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CLIENT'S COPY

DRAFT

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2018

Name MINNESOTA HIGH TECH ASSOCIATION	Employer Identification Number 41-1440301
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL NET OPERATING LOSS 29,506.

MN NET OPERATING LOSS 117,663.

DRAFT



CliftonLarsonAllen

CliftonLarsonAllen LLP
220 South Sixth Street, Suite 300
Minneapolis, MN 55402-1436
612-376-4500 | fax 612-376-4850
CLAconnect.com

Minnesota High Tech Association
400 South 4th Street No. 416
Minneapolis, MN 55415
Attention: Ms. Margaret Anderson Kelliher

Dear Ms. Anderson Kelliher:

Enclosed are the original and one copy of the 2017 Exempt Organization returns, as follows...

2017 Form 990

2017 Form 990-T

2017 Minnesota Form M4NP

Nonprofit Corporation Annual Registration:

The Minnesota Secretary of State is requiring online registration for nonprofit organizations. The filing must be completed online at www.sos.state.mn.us on or before December 31 of each year to maintain the corporation's good standing. When filing the form online, you will need the corporation's filing number which is shown on the enclosed information printed from the Minnesota Secretary of State's website. This information can be found in the last section of the bound client copy of the Form 990. Remember to print out a copy of the annual registration for your records before submitting the form electronically.

A review of the Minnesota Secretary of State's website shows that Minnesota High Tech Association is current with the 2017 renewal. Please complete the 2018 renewal by December 31, 2018.

For public inspection purposes, organizations are required to provide a copy of their annual returns (Form 990) for the last three years and their exemption application (Form 1023 or 1024) to anyone who requests them. You must provide the entire Form 990, Form 990-T, and all filed Schedules. However, the names and addresses of the donors may be omitted from the public inspection copy of Schedule B. For your convenience, we will provide an electronic version of the public inspection copy of your return. Please sign this copy and retain for your records.

The copies stamped "Client Copy" are to be retained for your files. Before filing the returns, review them carefully to assure there are no omissions or misstatements. To have evidence of timely filing, we suggest the returns be mailed by certified mail, return receipt requested.

Sincerely,

Heidi Tatro, CPA
Signing Director

DRAFT

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2017

Prepared for	Minnesota High Tech Association 400 South 4th Street No. 416 Minneapolis, MN 55415
Prepared by	CliftonLarsonAllen LLP 220 South Sixth Street, Suite 300 Minneapolis, MN 55402 612-376-4500
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	The Form 8879-EO must be signed and dated by an officer and faxed to our office at (612) 397-3250 at your earliest convenience. Alternatively, you may e-mail the form to eFileMPLS@claconnect.com. Once we receive the signed form, we will electronically transmit the Form 990 by the due date November 15, 2018.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20__

2017

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

MINNESOTA HIGH TECH ASSOCIATION

41-1440301

Name and title of officer

**MARGARET ANDERSON KELLIHER
PRESIDENT AND CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,447,114.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 55113
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41812413127
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MINNESOTA HIGH TECH ASSOCIATION		D Employer identification number 41-1440301
	Doing business as		E Telephone number 952-230-4555
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	400 SOUTH 4TH STREET		G Gross receipts \$ 2,447,114.
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55415		
F Name and address of principal officer: MARGARET ANDERSON KELLIH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c)(6) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.MHTA.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** **1982** **M State of legal domicile:** **MN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO FUEL MINNESOTA'S PROSPERITY THROUGH INNOVATION AND TECHNOLOGY.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 43
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 42
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 16
	6 Total number of volunteers (estimate if necessary) 6 45
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 4,232. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 0.
	9 Program service revenue (Part VIII, line 2g) 9 2,041,260.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 286.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 13,840.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,055,386.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 505,635.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 895,441.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0.
	b Total fundraising expenses (Part IX, column (D), line 25) b 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 724,569.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2,125,645.
19 Revenue less expenses. Subtract line 18 from line 12 19 -70,259.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 883,158.
	21 Total liabilities (Part X, line 26) 21 422,272.
	22 Net assets or fund balances. Subtract line 21 from line 20 22 460,886.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	MARGARET ANDERSON KELLIHER, PRESIDENT AND CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name HEIDI TATRO	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P01591796
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749		Phone no. 612-376-4500
Firm's address ▶ 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: MINNESOTA HIGH TECH ASSOCIATION EXISTS TO FUEL MINNESOTA'S PROSPERITY THROUGH INNOVATION AND TECHNOLOGY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) MHTA EXISTS TO FUEL MINNESOTA'S PROSPERITY THROUGH INNOVATION AND TECHNOLOGY. THROUGH MHTA'S MEMBER COMPANIES, EACH YEAR IT CONNECTS THOUSANDS OF TECHNOLOGY PROFESSIONALS AND STUDENTS MAKING MEANINGFUL CONNECTIONS TO ADVANCE THEIR CAREERS THROUGH RESPECTED MHTA PROGRAMS AND AWARDS, EDUCATIONAL OPPORTUNITIES AND NETWORKING EVENTS. MHTA IS DRIVING TO HELP MINNESOTA BECOME ONE OF THE COUNTRY'S TOP FIVE TECHNOLOGY STATES. MHTA ALONG WITH MHTF ADMINISTER PROGRAMS THAT PROVIDE SCHOLARSHIPS, MENTORSHIP AND INTERNSHIP OPPORTUNITIES FOR SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) STUDENTS, AS WELL AS DRIVING MINNESOTA'S STEM WORKFORCE DEVELOPMENT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) THE SCITECHSPERIENCE INTERNSHIP PROGRAM ASSISTS STUDENTS AND COMPANIES STUDYING OR WORKING IN KEY AREAS OF SCIENCE AND TECHNOLOGY, ENGINEERING AND MATH RELATING TO KEY INDUSTRY FOCUS AREAS.

DURING 2016-2017, THE PROGRAM HAD THE FOLLOWING RESULTS:
-1479 STUDENT APPLICANTS
-242 COMPANY APPLICANTS
-293 STUDENT INTERNS HIRED WITH 198 METRO PLACEMENTS AND 95 GREATER MINNESOTA PLACEMENTS

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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 any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 43		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 42		
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?		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?		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?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		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?		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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
LONNI RANALLO - 952-230-4555
400 SOUTH 4TH STREET, SUITE 416, MINNEAPOLIS, MN 55415

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARGARET ANDERSON KELLIHER PRESIDENT & CEO	40.00	X		X				214,439.	0.	23,017.
(2) LISA SCHLOSSER BOARD CHAIR	4.00	X		X				0.	0.	0.
(3) SCOTT SINGER BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
(4) ED FOPPE TREASURER	2.00	X		X				0.	0.	0.
(5) DOUG CARNIVAL SECRETARY	2.00	X		X				0.	0.	0.
(6) KEVIN BOECKENSTEDT BOARD MEMBER	2.00	X						0.	0.	0.
(7) TRENT CLAUSEN BOARD MEMBER	2.00	X						0.	0.	0.
(8) JACQUELYN CROWHURST BOARD MEMBER	2.00	X						0.	0.	0.
(9) ROB DUCHSCHER BOARD MEMBER	2.00	X						0.	0.	0.
(10) JILL FARRINGTON BOARD MEMBER	2.00	X						0.	0.	0.
(11) AMY FISHER BOARD MEMBER	2.00	X						0.	0.	0.
(12) DAVID FRAZEE BOARD MEMBER	2.00	X						0.	0.	0.
(13) WIN GILES BOARD MEMBER	2.00	X						0.	0.	0.
(14) DAVID HARKNESS BOARD MEMBER	2.00	X						0.	0.	0.
(15) TONY HARRIS BOARD MEMBER	2.00	X						0.	0.	0.
(16) TODD HAUSCHILDT BOARD MEMBER	2.00	X						0.	0.	0.
(17) MILLA HAUTMAN BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAY HEATH BOARD MEMBER	2.00	X						0.	0.	0.
(19) BOB HIRSCH BOARD MEMBER	2.00	X						0.	0.	0.
(20) KAREN HUDSON BOARD MEMBER	2.00	X						0.	0.	0.
(21) PATRICK JOYCE BOARD MEMBER	2.00	X						0.	0.	0.
(22) SRIDHAR KONERU BOARD MEMBER	2.00	X						0.	0.	0.
(23) HARLAN KRAGT BOARD MEMBER	2.00	X						0.	0.	0.
(24) JAKE KRINGS BOARD MEMBER	2.00	X						0.	0.	0.
(25) RICK KRUEGER BOARD MEMBER	2.00	X						0.	0.	0.
(26) MATT KUCHARSKI BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total								214,439.	0.	23,017.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								214,439.	0.	23,017.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICHAEL LACEY BOARD MEMBER	2.00	X					0.	0.	0.	
(28) SANDY LEE BOARD MEMBER	2.00	X					0.	0.	0.	
(29) CHUCK LEFEBVRE BOARD MEMBER	2.00	X					0.	0.	0.	
(30) MAC LEWIS BOARD MEMBER	2.00	X					0.	0.	0.	
(31) JOY LINDSAY BOARD MEMBER	2.00	X					0.	0.	0.	
(32) PAUL MATTIA BOARD MEMBER	2.00	X					0.	0.	0.	
(33) TYLER MIDDLETON BOARD MEMBER	2.00	X					0.	0.	0.	
(34) DAVID MINKKINEN BOARD MEMBER	2.00	X					0.	0.	0.	
(35) CYRUS MORTON BOARD MEMBER	2.00	X					0.	0.	0.	
(36) SAMUEL PRABHAKAR BOARD MEMBER	2.00	X					0.	0.	0.	
(37) LIU QIAO BOARD MEMBER	2.00	X					0.	0.	0.	
(38) CHRISTOPHER RENCE BOARD MEMBER	2.00	X					0.	0.	0.	
(39) HASSAN RMAILE BOARD MEMBER	2.00	X					0.	0.	0.	
(40) PAT RYAN BOARD MEMBER	2.00	X					0.	0.	0.	
(41) MIKE SIVO BOARD MEMBER	2.00	X					0.	0.	0.	
(42) KIRSTEN STONE BOARD MEMBER	2.00	X					0.	0.	0.	
(43) ROBERT TABB BOARD MEMBER	2.00	X					0.	0.	0.	
(44) DEE THIBODEAU BOARD MEMBER	2.00	X					0.	0.	0.	
(45) KEN VOSS BOARD MEMBER	2.00	X					0.	0.	0.	
(46) SUSANNA WOODS BOARD MEMBER	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a PROGRAM GRANT - SCITEC	Business Code 900099	1,150,225.	1,150,225.			
	b EVENTS AND PROGRAMS	900099	686,948.	686,948.			
	c MEMBERSHIP DUES	900099	594,360.	594,360.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,431,533.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,825.			1,825.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS	900099	9,524.			9,524.		
b ADVERTISING	541800	4,232.		4,232.			
c							
d All other revenue							
e Total. Add lines 11a-11d		13,756.					
12 Total revenue. See instructions.		2,447,114.	2,431,533.	4,232.	11,349.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	683,580.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	237,456.			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	599,924.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,019.			
9 Other employee benefits	74,534.			
10 Payroll taxes	68,298.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,125.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	102,783.			
12 Advertising and promotion				
13 Office expenses	52,925.			
14 Information technology				
15 Royalties				
16 Occupancy	77,772.			
17 Travel	15,554.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	437,673.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,766.			
23 Insurance	6,903.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PUBLIC RELATIONS	18,890.			
b EQUIPMENT RENTAL	10,363.			
c DUES AND SUBSCRIPTIONS	4,145.			
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,465,710.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	20,160.	1	21,023.
	2 Savings and temporary cash investments	525,514.	2	585,896.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	77,812.	4	141,347.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see 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	28,284.	9	33,140.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 160,674.		
	b Less: accumulated depreciation	10b 140,318.	37,888.	10c 20,356.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	193,500.	14	193,000.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	883,158.	16	994,762.	
Liabilities	17 Accounts payable and accrued expenses	128,317.	17	145,541.
	18 Grants payable		18	
	19 Deferred revenue	289,517.	19	406,931.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,395.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,043.	25	0.
	26 Total liabilities. Add lines 17 through 25	422,272.	26	552,472.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	460,886.	27	442,290.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	460,886.	33	442,290.	
34 Total liabilities and net assets/fund balances	883,158.	34	994,762.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,447,114.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,465,710.
3	Revenue less expenses. Subtract line 2 from line 1	3	-18,596.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	460,886.
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	442,290.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2017)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on 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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization MINNESOTA HIGH TECH ASSOCIATION	Employer identification number 41-1440301
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$ 0.

3 Volunteer hours for political campaign activities 0.

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 0.

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 0.

3 Total exempt function expenditures. Add lines 1 and 2. Enter here 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 employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** 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 the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	594,360.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	43,243.
b Carryover from last year	2b	
c Total	2c	43,243.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	71,803.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-28,560.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization MINNESOTA HIGH TECH ASSOCIATION Employer identification number 41-1440301

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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		9,254.	9,254.	0.
d Equipment		27,917.	20,947.	6,970.
e Other		123,503.	110,117.	13,386.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,356.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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: Cost 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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,503,714.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	56,600.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	56,600.	
3	Subtract line 2e from line 1	3	2,447,114.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,447,114.	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,522,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	56,600.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	56,600.	
3	Subtract line 2e from line 1	3	2,465,710.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,465,710.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ASSOCIATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(6) AND IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE. AS SUCH, IT IS EXEMPT FROM FEDERAL UNEMPLOYMENT TAXES AND STATE OF MINNESOTA SALES TAX, BUT IS SUBJECT TO FEDERAL AND STATE INCOME TAXES ON NET UNRELATED BUSINESS INCOME. THE ASSOCIATION CURRENTLY HAS NO MATERIAL UNRELATED BUSINESS INCOME.

THE ASSOCIATION HAS ADOPTED THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ADOPTION OF THIS STANDARD HAD NO IMPACT ON THE ASSOCIATION'S FINANCIAL STATEMENTS. THE ASSOCIATION FILES AS TAX-EXEMPT ORGANIZATIONS.

**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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **MINNESOTA HIGH TECH ASSOCIATION** Employer identification number **41-1440301**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVANCED RESEARCH CORPORATION 4459 WHITE BEAR PKWY WHITE BEAR LAKE, MN 55110	41-1563821	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
ALUMACRAFT 315 WEST ST JULIEN STREET ST PETER, MN 56082	41-0978389	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
AMERICAN PRECISION AVIONICS 3815 PROSPERITY ROAD DULUTH, MN 55811	26-0224843	N/A	5,484.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
ANALOG TECHNOLOGIES CORP 11481 RUPP DRIVE BURNSVILLE, MN 55337	41-1827560	N/A	7,500.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
ANEZ CONSULTING INC 1700 TECHNOLOGY DR NE, SUITE 130 WILLMAR, MN 56201	41-2009600	N/A	7,500.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
API OUTSOURCING, INC. 2975 LONE OAK DRIVE SUITE 100 EAGAN, MN 55121	41-1928483	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **0.**
- 3** Enter total number of other organizations listed in the line 1 table **64.**

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ART UNLIMITED 9998 E. LIND RD ANGORA, MN 55703	26-3417754	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
ASPEN RESEARCH CORPORATION 8401 JEFFERSON HWY MAPLE GROVE, MN 55369	41-1613020	N/A	7,500.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
BUST OUT SOLUTIONS, INC. 514 N 3RD ST STE 105 MINNEAPOLIS, MN 55401	25-1910081	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
BW SYSTEMS, INC. 209 BRIDGEPOINT DRIVE, SUITE 100 SOUTH ST. PAUL, MN 55075	41-1866279	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
C-AXIS 800 TOWER DR. HAMEL, MN 55340	41-1876019	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
CHROMATIC 3D MATERIALS INC 684 MENDELSSOHN AVE N GOLDEN VALLEY, MN 55427	81-4833786	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
COLECTICA 1428 WASHINGTON AVE S STE 203 MINNEAPOLIS, MN 55454	39-1966825	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
CONTROL ASSEMBLIES COMPANY 15400 MEDINA ROAD MINNEAPOLIS, MN 55447	41-0904165	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
COREBIOME 1000 WESTGATE DRIVE, SUITE 150-K ST. PAUL, MN 55114	81-3344849	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELAVAN AG PUMPS, INC. 1226 LINDEN AVE SUITE 123 MINNEAPOLIS, MN 55403	41-2011319	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
DYNATION LLC 1000 WESTGATE DRIVE SUITE 150N ST. PAUL, MN 55114	81-1698317	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
ENERGY INSIGHT, INC. ENERGY INSIGHT, INC. 7935 STONE CREEK DR. SUITE 140 - CHANHASSEN, MN 55317	46-2076631	N/A	9,284.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
ENVIRONMENTAL TILLAGE SYSTEMS, INC. - 85 PRAIRIE AVENUE SW - FARIBAULT, MN 55021	20-2866397	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
EPC ENGINEERING & TESTING 539 GARFIELD AVENUE DULUTH, MN 55802	20-2530662	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
EQUALS 3, LLC 5757 WAYZATA BLVD ST LOUIS PARK, MN 55416	47-4878707	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
FASTBRIDGE LEARNING 520 NICOLLET MALL, SUITE 910 MINNEAPOLIS, MN 55402	47-3157313	N/A	6,070.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
FMS CORPORATION 8635 HARRIET AVENUE SOUTH BLOOMINGTON, MN 55420	41-0650788	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
FOSTERING LLC 505 W ST GERMAIN ST 2ND FLOOR ST. CLOUD, MN 56301	26-0828833	N/A	7,500.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEOCOMM 601 W. ST GERMAIN STREET ST. CLOUD, MN 56301	41-1811590	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
HOONUIT 15088 22ND AVE NE LITTLE FALLS, MN 56345	26-1933407	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
HOUSTON ENGINEERING, INC. 208 4TH STREET E THIEF RIVER FALLS, MN 56701	45-0314557	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
INNOVATIVE COMPUTER PROFESSIONALS, INC. - 4719 PARK NICOLLET AVE SE SUITE 120 - PRIOR LAKE, MN 55372	41-1877363	N/A	7,500.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
INSITU TECHNOLOGIES INC 539 PHALEN BLVD ST. PAUL, MN 55130	41-1816938	N/A	6,878.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
INTERRAD MEDICAL 181 CHESHIRE LANE SUITE 100 PLYMOUTH, MN 55441	32-0021678	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
INVENSHURE 227 COLFAX AVE N, SUITE 144 MINNEAPOLIS, MN 55405	90-0737396	N/A	7,500.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
KARGES-FAULCONBRIDGE, INC. 670 COUNTY ROAD B WEST ST. PAUL, MN 55113	41-1856291	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
KIT MASTERS 825 1ST ST NE PERHAM, MN 56573	41-1839163	N/A	10,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCWEST CORP PO BOX 6621 MINNEAPOLIS, MN 55406	41-1866748	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
MERIBEL ENTERPRISES, LLC ATLAS MANUFACTURING 2950 WEEKS AVE MINNEAPOLIS, MN 55414	05-0527601	N/A	7,431.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
MICROBIOLOGICS 200 COOPER AVE. NORTH ST. CLOUD, MN 56303	41-0978292	N/A	7,500.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
MONTERIS MEDICAL 14755 27TH AVE. NORTH, SUITE C PLYMOUTH, MN 55446	45-5586265	N/A	10,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
NATURAL PROCESS DESIGN, INC. 1220 EAST 7TH STREET WINONA, MN 55987	41-2155486	N/A	7,500.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
NET V PRO 3000 BOONE AVE S ST LOUIS PARK, MN 55426	27-3024218	N/A	5,455.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
NORTHERN TECHNOLOGIES, LLC 6160 CARMEN AVE E INVER GROVE HEIGHTS, MN 55125	81-1192017	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
NOVA-TECH ENGINEERING, LLC 1705 ENGINEERING AVE. NE WILLMAR, MN 56201	20-2845550	N/A	7,500.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
NVE CORPORATION 11409 VALLEY VIEW ROAD EDEN PRAIRIE, MN 55344	41-1424202	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONEOME 807 BROADWAY STREET NE SUITE 100 MINNEAPOLIS, MN 55413	46-4356584	N/A	5,727.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
PEQUOT TOOL & MFG., INC. PO BOX 580 PEQUOT LAKES, MN 56472	41-1410590	N/A	10,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
PNE INC DBA IRD GLASS 810 E. ST. PAUL ST LITCHFIELD, MN 55355	41-1859703	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
PRODUCTIVITY QUALITY 15150 25TH AVE. N. PLYMOUTH, MN 55447	41-1709370	N/A	10,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
PROMED PHARMA LLC 15600 MEDINA ROAD PLYMOUTH, MN 55447	20-5457003	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
RAILWAY EQUIPMENT COMPANY 15400 MEDINA RD PLYMOUTH, MN 55447	41-1371184	N/A	7,096.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
RANI ENGINEERING, INC. 2912 ANTHONY LANE MINNEAPOLIS, MN 55418	41-1750448	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
REELL PRECISION MANUFACTURING 1259 WILLOW LAKE BLVD ST. PAUL, MN 55110	41-0970749	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
RMB ENVIRONMENTAL LABORATORIES, INC. - 22796 COUNTY HIGHWAY 6 - DETROIT LAKES, MN 56501	41-1810231	N/A	10,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFETY SPEED MFG 13943 LINCOLN STREET NE HAM LAKE, MN 55304	04-3467438	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
SAMBATEK 12800 WHITEWATER DRIVE SUITE 300 MINNETONKA, MN 55343	26-4801863	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
SMART INFORMATION TECHNOLOGY FLOW 319 1ST AVE S, STE 400 MINNEAPOLIS, MN 55401	41-1929753	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
SOFTWARE FOR GOOD, GBC 11 4TH STREET NORTHEAST #300 MINNEAPOLIS, MN 55413	38-3697336	N/A	12,131.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
STONEBROOKE ENGINEERING 12279 NICOLLET AVENUE BURNSVILLE, MN 55337	20-0377006	N/A	7,500.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
SUMMIT ENVIROSOLUTIONS, INC. 1217 BANDANA BOULEVARD NORTH ST. PAUL, MN 55108	41-1667349	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
TRUNORTH SOLAR 5301 EDINA INDUSTRIAL PARKWAY EDINA, MN 55439	45-2159870	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
UHL COMPANY 9065 ZACHARY LANE N MAPLE GROVE, MN 55369	41-0740957	N/A	9,477.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
UMC, INC. 500 CHELSEA ROAD MONTICELLO, MN 55362	41-0970352	N/A	12,500.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VECTOR WINDOWS 1020 INTERNATIONAL DRIVE FERGUS FALLS, MN 56537	20-0663490	N/A	7,418.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
VIRTEVA 6110 GOLDEN HILLS DRIVE MINNEAPOLIS, MN 55416	20-0479750	N/A	10,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
WIDSETH SMITH NOLTING, & ASSOC., INC. - 216 SOUTH MAIN - CROOKSTON, MN 56716	41-1243629	N/A	12,339.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
XENAMED CORP 1000 WESTGATE DRIVE ST. PAUL, MN 55114	81-0874320	N/A	5,000.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT
ZURICH MEDICAL 1350 ENERGY LANE, STE 100 ST. PAUL, MN 55108	46-2132146	N/A	10,431.	0.	N/A	N/A	SCITECHSPERIENCE INTERN WAGE SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MHTA ADMINISTERS SCITECHSPERIENCE, AN INTERNSHIP PROGRAM OF THE STATE OF MINNESOTA ACTING THROUGH THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT (DEED). APPLICANTS FUNDED THROUGH THE SCITECHSPERIENCE INTERNSHIP PROGRAM WILL MEET AND ADHERE TO THE FOLLOWING REQUIREMENTS FOR SCITECHSPERIENCE.

TECHNOLOGY FOCUS AREAS: THE SCITECHSPERIENCE INTERNSHIP PROGRAM ASSISTS STUDENTS AND COMPANIES STUDYING OR WORKING IN KEY AREAS OF SCIENCE AND

Part IV Supplemental Information

TECHNOLOGY, ENGINEERING AND MATH RELATING TO THE FOLLOWING INDUSTRY FOCUS AREAS: AEROSPACE AND DEFENSE; AGRICULTURE, FOOD SCIENCE, FORESTRY; BIOTECHNOLOGY AND LIFE SCIENCES; FUELS, ENERGY, ENERGY MANAGEMENT; INFORMATION TECHNOLOGY/COMPUTER TECHNOLOGY; MINING, MATERIALS, MANUFACTURING AND PROCESSING. FURTHERMORE, THE DEED STATED FUNDING PREFERENCE WILL BE GIVEN TO COMPANIES INVOLVED WITHIN ONE OR MORE OF MINNESOTA'S KEY INDUSTRIES. SHOULD THEY BE SELECTED FOR FUNDING, APPLICANTS ARE TO BE AWARE OF THE PREFERRED TECHNOLOGY FOCUS AREAS AND KEY MINNESOTA INDUSTRIES WHEN FUNDING SCITECHSPERIENCE INTERNSHIPS.

INTERNSHIPS: INTERNSHIPS ARE CONSIDERED FOR AN UNDERGRADUATE JUNIOR OR SENIOR FROM A MINNESOTA FOUR-YEAR INSTITUTION OF HIGHER EDUCATION OR A SECOND-YEAR STUDENT AT A TWO-YEAR COMMUNITY OR TECHNICAL COLLEGE WORKING IN A PROFESSIONAL ENVIRONMENT ASSOCIATED WITH A DEFINED HIGH-TECH CATEGORY FOR A LIMITED PERIOD OF TIME. INTERNSHIPS ARE NORMALLY ALIGNED WITH SCHOOL TERMS OR VACATION PERIODS, TO EITHER GAIN SUFFICIENT PRACTICAL HANDS-ON WORK EXPERIENCE IN A HIGH-TECH CATEGORY POSITION TO ALLOW FOR CAREER DECISION MAKING OR PROVIDE HOST EMPLOYERS WITH REAL-TIME STATE-OF-THE-ART CATEGORY SKILLS TO ACCELERATE THEIR SHORT-TERM BUSINESS OBJECTIVES.

TECHNOLOGY-BASED INTERNSHIPS FOR COLLEGE STUDENTS WORKING WITH A MINNESOTA COMPANY HAVING A PRINCIPAL PLACE OF BUSINESS IN MINNESOTA AND FEWER THAN 150 EMPLOYEES IN THE SEVEN COUNTY METRO AREA OR 250 IN GREATER MINNESOTA ARE TO BE SUPPORTED WITH SCITECHSPERIENCE FUNDS. ELIGIBLE INTERNSHIPS MUST OFFER AT LEAST TEN WEEKS OF FULL-TIME EMPLOYMENT OR TWENTY WEEKS OF PART-TIME EMPLOYMENT DURING ANY CALENDAR YEAR. A COMPANY MAY RECEIVE AN INTERNSHIP GRANT FOR ONE YEAR FOR AN INDIVIDUAL STUDENT ENROLLED IN A FOUR-YEAR DEGREE PROGRAM, OR A TWO-YEAR DEGREE AT A COMMUNITY OR TECHNICAL COLLEGE.

Part IV Supplemental Information

STUDENTS: ELIGIBLE SCITECHSPERIENCE STUDENTS MUST BE MINNESOTA RESIDENTS OR A STUDENT IN A MINNESOTA INSTITUTION OF HIGHER EDUCATION IN GOOD ACADEMIC STANDING (2.5 GPA OR ABOVE). STUDENTS MUST ALSO BE CURRENTLY REGISTERED AS A SECOND-YEAR TECHNICAL OR COMMUNITY COLLEGE STUDENT; A JUNIOR OR SENIOR AT A FOUR-YEAR INSTITUTION IN A SCIENCE, MATH, ENGINEERING OR HIGH-TECH DEGREE. HIGH-TECH CURRICULA INCLUDE ALL DEGREE PROGRAMS IN THE PHYSICAL, BIOLOGICAL, AND AGRICULTURAL SCIENCES AS WELL AS ENGINEERING, COMPUTER SCIENCE, AND MATHEMATICS. STUDENTS MUST BE AT LEAST EIGHTEEN YEARS OF AGE WHEN THE INTERNSHIP BEGINS. STUDENTS WHO ARE MINNESOTA RESIDENTS ATTENDING OUT-OF-STATE HIGHER EDUCATION INSTITUTIONS AND ENROLLED IN ELIGIBLE FIELDS OF STUDY MAY QUALIFY FOR THE SCITECHSPERIENCE INTERNSHIP PROGRAM.

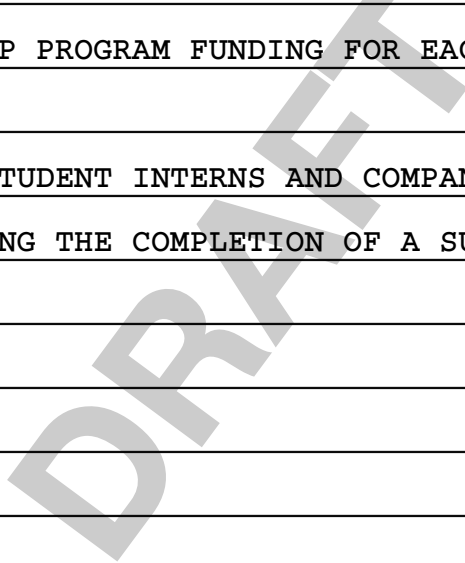
ELIGIBLE COMPANIES: COMPANIES ELIGIBLE TO PARTICIPATE IN THE SCITECHSPERIENCE INTERNSHIP PROGRAM MUST BE REGISTERED TO DO BUSINESS IN MINNESOTA AND HAVE A PRINCIPAL PLACE OF BUSINESS IN MINNESOTA AT WHICH A QUALIFYING INTERNSHIP WILL BE CONDUCTED. COMPANIES MUST PROVIDE VALID HIGH-TECH GROWTH-ORIENTED INTERNSHIPS IN THE SCIENCE AND TECHNOLOGY FOCUS AREAS AS NOTED ABOVE. COMPANIES SPONSORING ELIGIBLE INTERNSHIPS WILL BE PROVIDED UP TO \$2,500 FOR ONE YEAR FOR EACH ELIGIBLE INTERNSHIP, FULL- OR PART-TIME, OPPORTUNITY. THE MAXIMUM NUMBER OF INTERNSHIPS PER COMPANY PER YEAR IS FIVE. INTERNSHIP GRANT FUNDS MUST BE MATCHED WITH PRIVATE FUNDS ON A ONE-TO-ONE CASH BASIS, WHICH COULD EQUATE TO \$2,500 IN EARNINGS OVER THE ONE-YEAR FOR A STUDENT INTERN. COMPANIES PARTICIPATING IN THE SCITECHSPERIENCE INTERNSHIP PROGRAM MAY USE ONE OR MORE THAN ONE INTERN TO FILL THE SAME POSITION OR PART-TIME INTERNSHIP ONLY UNDER THE FOLLOWING CIRCUMSTANCES: AN INTERN LEAVES THE PROGRAM FOR ANY REASON AND IS REPLACED BY THE COMPANY WITH ANOTHER ELIGIBLE STUDENT OR AN INTERN FAILS TO MEET THE

Part IV Supplemental Information

STANDARDS OUTLINE IN THE JOB DESCRIPTION AND/OR EMPLOYMENT AGREEMENT AND IS REPLACED BY THE BUSINESS WITH ANOTHER ELIGIBLE STUDENT.

DOCUMENTATION: COMPANIES SUPPORTING INTERNSHIPS THROUGH THE SCITECHSPERIENCE INTERNSHIP PROGRAM WILL BE REQUIRED TO COMPLETE A REIMBURSEMENT FORM AND PROVIDE MHTA WITH APPROVED TIMECARDS/PAYROLL SUMMARIES AND INTERNSHIP STATUS WITH EACH REIMBURSEMENT REQUEST; FOLLOW-UP REPORTING AS REQUESTED BY DEED; AND RETAIN ACCURATE INTERN EMPLOYMENT RECORDS FOR A PERIOD OF THREE YEARS AFTER COMPLETION OF THE SCITECHSPERIENCE INTERNSHIP PROGRAM FUNDING FOR EACH INTERNSHIP.

SURVEY: SCITECHSPERIENCE STUDENT INTERNS AND COMPANIES WILL BE REQUIRED AS A CONDITION OF THEIR FUNDING THE COMPLETION OF A SURVEY.



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **MINNESOTA HIGH TECH ASSOCIATION**
 Employer identification number: **41-1440301**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

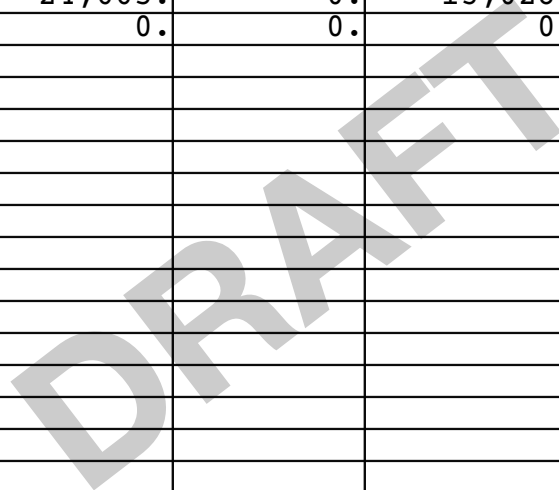
Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARGARET ANDERSON KELLIHER PRESIDENT & CEO	(i)	189,774.	24,665.	0.	13,028.	9,989.	237,456.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

MINNESOTA HIGH TECH ASSOCIATION

Employer identification number

41-1440301

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

EXECUTIVE COMMITTEE: THE BOARD OF DIRECTORS SHALL ELECT AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR OF THE BOARD, VICE CHAIR OF THE BOARD, SECRETARY, TREASURER AND NOT LESS THAN THREE OTHER DIRECTORS. THE CHAIR OF THE BOARD SHALL SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE. THE IMMEDIATE PAST CHAIR AND THE PRESIDENT SHALL BE EX-OFFICIO MEMBERS. THE GOVERNANCE COMMITTEE SHALL MAKE AND REPORT THE NOMINATIONS OF ITS NOMINATING SUBCOMMITTEE FOR MEMBERS OF THE EXECUTIVE COMMITTEE AT THE FIRST MEETING OF THE BOARD FOLLOWING THE ANNUAL MEETING. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS OF THE CORPORATION. ANY SUCH EXECUTIVE COMMITTEE SHALL ACT ONLY IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD, AND SHALL BE SUBJECT AT ALL TIMES TO THE CONTROL AND DIRECTION OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL, BY MAJORITY VOTE, APPOINT THE CHAIRS OF ALL COMMITTEES OF THE BOARD EXCEPT ITSELF, WITH THE INPUT AND RECOMMENDATIONS OF THE PRESIDENT. SUCH COMMITTEE MAY MEET AT STATED TIMES OR ON NOTICE TO ALL GIVEN BY ANY OF THEIR OWN NUMBER. VACANCIES IN THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE MAY BE FILLED BY THE BOARD OF DIRECTORS AT A REGULAR MEETING OR AT A SPECIAL MEETING CALLED FOR THAT PURPOSE.

GOVERNANCE COMMITTEE: THE GOVERNANCE COMMITTEE SHALL BE A STANDING COMMITTEE OF THE BOARD AND BE COMPRISED OF MEMBERS OF THE BOARD WHO ARE ELECTED BY THE BOARD TO SERVE THEREON. THE GOVERNANCE COMMITTEE SHALL FROM TIME TO TIME MAKE RECOMMENDATIONS TO THE BOARD WITH SUGGESTIONS IT MAY HAVE ON THE EFFICIENT AND EFFECTIVE GOVERNANCE OF THE CORPORATION. THE GOVERNANCE COMMITTEE SHALL HAVE A SUBCOMMITTEE OF IT ENTITLED THE

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization MINNESOTA HIGH TECH ASSOCIATION	Employer identification number 41-1440301
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NOMINATING SUBCOMMITTEE. THE NOMINATING SUBCOMMITTEE SHALL BE COMPRISED OF THE MEMBERS OF THE GOVERNANCE COMMITTEE AND THE THEN CURRENT OFFICERS OF THE CORPORATION. THE NOMINATING SUBCOMMITTEE SHALL PROPOSE TO THE GOVERNANCE COMMITTEE AND THROUGH THE GOVERNANCE COMMITTEE TO BOARD NOMINEES FOR OFFICERS, DIRECTORS OF THE CORPORATION, AND MEMBERS OF THE EXECUTIVE COMMITTEE IN ACCORDANCE WITH SECTIONS 3.3, 4.2, AND 5.1 OF THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION HAS FOUR CLASSES OF MEMBERS:

GENERAL MEMBERS: HIGH TECHNOLOGY PRODUCTS AND SERVICE CREATORS (CORE BUSINESSES INCLUDE: SOFTWARE, TELECOMMUNICATIONS, COMPUTER SEMICONDUCTORS/COMPONENTS, MEDICAL EQUIPMENT, MANUFACTURING/FACTORY, INSTRUMENTATION, AND AEROSPACE/DEFENSE).

TECHNOLOGY APPLICATION USERS: SALES AND SERVICE ORGANIZATIONS (CORE BUSINESSES INCLUDE: FINANCIAL INSTITUTIONS, UTILITIES, SALES AND SERVICE ORGANIZATIONS, AGRICULTURAL PROCESSORS).

ASSOCIATE/PROFESSIONAL SERVICES MEMBERS: ANCILLARY SUPPORT SERVICES (CORE BUSINESSES INCLUDE: ACCOUNTING, LEGAL, AND OTHER PROFESSIONAL ADVISING ENTITIES).

TECHNOLOGY NON-PROFIT MEMBERS: EDUCATION INSTITUTIONS, PUBLIC BROADCASTERS, PUBLIC ENTITIES AND AGENCIES, AND OTHER TECHNOLOGY-BASED ORGANIZATIONS.

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

Name of the organization MINNESOTA HIGH TECH ASSOCIATION	Employer identification number 41-1440301
--	---

THE FORM 990 IS REVIEWED IN FOUR STEPS PRIOR TO FILING WITH THE IRS:

- (1) REVIEW AND APPROVAL OF THE AUDIT BY THE TREASURER.
- (2) REVIEW AND APPROVAL OF THE AUDIT BY THE FULL EXECUTIVE COMMITTEE.
- (3) REVIEW AND APPROVAL OF THE FORM 990 BY THE FULL EXECUTIVE COMMITTEE.
- (4) REVIEW OF THE FORM 990 BY THE FULL BOARD.

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

A CONFLICT OF INTEREST QUESTIONNAIRE IS GIVEN TO THE BOARD ANNUALLY AND BOARD MEMBERS DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST THAT MAY ARISE DURING THE YEAR TO THE BOARD CHAIR OR GOVERNANCE COMMITTEE. CONFLICT DETERMINATIONS AND RESTRICTIONS ON INTERESTED INDIVIDUALS ARE MADE ON A CASE-BY-CASE BASIS WITH ALL PROCEEDINGS RELATED TO POTENTIAL AND ACTUAL CONFLICTS DOCUMENTED IN THE MEETING MINUTES.

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

THE BOARD CHAIR REVIEWS AND APPROVES CHANGES TO THE PRESIDENT/CEO SALARY AND SUBSTANTIATION OF THE PROCESS CONDUCTED BY A COMPENSATION COMMITTEE IS SIGNED BY BOTH THE BOARD CHAIR AND THE PRESIDENT/CEO AND RETAINED BY THE ORGANIZATION. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN APRIL 2018 FOR THE PRESIDENT/CEO, M. ANDERSON KELLIHER.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
December 31, 2017

Prepared for	Minnesota High Tech Association 400 South 4th Street No. 416 Minneapolis, MN 55415
Prepared by	CliftonLarsonAllen LLP 220 South Sixth Street, Suite 300 Minneapolis, MN 55402 612-376-4500
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	November 15, 2018
Special Instructions	The return should be signed and dated.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MINNESOTA HIGH TECH ASSOCIATION Number, street, and room or suite no. If a P.O. box, see instructions. 400 SOUTH 4TH STREET, NO. 416 City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55415	D Employer identification number (Employees' trust, see instructions.) 41-1440301 E Unrelated business activity codes (See instructions.) 541800
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C Book value of all assets at end of year 994,762.	F Group exemption number (See instructions.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---

H Describe the organization's primary unrelated business activity. ▶ **ADVERTISING**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **LONNI RANALLO** Telephone number ▶ **952-230-4555**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	4,232.	1,083.	3,149.
12 Other income (See instructions; attach schedule)			
13 Total. Combine lines 3 through 12	4,232.	1,083.	3,149.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	1,500.
29 Total deductions. Add lines 14 through 28	29	1,500.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	1,649.
31 Net operating loss deduction (limited to the amount on line 30)	31	1,649.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), Tax on Non-Compliant Facility Income (39), and Total (40).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (41a-41e), Total credits (41e), Subtract line 41e (42), Other taxes (43), Total tax (44), Payments (45a-45g), Total payments (46), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Credited/Refunded (50).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions 51, 52, and 53 regarding foreign interests, foreign trusts, and tax-exempt interest.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date, Title (PRESIDENT AND CEO), and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (HEIDI TATRO), Preparer's signature, Date, Check self-employed, PTIN (P01591796), Firm's name (CLIFTONLARSONALLEN LLP), Firm's EIN (41-0746749), Firm's address (220 SOUTH SIXTH STREET, SUITE 300, MINNEAPOLIS, MN 55402), and Phone no. (612-376-4500).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4) STATEMENT 3						
Totals (carry to Part II, line (5))		4,232.	1,083.	3,149.		0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	4,232.	1,083.				0.
Totals, Part II (lines 1-5)	4,232.	1,083.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

DRAFT

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
PROFESSIONAL FEES		1,500.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		1,500.	

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	2	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	5,619.	2,513.	3,106.	3,106.
12/31/09	4,894.	0.	4,894.	4,894.
12/31/12	1,500.	0.	1,500.	1,500.
12/31/13	9,831.	0.	9,831.	9,831.
12/31/14	0.	0.	0.	0.
12/31/14	8,420.	0.	8,420.	8,420.
12/31/15	1,500.	0.	1,500.	1,500.
12/31/16	1,904.	0.	1,904.	1,904.
NOL CARRYOVER AVAILABLE THIS YEAR			31,155.	31,155.

FORM 990-T	SCHEDULE J - INCOME FROM PERIODICALS REPORTED ON A CONSOLIDATED BASIS	STATEMENT	3	
NAME OF PERIODICAL	GROSS ADV INCOME	DIRECT ADV COSTS	CIRCULATION INCOME	READERSHIP COSTS
NEWSLETTER ADVERTISING (TECH TUESDAY)	3,000.	0.	0.	0.
TEKNE PROGRAM	1,232.	1,083.	0.	0.
MINNESOTA VENTURE AND FINANCE CONFERENCE	0.	0.	0.	0.
TO FM 990-T, SCH J, PART I	4,232.	1,083.		

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. MINNESOTA HIGH TECH ASSOCIATION	Employer identification number (EIN) or 41-1440301
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 400 SOUTH 4TH STREET, NO. 416	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55415	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LONNI RANALLO

• The books are in the care of ▶ **400 SOUTH 4TH STREET, SUITE 416 - MINNEAPOLIS, MN 55415**
Telephone No. ▶ **952-230-4555** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. MINNESOTA HIGH TECH ASSOCIATION	Employer identification number (EIN) or 41-1440301
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 400 SOUTH 4TH STREET, NO. 416	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55415	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LONNI RANALLO

• The books are in the care of ▶ **400 SOUTH 4TH STREET, SUITE 416 - MINNEAPOLIS, MN 55415**
Telephone No. ▶ **952-230-4555** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

2017 TAX RETURN FILING INSTRUCTIONS

MINNESOTA FORM M4NP

FOR THE YEAR ENDING

December 31, 2017

Prepared for	Minnesota High Tech Association 400 South 4th Street No. 416 Minneapolis, MN 55415
Prepared by	CliftonLarsonAllen LLP 220 South Sixth Street, Suite 300 Minneapolis, MN 55402 612-376-4500
To be signed and dated by	The authorized individual(s).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Minnesota Revenue Mail Station 1257 St. Paul, MN 55146-1257
Return must be mailed on or before	
Special Instructions	

2017 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income.

Tax year beginning 01012017, 2017, and ending 12312017 (required)

Name of Organization MINNESOTA HIGH TECH ASSOCIATION		FEIN 411440301	Minnesota Tax ID (required) 4588556
Mailing Address 400 SOUTH 4TH STREET NO. 416		This Organization Files Federal Form (check one) <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL	
City MINNEAPOLIS	County HENNEPI	State MN	ZIP Code 55415
Check All That Apply: <input type="checkbox"/> Amended Return <input type="checkbox"/> Filing Under an Extension <input type="checkbox"/> Final Return (see inst., pg. 3) <input type="checkbox"/> Enter Close Date:		Exempt Under IRS Section (check one) <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 528 <input type="checkbox"/> Other:	
Enter your NAICS Codes (see instructions, pg. 3) 541800 /		Was 100% of the business conducted in Minnesota for this tax year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)	
Are you filing a combined income return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

You must round amounts to nearest whole dollar.

- 1 Federal taxable income **before** Minnesota subtractions (from federal Form 990-T line 34; 1120-C, line 27; 1120-H, line 19; or 1120-POL, line 19) **1** _____
- 2 Total subtractions from federal taxable income (from M4NPI, line 1) **2** _____
- 3 Federal taxable income or (loss) after subtractions. If you conducted business both within and outside Minnesota, complete M4NPA (See instructions, pg. 6.) (If 100% of your activities were conducted in Minnesota, do not complete M4NPA.) **3** _____
- 4 Minnesota taxable net income or (loss) (from M4NPA, line 12, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above) **4** _____
- 5 Total deductions from taxable net income (from M4NPI, line 2) **5** _____
- 6 Taxable income (subtract line 5 from line 4; if zero or less, enter zero) **6** _____
- 7 Regular tax (multiply line 6 by 9.8% [0.098]; if zero or less, enter zero) **7** _____
- 8 Proxy tax (see instructions, pg. 3) **8** _____
- 9 Tax before credits (add lines 7 and 8) **9** _____
- 10 Total credits against tax (from M4NPI, line 3) **10** _____
- 11 Minnesota tax liability (subtract line 10 from line 9; if zero or less, enter zero) **11** _____
- 12 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3) **12** _____
- 13 Add lines 11 and 12 **13** _____
- 14 Total refundable credits (from M4NPI, line 4) **14** _____
- 15 Amount credited from your 2016 Form M4NP, line 30 **15** _____

Continued next page

2017 M4NP UBIT Return, Page 2 (continued)

Name of Organization MINNESOTA HIGH TECH ASSOCIATION	FEIN 411440301	Minnesota Tax ID 4588556
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- 16** 2017 estimated tax payments **16** _____
- 17** 2017 extension payment **17** _____
- 18** Total refundable credits and payments (add lines 14, 15, 16, and 17) **18** _____
- 19** Subtract line 18 from line 13 **19** _____
- 20** Penalty (determine from worksheet in the instructions, pg. 4) **20** _____
- 21** Interest (determine from worksheet in the instructions, pg. 4) **21** _____
- 22** Additional charge for underpayment of estimated tax (from M15NP, line 17) **22** _____
- 23** Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 13, 20, 21, and 22) **23** _____
- 24** Amount from line 23 **24** _____
- 25** Amount from line 18 **25** _____
- 26** **AMOUNT DUE.** If line 24 is more than or equal to line 25, subtract line 25 from 24 **26** _____

Payment method: Electronic (see inst., pg. 2) Check (see inst., pg. 2) Amended return payment by check (see inst., pg. 2)

- 27** **OVERPAYMENT.** If line 25 is more than line 24, subtract line 24 from line 25 **27** _____
- 28** Amount of line 27 to be credited to your 2018 estimated tax **28** _____
- 29** Refund (subtract line 28 from line 27) **29** _____

To have your refund direct deposited, enter your banking information below.

Account type: Checking Savings Routing number _____ Account number (use an account not associated with any foreign banks) _____

I declare that this return is correct and complete to the best of my knowledge and belief.

Authorized Signature	Title	Date	Daytime Phone	<input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.
Paid Preparer's Signature	PTIN	Date	Daytime Phone	
Email Address for Correspondence, if Desired		This email address belongs to (check one):		
	PRESIDENT AND CEO		9522304555	
	*****		6123764500	
		<input type="checkbox"/> Employee	<input type="checkbox"/> Paid Preparer	

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.
 Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257



2017 NOL, Net Operating Loss Deduction

Unitary businesses: Complete a separate Schedule NOL for each corporation that is carrying forward a net operating loss (NOL).

Name of Corporation MINNESOTA HIGH TECH ASSOCIATION	FEIN 411440301	Minnesota Tax ID 4588556
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Year	Taxable Net Income/Loss	Minnesota Losses Used	Losses Remaining
Oldest loss year			
12312008	-5619		-5619
Subsequent year 1			
12312009	-4894		-10513
²			
12312010	374	-374	-10139
³			
12312011	2139	-2139	-8000
⁴			
12312012	-1500		-9500
⁵			
12312013	-9831		-19331
⁶			
12312014	-8420		-27751
⁷			
12312015	-1500		-29251
⁸			
12312016	-1904		-31155
⁹			
12312017	1649	-1649	-29506
¹⁰			
12312017	0	-1649	-29506
¹¹			
¹²			
¹³			
¹⁴			
¹⁵			
2017 Summary:		Net operating loss deduction	Total losses remaining (to be carried forward)
			-29506

Enter on M4T, line 6

