue \$ 10,287 ·
	THE MISF STEM PROGRAM, NOW IN ITS 9TH YEAR, ENCOURAGES AND SUPPORTS
	MISF MEMBERS IN THEIR EFFORTS TO INTRODUCE AND ENHANCE STEM EDUCATION
	IN THEIR SCHOOLS. THE PROGRAM HAS THREE MAJOR COMPONENTS: 1) AN ANNUAL
	PROFESSIONAL STEM EDUCATION CONFERENCE. ON AUGUST 14, 2014, 221 MATH,
	SCIENCE, AND TECHNOLOGY TEACHERS, ALONG WITH SEVERAL INDEPENDENT SCHOOL
	ADMINISTRATORS AND SPECIAL GUESTS ATTENDED THE 2014 MISF STEM EDUCATION
	CONFERENCE HELD AT THE UNIVERSITY OF ST. THOMAS. PIONEERING ENGINEERING
	EDUCATOR, DR. ANNEMARIE THOMAS, ASSOCIATE PROFESSOR OF ENGINEERING AT
	THE UNIVERSITY OF ST. THOMAS, SHARED HER PAST EXPERIENCES LEADING TO
	HER WORK IN THE MAKER MOVEMENT. TWENTY-FIVE BREAKOUT SESSIONS, TAILORED
	SPECIFICALLY FOR EDUCATORS IN GRADES K-4, 5-8 AND 9-12, COVERED A WIDE
	RANGE OF SUBJECTS. THANKS TO THE GENEROSITY OF THIS YEAR'S SEMINAR
4b	(Code: ) (Expenses \$ 88,339 including grants of \$ ) (Revenue \$ 128,930 including grants of \$ )
	MISF MEMBERSHIP GREW TO 160 SCHOOLS SERVING 33,448 STUDENTS AS OF JUNE
	30, 2015. OUT OF THE TOTAL MEMBER SCHOOLS, 103 SERVE ELEMENTARY GRADES
	(K-8), 20 SCHOOLS SERVE HIGH SCHOOL GRADES ONLY (9-12), AND 37 SCHOOLS
	SERVE A COMBINATION THAT INCLUDE SECONDARY GRADES (K-12, 6-12, ETC.).
	DURING 2014-15, MISF HELD EIGHT PROFESSIONAL DEVELOPMENT SEMINARS.
	NEARLY 300 SCHOOL LEADERS AND STAFF FROM THE STATE'S K-12 PRIVATE AND
	INDEPENDENT SCHOOLS PARTICIPATED IN THE GATHERINGS. THREE OF THE
	SEMINARS FOCUSED ON DEVELOPMENT, THREE FOCUSED ON ADMISSIONS/MARKETING,
	AND TWO ADDRESSED TECHNOLOGY.
	4.000
4c	(Code: ) (Expenses \$ 90,816. including grants of \$ 850.) (Revenue \$ 17,200.) APPROXIMATELY 250 SUPPORTERS, LEADERS AND ADVOCATES FROM ACROSS THE
	APPROXIMATELY 250 SUPPORTERS, LEADERS AND ADVOCATES FROM ACROSS THE
	STATE ATTENDED THE 2015 PRIVATE AND INDEPENDENT EDUCATION AWARDS
	CELEBRATION HELD IN WOULFE ALUMNI HALL ON THE CAMPUS OF THE UNIVERSITY
	OF ST. THOMAS (ST. PAUL). THIS WAS MISF'S SEVENTH ANNUAL AWARDS
	CELEBRATION. MISF PRESENTED 32 AWARDS, INCLUDING 22 STEM GRANTS
	TOTALING NEARLY \$115,000. THREE EDUCATORS WERE SELECTED AS THE 2015
	HONOR TEACHER WINNERS (ONE GRADE K-8 TEACHER; TWO GRADE 9-12 TEACHERS).
	SCHOOL HEAD RETREAT: SEVENTY-THREE (73) SCHOOL LEADERS AND
	ADMINISTRATORS FROM 57 MEMBER SCHOOLS ATTENDED MISF'S NINTH ANNUAL
	SCHOOL HEAD RETREAT HELD SEPTEMBER 30-OCTOBER 1, 2014. IN ADDITION TO

SCHOOL LEADERS, PARTICIPANTS INCLUDED SESSION PRESENTERS AND EVENT

4d Other program services (Describe in Schedule O.)

47,767 • including grants of \$ (Expenses \$ Total program service expenses 4e

) (Revenue \$

Form **990** (2014)

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4	X	
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? If "Yes," complete Schedule C, Part III	5		X
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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
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? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		·	
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
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	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	. 17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

#### MINNESOTA INDEPENDENT SCHOOL FORUM Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 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? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ..... 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? If "Yes," complete Х 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L, Part II 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 Х 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

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 ...

Form 990 (2014) MINNESOTA INDEPENDENT SCHOOL FORUM
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					<u> </u>
				_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		힐		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		믜		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a		6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За				3a	_	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	Sign Management Control	X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit	1		
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions (	or gifts			
	were not tax deductible?			6b	500 (600) (600)	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor	? <mark>7a</mark>	<u> </u>	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			
	to file Form 8282?		1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				١
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	<u>7g</u>		<b>-</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation '	file a Form 1098-C?	? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne	_		
	sponsoring organization have excess business holdings at any time during the year?			. 8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			. <u>9</u> b		
10	Section 501(c)(7) organizations. Enter:	1	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		$\dashv$		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>	$\dashv$		
11	Section 501(c)(12) organizations. Enter:	- م ا	1			
а	Gross income from members or shareholders	11a		$\dashv$		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l				
	amounts due or received from them.)	11b	1	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12:	4	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?	• • • • • • • • • • • • • • • • • • • •		. 13	1	
	Note. See the instructions for additional information the organization must report on Schedule O.					
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44		x
14a						122
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	we U .		. 14	٠ ا	

Form 990 (2014) MINNESOTA INDEPENDENT SCHOOL FORUM 41-1267531 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	19		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent	18		
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?	2		X
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?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?			X
	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?	7a		X
b	and the state of t			
~	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?		X	
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	9	<u> </u>	X
Sec	tion 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?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			ļ
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	m? <b>11a</b>	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X
14	Did the organization have a written document retention and destruction policy?	14	X	Control of Control
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	16a		X
b	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s	only) availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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 police	y, and finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 651-297-6716		***	
	445 MINNESOTA STREET, NO. 505, ST PAUL, MN 55101-5000			

#### Form 990 (2014)

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

Check if Schedule O contains a response or note to any line 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, and 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title	(A)	(B)			((	2)			(D)	(E)	(F)
Nours per   Nours for related organizations   Nours for related orga			(40	not a	Posi	ition	than	one			Estimated
Compensation organizations (W-2/1099-MISC)   Compensation related organizations below line)   Compensation related organizations below line)   Compensation related organizations below line)   Compensation (W-2/1099-MISC)   Compensation from the organization (W-2/1099-MISC)   Compensation from the organization and related organizations and related organizations (W-2/1099-MISC)   Compensation from the organization (W-2/1099-MISC)   Compensation from the organization and related organizations (W-2/1099-MISC)   Compensation from the organization (W-2/109-MISC)   Compensation from the organization from the organiz		1 .	box	, unle	ss pe	rson i	is bot	h an	•	· ·	
Nours for related organization below line)   Nours for related organizations   Nours for related organizati		1	-	T	uau	II GCIC	Ji/tius	100)	1	· ·	
Delow   Fee   Fe		1 '	direct						4		•
Delow   Fee   Fe			66 01	stee			nsate		-	,	organization
CHAIRPERSON		organizations	1 trust	nal tru		oyee	e dimos				
CHAIRPERSON		1	ividua	titutio	ie.	dwa	hest c	iner.			organizations
X			르	= E	8	ž.	불통	Ē			
1.00	• •	1.00	₩.		-				١ ،	٥.	0.
X		1 00	┝		^	<u> </u>	ļ	├	<b>.</b>	<b>U•</b>	<u> </u>
Columb   C	<b>, ,</b>	1.00	₩.		v			l	l 0	l o.	0.
X		1 00	^	-	^		<del> </del>	┢	<u> </u>	<b>.</b>	<u>~.</u>
(4) GREG MARGARIT       1.00       X       X       X       0.0.0       0.0.0         TREASURER       X       X       X       115,604.0       0.2,788         (5) TIM BENZ       40.00       X       X       115,604.0       0.2,788         (6) JOEL LANDSKROENER       0.50       X       0.0.0       0.0.0         BOARD MEMBER       X       0.50       0.0.0       0.0.0         (8) BARRY LIESKE       0.30       X       0.0.0       0.0.0         BOARD MEMBER       X       0.50       0.0.0       0.0.0         (9) GREG CHAMBERLAIN       0.50       X       0.0.0       0.0.0         BOARD MEMBER       X       0.30       0.0.0       0.0.0		1.00	- ₩		v				0.	٥.	0.
X   X   X   X   X   X   X   X   X   X		1 00	^	╫	^	H	╂	╁			
STATE   STAT	, - ,	1.00	\v		v				0.	٥.	0.
X   X   X   X   X   X   X   X   X   X		40.00	12	╁	125		<del> </del>	<u> </u>			
Column	• • • • • • • • • • • • • • • • • • • •	40.00	$\mathbf{x}$		x				115,604.	0.	2,788.
BOARD MEMBER   X		0.50	<del> </del>	$\vdash$	<del> </del>			-			
Column	• • • • • • • • • • • • • • • • • • • •	1	$\mathbf{x}$						0.	0.	0.
BOARD MEMBER   X		0.50	Ħ	1	<b></b>	T		<del>                                     </del>			
(8) BARRY LIESKE       0.30         BOARD MEMBER       X         (9) GREG CHAMBERLAIN       0.50         BOARD MEMBER       X         (10) MEGAN SADOWSKI       0.30         BOARD MEMBER       X         (11) MALCOLM MCDONALD       0.30         BOARD MEMBER       X         0.30       0.0         0.0       0.0	, , , , , , , , , , , , , , , , , , , ,		$\mathbf{x}$						0.	0.	0.
(9) GREG CHAMBERLAIN  BOARD MEMBER  (10) MEGAN SADOWSKI  BOARD MEMBER  X  0. 0. 0. 0.  (11) MALCOLM MCDONALD  BOARD MEMBER  X  0. 0. 0. 0.		0.30	T	<u> </u>		T					
BOARD MEMBER         X         0.         0.         0.           (10) MEGAN SADOWSKI         0.30         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.           (11) MALCOLM MCDONALD         0.30         X         0.         0.           BOARD MEMBER         X         0.         0.         0.	BOARD MEMBER		x						0.	0.	0.
(10) MEGAN SADOWSKI	(9) GREG CHAMBERLAIN	0.50		Τ							_
BOARD MEMBER         X         0.         0.         0.           (11) MALCOLM MCDONALD         0.30         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.	BOARD MEMBER		X		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
(11) MALCOLM MCDONALD  BOARD MEMBER  0.30  X  0.00	(10) MEGAN SADOWSKI	0.30							_		
BOARD MEMBER X 0. 0. (	BOARD MEMBER		X		_	L		L	0.	0.	0.
	(11) MALCOLM MCDONALD	0.30			1		ĺ				
	BOARD MEMBER		X	L	<u> </u>		<u> </u>		0.	0.	0.
	(12) PHIL PAQUETTE	0.50	_			į					
	BOARD MEMBER		X		$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}$	_		上	0.	<u> </u>	0.
(13) JON THEOBALD 0.50	(13) JON THEOBALD	0.50	┨					ľ		_	,
DOME MAINTAIN	BOARD MEMBER		X		<u> </u>	L		<u> </u>	<u> </u>	0.	0.
(14) DR. BOB TIFT 0.30	(14) DR. BOB TIFT	0.30	┨				İ	ŀ			_
				<u> </u>	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.
(15) DR. GENE PFEIFER 0.30		0.30								1	_
				┿	_		₩	<u> </u>	U •	<b>V</b> •	0.
(16) KELLY REGAN  BOARD MEMBER  0.30  X		0.30	_							_	0.
		1 0 30		+	$\vdash$	┼	+	<del> </del>	<u> </u>	1	· .
(17) DR. DONNA HARRIS  BOARD MEMBER  0.30  X  0.00		0.30		1					1	<b>1</b>	0.
		<u> </u>	14	1		Ц					Form <b>990</b> (2014)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C				
(A)	(B)			((	•			(D)	(E)	l	(F)
Name and title	Average		not c		more	than		Reportable	Reportable		Estimated
	hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation from related		amount of other
	(list any	<del> </del>		Γ	F	Π	ΤĖ	from the	organizations		compensation
	hours for	direct				L		1	(W-2/1099-MISC	)	from the
	related	10 as	stee			usate		(W-2/1099-MISC)	•		organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					and related
	below	vidua	itutio	Officer	ig ig	hest c	in in				organizations
	line)	르	III III	뚱	Xey	울등	훈				
(18) JOSH KILLIAN	0.30									٥.	0.
BOARD MEMBER		X	<u> </u>			<u> </u>		0.		٠.	<u> </u>
(19) JIM FLAHERTY	0.30	<b>.</b> ,						0.		٥.	0.
BOARD MEMBER		X	<u> </u>	_	├-	<del> </del>	-	<b>U</b> •		<del>-  </del>	<b>.</b>
		1									
		<u> </u>	ļ-	<u> </u>	┡	┼	├			-	
		┨	İ				ł			ı	
	<u> </u>	<u> </u>	-		-	┢	┼				
		-				1					
Colombia de la colombia del colombia de la colombia del colombia de la colombia del la colombia del colombia del la colombia del la colombia		╫	-	_	├─	╁	┢				
		1									
			╁	-	┢	┼	<b>—</b>				
		1	ŀ								
			╁┈	<b></b>	$\vdash$	╁	<del> </del>			$\dashv$	
		1									
		$\vdash$	┢	<del> </del>	$\vdash$	┪	┢			$\neg$	
		1									-
1b Sub-total	<u> </u>	.l	<u> </u>	<u></u>	.1	· · · · · ·	<u> </u>	115,604.		0.	2,788.
c Total from continuation sheets to Part V								0.		0.	0.
d Total (add lines 1b and 1c)								115,604.		0.	2,788.
Total number of individuals (including but r	not limited to th	nose	list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	)	
compensation from the organization						•					1
											Yes No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for s											3 X
4 For any individual listed on line 1a, is the s											
and related organizations greater than \$15											4 X
5 Did any person listed on line 1a receive or	accrue compe	nsat	tion	from	n an	y un	rela	ted organization or indiv	idual for services		
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son					5 X
Section B. Independent Contractors											
Complete this table for your five highest co										ens	ation from
the organization. Report compensation for	the calendar y	/ear	end	ing ι	with	or v	vithi		year.		
<b>(A)</b> Name and business	a ddraaa	n.T.	<b>○3</b> 1'	F3				( <b>B</b> ) Description of s	earvicas	c	(C) Compensation
ivame and business	address	1/1	ON:	<u> </u>				Description of	SCI VICES		ompondation
And the second s											
2 Total number of independent contractors	including but	not I	imite	ed to	thr	ose I	iste	d above) who received r	nore than		
\$100,000 of compensation from the organ		.011				0		, , , , , , , , , , ,			
# 100,000 of compensation from the organ	12411011								ISS		Form <b>990</b> (2014)

Form	990			EPENDENT	SCHOOL FO	RUM	41-1267531 Page 9			
	t VII		ue							
		Check if Schedule O conta	ins a response	or note to any lin						
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines	1b 1c 1d 1d 1e s, and e 1f	571,254. 14,978.						
중절	_	Total. Add lines 1a-1f		<b>-</b>	571,254.					
Program Service Revenue	2 a b c	MEMBERSHIP DUES PROGRAM REVENUE		Business Code 611710 611710	125,200.	125,200.				
ğ	е									
-	f	All other program service rever			156,417.					
	g	Total. Add lines 2a-2f			130,417.					
	3 4 5	Investment income (including of other similar amounts) Income from investment of tax Royalties	-exempt bond p	proceeds	585.			585.		
	С	Gross rents  Less: rental expenses  Rental income or (loss)  Net rental income or (loss)								
	7 a	Gross amount from sales of	(i) Securities	. (ii) Other						
	С	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)								
Other Revenue		Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of 1c). See a							
振		Less: direct expenses								
J	9 a	Net income or (loss) from fund Gross income from gaming act Part IV, line 19	tivities. See a							
		Less: direct expenses								
		Net income or (loss) from gami	-	······						
	b	Gross sales of inventory, less rand allowances	a b							
	<u> </u>	Net income or (loss) from sales								
	11 2	Miscellaneous Revenue OTHER INCOME	)	Business Code 611710	656.			656.		
	ii a									
	c C									
	d				656.					
	12	Total. Add lines 11a-11d Total revenue. See instructions.			728,912.		0.	1,241.		

#### 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 or note to any line in this Part IX **(D)** Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 113,211 113,211 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 5 7,605. 126,757. 17,746. 101,406. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 96,203. 27,454. 139,982. 263,639. Other salaries and wages 7 Pension plan accruals and contributions (include 1,980. 9,051. 12,935. 23,966. section 401(k) and 403(b) employer contributions) 24,399. 4,257. 19,292. 47,948. Other employee benefits ..... 9 12,374. 30,786. 15,626. 2,786. 10 Payroll taxes ..... Fees for services (non-employees): 11 Management Legal 16,140. 16,140. Accounting Lobbying ..... Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 36,500. 6,607. 43,107. column (A) amount, list line 11g expenses on Sch O.) 833. 119. 1,938. 986. Advertising and promotion ..... 12 14,569. 2,315. 28,197. 11,313. 13 Office expenses Information technology 14 15 Royalties 27,014. 11,049. 13,459 2,506. 16 Occupancy 100. 2,436. 1,552. 784. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 48,871. 1,710. 1,131. 51,712. Conferences, conventions, and meetings ..... 19 5,125. 5,125. 20 Interest 21 Payments to affiliates 2,955. 2.955. Depreciation, depletion, and amortization ..... 22 1,853. 1,853. 23 ..... Other expenses, Itemize expenses not covered 24 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 0.) 7,226. 384. 1,239. 8,849. MEMBERSHIP DUES & SUBSR <u>60.</u> 100. 2,733. 2,573. PROFESSIONAL DEVELOPMEN b C d 1,692. 1,692. All other expenses 50,737. 317,595. 800,058. 431,726. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		1	310 556
2	Savings and temporary cash investments	315,451.	2	319,556
3	Pledges and grants receivable, net	96,303.	3	44,861
4	Accounts receivable, net	2,300.	4	4,275
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			
3	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	14,122.	9	13,588
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 33,774	•		6 105
b		9,080.	10c	6,125
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	19,820.	15	23,940
16	Total assets. Add lines 1 through 15 (must equal line 34)	457,076.	16	412,345
17	Accounts payable and accrued expenses	27,635.	17	11,637
18	Grants payable		18	0.036
19	Deferred revenue	5,830.	19	8,836
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
3 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	100 000
23	Secured mortgages and notes payable to unrelated third parties	90,941.	23	126,228
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	10 000		22 040
	Schedule D	19,820.	25	23,940 170,641
26	Total liabilities. Add lines 17 through 25	144,226.	26	1/0,64
i	Organizations that follow SFAS 117 (ASC 958), check here			
3	complete lines 27 through 29, and lines 33 and 34.	20 071		61 015
27	Unrestricted net assets	39,871.	27	-61,017 302,721
28	Temporarily restricted net assets	272,979.	28	302,723
29	Permanently restricted net assets		29	
-	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
5	and complete lines 30 through 34.			
ੂੰ 30	Capital stock or trust principal, or current funds	1	30	
ĝ   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	242 050	32	241 70
<b>z</b>   33	Total net assets or fund balances		33	241,704
34	Total liabilities and net assets/fund balances	457,076.	34	412,34!

	990 (2014) MINNIBOTTI INDEL ENDET DOLLOGE - 0-10-10-1				
Pai	t XI Reconciliation of Net Assets			r	
	Check if Schedule O contains a response or note to any line in this Part XI	······		L	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		91	
2	Total expenses (must equal Part IX, column (A), line 25)	2		05,05	
3	Revenue less expenses. Subtract line 2 from line 1	3		.,14	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	312	2,85	<u> </u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	241	.,70	4.
Pai	t XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
b	separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis	e basis,			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
За	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	edule O. ngle Audit	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>990</b> (2	2014)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

Open to Public Inspection ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

MINNESOTA INDEPENDENT SCHOOL FORUM

**Employer identification number** 41-1267531

OMB No. 1545-0047

Reason for Public Charity Status (All organizations must complete this part.) See instructions. | Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (i) Name of supported (ii) EIN listed in your (described on lines 1-9 support (see other support (see organization governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Schedule A (Form 990 or 990-EZ) 2014 MINNESOTA INDEPENDENT SCHOOL FORUM 41-12675

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		- 40 040	010 004	642 120	E71 0E4	2 201 412
	include any "unusual grants.")	439,683.	548,313.	819,024.	643,138.	571,254.	3,021,412.
2	Tax revenues levied for the organ-						
	ization'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	420 602	E40 212	010 004	612 120	571,254.	3,021,412.
	Total. Add lines 1 through 3	439,683.	548,313.	819,024.	643,138.	3/1,234.	3,021,412.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		196			100	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						1,228,100.
	column (f)						1,793,312.
	Public support. Subtract line 5 from line 4.						1,755,512.
	tion B. Total Support	( ) 0040	420044	(-) 0010	(4) 0013	(a) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010 439, 683.	(b) 2011 548, 313.	(c) 2012 819,024.	(d) 2013 643,138.	(e) 2014 571, 254.	3,021,412.
	Amounts from line 4	433,003.	340,313.	019,024.	043,130.	371,231	0,022,222
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	122.	6.	396.	735.	585.	1,844.
_	and income from similar sources		V•	3,00	,,,,,		
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						3,023,256.
	Gross receipts from related activities,	oto (soo instructi	one)			12	624,845.
12	First five years. If the Form 990 is for	the organization's	e firet second thir	d fourth or fifth t	ax vear as a sectio		
13	organization, check this box and stop						
Sec	ction C. Computation of Publ						
	Public support percentage for 2014 (		······································	column (f))		14	59.32 %
	Public support percentage from 2013					15	54.82 %
16a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the						
~	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes	t - 2014. If the ord	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	ices" test, check t	his box and <b>stop l</b>	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization	_	▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization						

# 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-			1			
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						**************************************
9							
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	hamounts included on lines 2 and 3 received from other than disqualified persons that					ļ	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				<u> </u>		
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support			T	T ( ) 0040	1 (2) 0044	(0 Tatal
	endar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties				1		
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	}					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
							<u></u>
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
15	Public support percentage for 2014	(line 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2013					16	%
Se	ction D. Computation of Inve	stment Incom	ne Percentage	)			
	Investment income percentage for 2					17	<u>%</u>
	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
130	and the to exhibit a roote the talk that				. a	zotion	
	more than 33 1/3%, check this box a	and stop here. The	e organization dua	alities as a publiciv	supported organi	zauon	
	more than 33 1/3%, check this box a	and <b>stop here.</b> The e organization did	e organization qua not check a box o	aimes as a publicly n line 14 or line 19	supported organi a, and line 16 is m	nore than 33 1/3%,	and
ı	o 33 1/3% support tests - 2013. If the	e organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	more than 33 1/3%, check this box as 33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, che Private foundation. If the organization	e organization did eck this box and s	not check a box o stop here. The org	n line 14 or line 19 janization qualifies	a, and line 16 is m as a publicly sup	nore than 33 1/3%, ported organization	י ▶ٰٰٰٰ∟

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
ı		
_		
2		
_		
3a		
3b		
3c		
_		
4a		
4b		
4c		
5a	2021202000000	200000000000000
5b	300000000000000	23423629832929200
5c		
6		
0		
7		
8		
9a		
9b		
9c	Selection of the Control of the Cont	The annual constitution of the constitution of
10a		
10b		
20 04 00		

Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations			
		1	Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1	v . I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1	1	
<u>Sec</u>	tion D. Type III Supporting Organizations		<del></del> T	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	;):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			2
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		210000000000000000000000000000000000000
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L

8	Minimum Asset Amount (add line / to line 6)	8								
Sect	ion C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1								
2	Enter 85% of line 1	2								
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3								
4	Enter greater of line 2 or line 3	4								
5	Income tax imposed in prior year	5								
6	Distributable Amount. Subtract line 5 from line 4, unless subject to									
	emergency temporary reduction (see instructions) 6									
7	Chack bere if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see									

6

7

Schedule A (Form 990 or 990-EZ) 2014

6

7

Multiply line 5 by .035

instructions).

Recoveries of prior-year distributions

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	,	(i)	(ii)	(iii)
04	an E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
c				
d				
<u>e</u>	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
<u>a</u>				
b				
<u> </u>				
	Excess from 2013			
е	Excess from 2014			

Part VI	(Form 990 or 990-EZ) 2014 MINNESOTA INDEPENDENT SCHOOL FORUM  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1	17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
		LULUS AND A SECONDARY OF THE SECONDARY O
······································		1.11A-U-1.4A-U-1.
······································		
***************************************		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047
2014

Name of the organization

Employer identification number

41-1267531 MINNESOTA INDEPENDENT SCHOOL FORUM Organization type (check one): Section: Filers of: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

# MINNESOTA INDEPENDENT SCHOOL FORUM

41-1267531

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	Iditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$171,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$25,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)  990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

### MINNESOTA INDEPENDENT SCHOOL FORUM

41-1267531

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
3453 11-05	5-14	Schedule B (Form	990, 990-EZ, or 990-PF) (20

Employer identification number

e duplicate copies of Part III if addition	charitable etc. contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this info. once.)						
e auplicate copies of raft III il audition	al space is needed.	(Enter this line, once.)						
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift	t						
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gif	t						
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gif	t						
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
(e) Transfer of gift								
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
	Transferee's name, address, and (b) Purpose of gift  (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (d) Use of gift						

#### SCHEDULE C (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

a s	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III			
	ne of organization	ions. Complete Fart III.		En	nployer identification number
	MINNESO	TA INDEPENDENT S	CHOOL FORUM		41-1267531
Pa	rt I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours			<b>&gt;</b>	
Pa	rt I-B Complete if the org	anization is exempt und	ler section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	` <u>`</u>	<b>\$</b>
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	5	<b>\$</b>
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				1 1 1 1
l.	If "Vee " describe in Part IV				
	irt I-C Complete if the org				
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities	* \$
2	Enter the amount of the filing organ				
	exempt function activities				* \$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL	-,	
	line 17b				
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (E	IN) of all section 527 po	olitical organizations to w	rhe amount of political
	made payments. For each organiza contributions received that were pro-	tion listed, enter the amount pai	a separate political ord	ranization such as a sen	arate segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Part	t IV.	u.u.u vug. vgu.vu
		(b) Address	(c) EIN	(d) Amount paid from	n (e) Amount of political
	(a) Name	(b) Address	(6) 2.11	filing organization's	contributions received and
				funds. If none, enter	0 promptly and directly delivered to a separate
					political organization.
					If none, enter -0
,		***			
	And the second s				
			1		1

Schedule C (Form 990 o	r 990.FZ\ 2014 <b>M</b> ]	INNES	OTA I	NDEPENDENT	SCHOOL FORU	M 41-1	267531 Page 2				
Part II-A Comple	ete if the orgar	nizatio	n is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under				
section	1 501(h)).		_								
Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,											
expenses, and share of excess lobbying expenditures).											
B Check ▶ 📖 if th	ne filing organizatio	n checke	ed box A ar	d "limited control" pro	visions apply.						
(ТІ			ying Exper eans amou	nditures nts paid or incurred.)	!	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying exp	enditures to influer	nce publi	c opinion (	grass roots lobbying)							
				ly (direct lobbying)							
d Other exempt pur	pose expenditures										
e Total exempt purp	ose expenditures (a	add lines	1c and 1d	)							
f Lobbying nontaxa	ble amount. Enter t	the amou	int from the	following table in bot	h columns.						
If the amount on lin	e 1e, column (a) or (l	b) is:	The lob	bying nontaxable ame	ount is:						
Not over \$500,000	)		20% of	the amount on line 1e.							
Over \$500,000 bu	t not over \$1,000,0	00	\$100,00	0 plus 15% of the exc	ess over \$500,000.						
Over \$1,000,000 b	out not over \$1,500	,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.						
Over \$1,500,000 b	out not over \$17,00	0,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.						
Over \$17,000,000			\$1,000,0	000.							
g Grassroots nontax	kable amount (enter	r 25% of	line 1f)								
h Subtract line 1g fr	om line 1a. If zero c	or less, er	nter -0								
j If there is an amou	unt other than zero			line 1i, did the organiza		Г					
reporting section	4911 tax for this yea					<u></u> L	Yes No				
(Some	organizations that	t made a See	section 5 the separa	ate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b	elow.				
		Lobby	ying Exper	nditures During 4-Yea	ar Averaging Period	I					
Calendar y (or fiscal year beg		(a) 2011		<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	(e) Total				
2a Lobbying nontaxa	ble amount						A CANADA A CANADA A CANADA A CANADA A CANADA A CANADA A CANADA A CANADA A CANADA A CANADA A CANADA A CANADA A				
b Lobbying ceiling a											
(150% of line 2a,	column(e))										
c Total lobbying exp	penditures										
d Grassroots nonta	vable amount										
e Grassroots ceiling	3000										
(150% of line 2d,	500000										
(											

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2014 MINNESOTA INDEPENDENT SCHOOL FORUM 41-126753

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)		
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:		v			
а			X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?	x	- 22			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	- 21	X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
ı	Other activities?		2.2		0.	
j	Total. Add lines 1c through 1i		Х			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		22			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	on 501(c)	)(5), or se	ction		
1 2 3 4 1	501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	)(5), or se	ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, lii	ne 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal				
	expenses for which the section 527(f) tax was paid).		_			
а	Current year					
b	Carryover from last year					
С	Total		I			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	_			
	expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information	a liath Dart	II A lince 1	and 2 (aga		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	u list), rart	II-A, III 165 I	anu 2 (500		
	uctions); and Part II·B, line 1. Also, complete this part for any additional information.  RT II-B, LINE 1, LOBBYING ACTIVITIES:					
PA.	XI II-B, DINE I, DODDIING ACTIVITIES:					
T.O	BBYING ACTIVITIES FOR THE CALENDAR YEAR OF 2015 WEF	E FOC	USED A	T THE		
<u> </u>	JDI ING INGILIVILIAN TON THE GREEN THE TOTAL T					
MI	NNESOTA STATE LEGISLATURE. MEETINGS WERE WITH STATE	REPR	ESENTA	TIVES		
AN:	SENATORS WHO SIT ON THE EDUCATION COMMITTEES OF T	HE MN	HOUSE	AND		
SE	NATE. WE REPRESENT THE 470 NONPUBLIC SCHOOLS IN MIN	NESOT	A. ISS	UES A	ND	
יםם	OPOSED LEGISLATION CONSIDERED WERE LEGISLATION FOR	STUDE	NTS WT	тн		
	AT AND THE TOTAL TAIL COMPANDED WHILE THE TOTAL TON TON					

Schedule C (For	m 990 or	990-EZ) 2	014 MI	NNESC	OTA .	TNDF	SPEN.	DENT	SCH	OUT LOK	JM	41-120	/331	Page 4
Schedule C (For Part IV Su	ppleme	ental in	formation	<b>on</b> (cont	tinued)			****						AMMUNATA
SPECIAL :	NEEDS	AND	MODI	FICAT	rion	OF	THE	THE	TAX	CREDIT	AND	DEDUCTION	FOR	***************************************
FAMILIES	WHO	HAVE	CHIL	DREN	ATT	END:	ING I	NONP	JBLI	C SCHOO	LS.			
	* ***													
										AND AND AND AND AND AND AND AND AND AND				
				***************************************										
***************************************							·····							
		· · · · · · · · · · · · · · · · · · ·												
			dentition - U.S.							AMARINA				
			<b></b>											
		<del></del>	<b></b>	*******										
		v												
			••••••••••••••••••••••••••••••••••••••											
			<b></b>											

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Name of the organization 41-1267531 MINNESOTA INDEPENDENT SCHOOL FORUM

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	e used only
Ť	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
Pai		anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located 🕨	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	holds?	Yes No
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 durin	g the year ► \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes LI No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
**********	conservation easements.		Other Circles Accets
Pa	Companies of the Compan		Julei Sililiai Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sneet works of art,
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		al and last are a short and a set biotograph
þ	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	nt and balance sneet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		<b>•</b>
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	the state of the s	
2	If the organization received or held works of art, historical tre		iai gain, provide
	the following amounts required to be reported under SFAS 1		•
а	Revenue included in Form 990, Part VIII, line 1		
h	Assets included in Form 990. Part X		<b>&gt;</b> \$

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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				
d Equipment	_	28,468.	23,404.	5,064
e Other		5,306.	4,245.	1,061
Fotal. Add lines 1a through 1e. (Column (d) must eq		mn (B), line 10c.)		6,125.

Schedule D (Form 990) 2014

Part VII	Investments	- Other	Securities.	

Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990 Part IV lir	ne 11c See Form 990 Part X line	13
(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)			
(2)			
(3)			CALCED TO THE CONTROL OF THE CONTROL
(4)			
(5)			
(6)			
(7)			- Linda de la companya del companya de la companya del companya de la companya de
(8)			
(9) Table (Oal (b) much cauch Form 000 Port V col (D) line 12 \			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes"	tto Form 000 Port IV lir	on 11d See Form 990 Part Y line	15
	Description	le 11d. See 1 Om 1930, 1 art X, iinc	(b) Book value
		T	23,940.
	COMEDINDALION		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			23,940.
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ie 15.)		
Part X Other Liabilities.		44 446 Caa Farma 000 Part	V line OF
Complete if the organization answered "Yes"	to Form 990, Part IV, III	(b) Book value	A, in e 25.
1. (a) Description of liability		(b) BOOK VAIUE	
(1) Federal income taxes		22 040	
(2) DEFERRED COMPENSATION PAY	ABLE	23,940.	
(3)			
(4)			
(5)			
(6)			
(7)			

23,940.

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. 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

Concade D (i onli oco) zo in				
Part XI Reconciliation o	f Revenue per A	udited Financial State	ments With Revenue per Re	turn.

	Complete if the organization answered "Yes" to Form 990, Part IV, line	199		
			T 1 T	728,912.
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a				
b				
C	• • • • • • • • • • • • • • • • • • • •			
d	, , , , , , , , , , , , , , , , , , , ,		2e	0.
e				728,912.
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
a	•			
b	,		4c	0.
С				728,912.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	temente With Fy	nenses ner Retur	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		perioco per rietar	•••
	Complete if the organization answered "Yes" to Form 990, Part IV, line		I 1 I	800,058.
1	Total expenses and losses per audited financial statements			000,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1		
а	•	- I - I		
b	•			
C				
d	,			0.
е	Add lines 2a through 2d			800,058.
3	Subtract line 2e from line 1		3	800,030.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
а	•	1 1		
b	, , , , , , , , , , , , , , , , , , , ,			0
С	Add lines 4a and 4b		4c	0.00 OF 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	800,058.
	nt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional informatio	n.	
PA	RT X, LINE 2:			
A '	TAX EXPENSE OR BENEFIT FROM AN UNCERTAI	N INCOME TAX	X POSITION (	INCLUDING
TA.	X-EXEMPT STATUS) MAY BE RECOGNIZED ONLY	WHEN IT IS	MORE LIKELY	THAN NOT
TH.	AT THE POSITION WILL BE SUSTAINED UPON	EXAMINATION	BY TAXING	
ΑU	THORITIES. MANAGEMENT BELIEVES MISF HAS	NO UNCERTA:	IN INCOME TA	ΔX
PO	SITIONS THAT WOULD RESULT IN AN ACCRUAL	, EXPENSE O	R BENEFIT UN	IDER THE
MO:	RE LIKELY THAN NOT STANDARD.			

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2014)

Name of the organization	TATOEDENIC	ENT SCHOOL	FORIM				Employer identification number 41-1267531
Part 1 General Information on Grants a		EMI SCHOOL	FOROM				41 120/331
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?						
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	complete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than  1 (a) Name and address of organization or government	\$5,000. Part II car (b) EIN	be duplicated if addi (c) IRC section if applicable	tional space is need (d) Amount of cash grant	ded.  (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
BENILDE-ST. MARGARET'S SCHOOL 2501 HIGHWAY 100 SOUTH ST LOUIS PARK, MN 55416	41-1240936	501(C)(3)	5,003.	0.			STEM GRANT
CONCORDIA ACADEMY 2400 NORTH DALE STREET ROSEVILLE, MN 55113	41-0845401	501(C)(3)	5,003.	0.			STEM GRANT
HILL-MURRAY SCHOOL 2625 EAST LARPENTEUR AVE ST PAUL, MN 55109	41-0829754	501(C)(3)	5,002.	0.			STEM GRANT
MAYER LUTHERAN 305 FIFTH STREET NE MAYER, MN 55360	41-0849152	501(C)(3)	5,003.	0.			STEM GRANT
2 Enter total number of section 501(c)(3)	and government a	yraanizatione lieted in t	the line 1 table				4.
<ul><li>2 Enter total number of section 501(c)(3)</li><li>3 Enter total number of other organization</li></ul>			meille i table				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(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
Part IV Supplemental Information. Provide the information	required in Part I, lir	ne 2, Part III, colum	ın (b), and any other a	dditional information.	
PART I, LINE 2:					
SCIENCE, TECHNOLOGY, ENGINEERING	AND MATH	(STEM) GR	ANT FUNDS A	RE AWARDED TO	A ALEXANDER CONTROL OF THE CONTROL O
MEMBER SCHOOLS EACH YEAR. SCHOOL	L HEADS SI	GN AN "AC	KNOWLEDGEME	NT OF RECEIPT	
OF FUNDS/AGREEMENT TO USE FOR IN	TENDED PUR	POSES" FO	RM STATING	THAT THEY	
AGREE TO ENSURE THAT THESE FUNDS	ARE EXPEN	IDED AS DE	SCRIBED IN	THEIR STEM	
GRANT APPLICATION AND BUDGET FOR	MS. BY SI	GNING THI	S FORM THEY	ALSO AGREE	
J144		,			
TO PRODUCE CURRICULUM DOCUMENTAT	ION AND SU	BMIT A FI	NAL REPORT	AT THE END OF	

#### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

MINNESOTA INDEPENDENT SCHOOL FORUM

Employer identification number 41-1267531

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MAKERS, AND THE GENERAL PUBLIC ABOUT THE CONTRIBUTIONS INDEPENDENT
EDUCATION MAKES TO OUR STATE AND SOCIETY. IT INCREASES THE SECTOR'S
CAPACITY FOR COLLECTIVE ACTION AND ADVANCES POSITIONS OF COMMON
INTEREST ON BEHALF OF K-12 INDEPENDENT SCHOOLS. MISF ALSO BUILDS
RELATIONSHIPS WITH DONORS TO SUPPORT TARGETED PROGRAMS AND RESEARCH,
AND PROVIDES MEMBER AND NONMEMBER SCHOOLS WITH BEST PRACTICES,
RESOURCES, CONNECTIONS, EDUCATION, AND EXPERTISE IN CRITICAL
DISCIPLINES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SPONSORS OVER \$6,000 IN DOOR PRIZES WERE GIVEN AWAY TO ATTENDEES. 2)
FACILITATED ACCESS TO COMMUNITY RESOURCES IN STEM EDUCATION SUCH AS THE
SCIENCE MUSEUM OF MINNESOTA'S SCIENCE HOUSE. NINETEEN MISF MEMBER
SCHOOLS VISITED SCIENCE HOUSE 130 TIMES FROM SEPTEMBER 2014 THROUGH MAY
2015. TEACHERS CHECKED OUT ITEMS FROM THE SCIENCE HOUSE LIBRARY OF
STEM CURRICULAR MATERIALS INCLUDING MODELS, SPECIMENS, EQUIPMENT,
LESSON PLANS, MANIPULATIVES, AND MEDIA. 3) A GRANT PROGRAM FOR MEMBER
SCHOOLS. ON APRIL 26TH, AT THIS YEAR'S MINNESOTA PRIVATE AND
INDEPENDENT EDUCATION AWARDS EVENT, MISF AWARDED 22 SCHOOLS OVER
\$113,000 IN STEM GRANTS. TO DATE, MISF HAS AWARDED 127 GRANTS TOTALING
NEARLY \$668,000.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EXHIBITORS BRINGING THE TOTAL NUMBER OF ATTENDEES TO NEARLY 95.

MINNESOTA INDEPENDENT SCHOOL FORUM

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY: MISF INFORMS LAWMAKERS, POLICY MAKERS AND THE GENERAL PUBLIC

ABOUT THE CONTRIBUTIONS INDEPENDENT EDUCATION MAKES TO OUR STATE AND

SOCIETY. IT ACTS AS A "WATCHDOG" TO SAFEGUARD PUBLIC FUNDS EVERY

INDEPENDENT SCHOOL AND THEIR STUDENTS HAVE THE RIGHT TO RECEIVE. MISF

FURTHER ACTS AS A COLLECTIVE VOICE TO ADVANCE INDEPENDENT SCHOOL

INTERESTS AT THE LEGISLATURE, WITH STATE AGENTS, AND THE GENERAL

PUBLIC.

EXPENSES \$ 47,767. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THERE IS AN EXECUTIVE COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY THE TREASURER, PRESIDENT AND BUSINESS MANAGER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST POLICY UPON JOINING THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE CHAIRMAN AND VICE-CHAIRMAN USED AN OUTSIDE HUMAN RESOURCES CONSULTANT

TO CONDUCT A 360 DEGREE PERFORMANCE REVIEW OF THE PRESIDENT. FEEDBACK WAS

GATHERED FROM VARIOUS STAKEHOLDERS AND PERFORMANCE MEASURED AGAINST ANNUAL

GOALS. MARKET DATA FOR SIMILAR NON-PROFIT ROLES WAS CONSIDERED; PAY

ADJUSTMENT WAS DETERMINED BASED UPON BOTH MARKET DATA AND PERFORMANCE EVAL.

ı	_	~	_	,
	۲a	а	e	-

Schedule O (Form 990 or 990-EZ) (2014)	Page :
Name of the organization  MINNESOTA INDEPENDENT SCHOOL FORUM	Employer identification number 41-1267531
PRESIDENT RECOMMENDED PAY ADJUSTMENTS FOR STAFF BASED UPO	ON MARKET DATA AND
PERFORMANCE EVALS. CHAIR AND VICE CHAIR REVIEWED RECOMM	MENDATIONS WITH THE
EXEC COMMITTEE FOR FINAL APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
PUBLIC DOCUMENTS ARE AVAILABLE ON OUR WEBSITE OR UPON REQ	QUEST.
	AMARIA AND AND AND AND AND AND AND AND AND AN
·	
	AMARINA 179
	Address of the second of the s