

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 **2020** calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization MINNESOTA TECHNOLOGY ASSOCIATION	D Employer identification number 41-1440301
<input type="checkbox"/> Address change	Doing business as	E Telephone number 952-230-4555
<input checked="" type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 400 SOUTH 4TH STREET 416	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55415	G Gross receipts \$ 2,085,591.
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: JEFF TOLLEFSON SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions
J Website: WWW.MNTECH.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982
		M State of legal domicile: MN

Part I Summary			Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BUILD A MORE VIBRANT, INNOVATIVE, AND INCLUSIVE TECHNOLOGY ECOSYSTEM IN MINNESOTA BY			
	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	39	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	11	
	6 Total number of volunteers (estimate if necessary)	6	39	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)		0.	0.
	9 Program service revenue (Part VIII, line 2g)		2,577,152.	2,083,572.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,325.	1,189.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,005.	830.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,593,482.	2,085,591.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		892,986.	670,212.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		932,903.	956,951.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		825,065.	478,363.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,650,954.	2,105,526.	
19 Revenue less expenses. Subtract line 18 from line 12		-57,472.	-19,935.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		541,882.	528,602.
	21 Total liabilities (Part X, line 26)		422,911.	429,566.
	22 Net assets or fund balances. Subtract line 21 from line 20		118,971.	99,036.

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 JEFF TOLLEFSON, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name HEIDI TATRO	Preparer's signature HEIDI TATRO
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Date 06/29/21
	Firm's address ▶ 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Check if self-employed <input type="checkbox"/> PTIN P01591796
		Firm's EIN ▶ 41-0746749
		Phone no. 6123764500

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 [X]

1 Briefly describe the organization's mission: MINNESOTA TECHNOLOGY ASSOCIATION'S MISSION IS TO BUILD A MORE VIBRANT, INNOVATIVE, AND INCLUSIVE TECHNOLOGY ECOSYSTEM IN MINNESOTA BY ENABLING THE CONNECTIONS, PUBLIC POLICIES, AND PARTNERSHIPS NEEDED TO HELP OUR TECH COMMUNITY THRIVE.

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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) MINNESOTA'S TECHNOLOGY-DRIVEN COMPANIES ACHIEVE THE GREATEST SUCCESS WHEN THEY HAVE ACCESS TO EXCEPTIONAL TALENT, DEDICATED PUBLIC POLICY ADVOCATES, AND ARE PART OF AN INNOVATIVE, INCLUSIVE TECHNOLOGY COMMUNITY. THE MINNESOTA TECHNOLOGY ASSOCIATION NURTURES EACH OF THESE ATTRIBUTES WITHIN OUR STATE, ENABLING MINNESOTA TECHNOLOGY-DRIVEN BUSINESSES, PROFESSIONALS, AND COMMUNITIES TO THRIVE. THE MINNESOTA TECHNOLOGY ASSOCIATION CREATES MEANINGFUL CONNECTIONS AND CAREER ADVANCEMENT THROUGH IT'S RESPECTED PROGRAMS, EDUCATIONAL OPPORTUNITIES, AND NETWORKING EVENTS. THE ASSOCIATION RUNS INTERNSHIP PROGRAMS TO ASSIST STUDENTS IN THE STEM AREA'S FIND MEANINGFUL WORK, AND TO DRIVE MINNESOTA'S STEM WORKFORCE DEVELOPMENT. THE MINNESOTA TECHNOLOGY ASSOCIATION ALSO LEADS IN ADVANCING TECH-RELATED PUBLIC POLICY ISSUES

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) THE SCITECH 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 2019-2020, THE PROGRAM HAD THE FOLLOWING RESULTS: -1549 STUDENT APPLICANTS -238 COMPANY APPLICANTS -295 STUDENT INTERNS HIRED WITH 205 METRO PLACEMENTS AND 90 GREATER MINNESOTA PLACEMENTS

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

4d Other program services (Describe on 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 donor-restricted endowments or in 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
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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (39); 1b Enter the number of voting members included on line 1a, above, who are independent (38); 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, 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); 7b 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 on Schedule O. (X)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (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); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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. See instructions for the order in which to list the persons above.

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) JEFF TOLLEFSON PRESIDENT & CEO	40.00	X		X				196,007.	0.	21,545.
(2) PATRICK JOYCE BOARD CHAIR	4.00	X		X				0.	0.	0.
(3) CYRUS MORTON BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
(4) DOUG CARNIVAL SECRETARY	2.00	X		X				0.	0.	0.
(5) ED FOPPE TREASURER	2.00	X		X				0.	0.	0.
(6) DR. SAMEER BADLANI BOARD MEMBER	2.00	X						0.	0.	0.
(7) MATTHEW BAILEY BOARD MEMBER	2.00	X						0.	0.	0.
(8) TEDDY BEKELE BOARD MEMBER	2.00	X						0.	0.	0.
(9) TAWANNA BLACK BOARD MEMBER	2.00	X						0.	0.	0.
(10) KEVIN BOECKENSTEDT BOARD MEMBER	2.00	X						0.	0.	0.
(11) TRENT CLAUSEN BOARD MEMBER	2.00	X						0.	0.	0.
(12) JACQUELYN CROWHURST BOARD MEMBER	2.00	X						0.	0.	0.
(13) SARAH ENGSTROM BOARD MEMBER	2.00	X						0.	0.	0.
(14) AMY FISHER BOARD MEMBER	2.00	X						0.	0.	0.
(15) TODD HAUSCHILDT BOARD MEMBER	2.00	X						0.	0.	0.
(16) BOB HIRSCH BOARD MEMBER	2.00	X						0.	0.	0.
(17) KAREN HUDSON 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) MATT JOHNSON BOARD MEMBER	2.00	X						0.	0.	0.
(19) TAMMYLYNNE JONAS BOARD MEMBER	2.00	X						0.	0.	0.
(20) SRIDHAR KONERU BOARD MEMBER	2.00	X						0.	0.	0.
(21) JAKE KRINGS BOARD MEMBER	2.00	X						0.	0.	0.
(22) RICK KRUEGER BOARD MEMBER	2.00	X						0.	0.	0.
(23) MICHAEL LACEY BOARD MEMBER	2.00	X						0.	0.	0.
(24) CHUCK LEFEBVRE BOARD MEMBER	2.00	X						0.	0.	0.
(25) MAC LEWIS BOARD MEMBER	2.00	X						0.	0.	0.
(26) JOY LINDSAY BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								196,007.	0.	21,545.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								196,007.	0.	21,545.

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 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	1g \$					
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a PROGRAM GRANTS	Business Code					
		900099	1,140,777.	1,140,777.			
	b MEMBERSHIP DUES	900099	505,885.	505,885.			
	c EVENTS AND PROGRAMS	900099	436,910.	436,910.			
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		2,083,572.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,189.			1,189.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	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	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue	900099	830.			830.	
	e Total. Add lines 11a-11d		830.				
12 Total revenue. See instructions		2,085,591.	2,083,572.	0.	2,019.		

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 ...	670,212.			
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				
5 Compensation of current officers, directors, trustees, and key employees	217,552.			
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	576,131.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,346.			
9 Other employee benefits	77,239.			
10 Payroll taxes	65,683.			
11 Fees for services (nonemployees):				
a Management				
b Legal	420.			
c Accounting	18,490.			
d Lobbying	46,000.			
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.)	27,132.			
12 Advertising and promotion				
13 Office expenses	23,556.			
14 Information technology				
15 Royalties				
16 Occupancy	59,128.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	227,578.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,696.			
23 Insurance	4,112.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SCITECHSPERIENCE	51,497.			
b EQUIPMENT RENTAL	8,171.			
c PUBLIC RELATIONS	4,469.			
d DUES AND SUBSCRIPTIONS	3,114.			
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,105,526.			
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	29,525.	1	38,374.
	2 Savings and temporary cash investments	378,503.	2	382,906.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	101,630.	4	74,104.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,941.	9	24,759.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 133,104.		
	b Less: accumulated depreciation	10b 124,645.	9,283.	10c 8,459.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	541,882.	16	528,602.	
Liabilities	17 Accounts payable and accrued expenses	89,271.	17	113,291.
	18 Grants payable		18	
	19 Deferred revenue	333,640.	19	316,275.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	422,911.	26	429,566.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	118,971.	27	99,036.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	118,971.	32	99,036.
33 Total liabilities and net assets/fund balances	541,882.	33	528,602.	

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	2,085,591.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,105,526.
3	Revenue less expenses. Subtract line 2 from line 1	3	-19,935.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	118,971.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	99,036.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 on Schedule O.
- 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2020)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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.**

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 <p style="text-align: center;">MINNESOTA TECHNOLOGY ASSOCIATION</p>	Employer identification number <p style="text-align: center;">41-1440301</p>
---	---

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 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 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 ▶ \$ 0.
- 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) 2020**

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 (grassroots 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%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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?														

Yes 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) 2017	(b) 2018	(c) 2019	(d) 2020	(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	505,885.
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	46,068.
b Carryover from last year	2b	
c Total	2c	46,068.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	60,706.
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	-14,638.

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

2020

Open to Public Inspection

Name of the organization MINNESOTA TECHNOLOGY ASSOCIATION	Employer identification number 41-1440301
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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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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 make 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 program
 - 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 Term 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? <input type="checkbox"/> | 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		32,347.	26,112.	6,235.
e Other		91,503.	89,279.	2,224.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,459.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes rows (1) Federal income taxes through (9). Section 2 is for liability for uncertain tax positions.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

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	2,116,581.
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	30,990.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	30,990.
3	Subtract line 2e from line 1	3	2,085,591.
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	2,085,591.

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	2,136,516.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	30,990.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	30,990.
3	Subtract line 2e from line 1	3	2,105,526.
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	2,105,526.

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.

Part XIII Supplemental Information *(continued)*

DRAFT

**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

2020

**Open to Public
Inspection**

Name of the organization **MINNESOTA TECHNOLOGY 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
ABILITECH MEDICAL 7777 GOLDEN TRIANGLE DR #225 EDEN PRAIRIE, MN 55344	81-3432672	N/A	6,164.	0.	N/A	N/A	SCITECH WAGE SUPPORT
ADVANCED INSPECTION SERVICES 15150 25TH AVE N, STE 200 PLYMOUTH, MN 55447	41-1974285	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
ADVISORY AEROSPACE OSC 4460 GAYWOOD DRIVE MINNETONKA, MN 55345	47-1084451	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
AGNITRON TECHNOLOGY 8360 COMMERCE DRIVE CHANHASSEN, MN 55317	26-2833756	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
ALLIANT ENGINEERING, INC. 233 PARK AVENUE SOUTH, SUITE 300 MINNEAPOLIS, MN 55415	41-1818046	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
ALTIMATE MEDICAL HOLDINGS, INC. 262 WEST 1ST STREET MORTON, MN 56270	47-1596131	N/A	5,000.	0.	N/A	N/A	SCITECH 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 ▶ 65.

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ARC 4459 WHITE BEAR PARKWAY WHITE BEAR LAKE, MN 55110	41-1563821	N/A	8,702.	0.	N/A	N/A	SCITECH WAGE SUPPORT
ARCHITECTURAL RESOURCES INC. 704 EAST HOWARD STREET HIBBING, MN 55746	41-0988307	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
ARIA CV, INC. 2334 UNIVERSITY AVENUE W, SUITE 190 ST. PAUL, MN 55114	27-3719993	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
ART UNLIMITED 9998 E. LIND RD ANGORA, MN 55703	26-3417754	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
ATLAS MANUFACTURING 2950 WEEKS AVE. SE MINNEAPOLIS, MN 55414	05-0527601	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
BOGART, PEDERSON & ASSOCIATES 13076 FIRST STREET BECKER, MN 55308	41-1867146	N/A	10,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
CALYAN TECHNOLOGIES 7300 HUDSON BLVD. NORTH OAKDALE, MN 55128	82-4655950	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
CHANL HEALTH 12679 88TH PL N MAPLE GROVE, MN 55369	82-1661827	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
CHROMATIC 3D MATERIALS INC 684 MENDELSSOHN AVE N GOLDEN VALLEY, MN 55427	81-4833786	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DESIGNS BY NATURAL PROCESSES 1220 EAST 7TH STREET WINONA, MN 55987	83-1742926	N/A	10,622.	0.	N/A	N/A	SCITECH WAGE SUPPORT
DOSE HEALTH 7123 POLARIS LANE NORTH MAPLE GROVE, MN 55311	47-2970719	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
ELITE CUSTOM SOLUTIONS 2450 MARION RD SE ROCHESTER, MN 55904	46-3059737	N/A	7,497.	0.	N/A	N/A	SCITECH WAGE SUPPORT
EVOLVE ADDITIVE SOLUTIONS 5600 ROWLAND RD MINNETONKA, MN 55343	82-1874246	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
F3 WIRELESS 211 SAINT ANTHONY PARKWAY SUITE 100 MINNEAPOLIS, MN 55418-4595	27-3111922	N/A	15,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
H&B ELEVATORS 3000 N WASHINGTON AVE MINNEAPOLIS, MN 55411	80-0905875	N/A	4,903.	0.	N/A	N/A	SCITECH WAGE SUPPORT
HEALTHFACTORS INC 706 N. 1ST STREET MINNEAPOLIS, MN 55401	47-2683862	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
HYDRA-FLEX 8401 EAGLE CREEK PARKWAY SAVAGE, MN 55378	43-1987668	N/A	12,496.	0.	N/A	N/A	SCITECH WAGE SUPPORT
HZ UNITED, LLC 3025 HARBOR LANE N. #121 PLYMOUTH, MN 55447	20-4166646	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
INNOVATIVE SURFACE TECHNOLOGIES, INC - 1045 WESTGATE DRIVE, SUITE 100 - ST. PAUL, MN 55114	20-8134118	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
INSIGHT SENSING 1000 WESTGATE DRIVE SUITE 150K ST. PAUL, MN 55114	83-1386254	N/A	4,557.	0.	N/A	N/A	SCITECH WAGE SUPPORT
INSITU TECHNOLOGIES INC 539 PHALEN BLVD ST. PAUL, MN 55130	41-1816938	N/A	9,146.	0.	N/A	N/A	SCITECH WAGE SUPPORT
IRRIGREEN, INC. 5250 W. 73RD ST., SUITE I EDINA, MN 55439	27-5023363	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
ISTHMUS ENGINEERING, INC 500 JACKSON ST. ST. PAUL, MN 55101	76-0717206	N/A	10,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
ITASCA CONSULTING GROUP, INC. 111 THIRD AVE SOUTH, SUITE 450 MINNEAPOLIS, MN 55401	41-1961811	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
KAMP AUTOMATION 415 16TH AVE SE WASECA, MN 56093	47-5653054	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
KIT MASTERS 825 1ST ST NE PERHAM, MN 56573	41-1839163	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
LAVALLEY INDUSTRIES 1876 23RD STREET SE BEMIDJI, MN 56601	61-1497834	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LIFT AND STORE, LLC 6230 MCKINLEY ST. NW, STE E RAMSEY, MN 55303	81-0935160	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
MICROBIOLOGICS 200 COOPER AVE. NORTH ST. CLOUD, MN 56303	41-0978292	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
MOORE ENGINEERING INC 3315 ROOSEVELT ROAD, SUITE 500A ST. CLOUD, MN 56301	45-0310156	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
NANOMOTIF, LLC 1000 WESTGATE DRIVE. SUITE 142 ST. PAUL, MN 55114	45-4517760	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
NCXT 5800 BRYANT AVE S MINNEAPOLIS, MN 55419	83-1290008	N/A	10,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
NETVPRO 203 COOPER AVE N, SUITE 161 ST. CLOUD, MN 56303	27-3024218	N/A	5,300.	0.	N/A	N/A	SCITECH WAGE SUPPORT
NEW WAVE DESIGN AND VERIFICATION NEW WAVE DESIGN & VERIFICATION 4950 W 78TH ST. - MINNEAPOLIS, MN 55435	46-2592419	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
NIMBELINK 3131 FERNBROOK LANE N, SUITE 100 PLYMOUTH, MN 55447	46-2003402	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
NOVA-TECH ENGINEERING, LLC 1705 ENGINEERING AVE. NE WILLMAR, MN 56201	20-2845550	N/A	12,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NOVOCLADE 1000 WESTGATE DRIVE, SUITE 105 ST. PAUL, MN 55114	81-2448505	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
PUNCH THROUGH DESIGN LLC 212 3RD AVE N, SUITE 310 MINNEAPOLIS, MN 55401	27-0289633	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
RAILBOX CONSULTING 3144 HENNEPIN AVE S., SUITE # 201 MINNEAPOLIS, MN 55408	47-4119016	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
RMB ENVIRONMENTAL LABORATORIES, INC. - 22796 COUNTY HIGHWAY 6 - DETROIT LAKES, MN 56501	41-1810231	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
SANDMAN STRUCTURAL ENGINEERS 1587 30TH AVE SOUTH MOORHEAD, MN 56560	26-3322988	N/A	10,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
SASYA 1000 WESTGATE DR, SUITE 121A ST. PAUL, MN 55114	46-5460016	N/A	4,963.	0.	N/A	N/A	SCITECH WAGE SUPPORT
SATURN SYSTEMS, INC. 314 W. SUPERIOR STREET STE. 1015 DULUTH, MN 55802	41-1754350	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
SCANLAN INTERNATIONAL, INC. ONE SCANLAN PLAZA ST. PAUL, MN 55107	41-0720907	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
SENTERA 6636 CEDAR AVE S. SUITE 250 RICHFIELD, MN 55423	83-2134251	N/A	15,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SEZZLE 251 N 1ST AVE. SUITE 200 MINNEAPOLIS, MN 55401	81-0971660	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
SOFTWARE FOR GOOD, GBC 11 4TH STREET NORTHEAST #300 MINNEAPOLIS, MN 55413	38-3697336	N/A	10,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
SOLUTION BUILDERS 3500 AMERICAN BLVD W, STE 50 BLOOMINGTON, MN 55431	41-1826018	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
STONEBROOKE ENGINEERING 12279 NICOLLET AVENUE BURNSVILLE, MN 55337	20-0377006	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
SURGICAL TECHNOLOGIES, INC. 292 E LAFAYETTE FRONTAGE RD ST. PAUL, MN 55107	41-1426657	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT
T.O. PLASTICS P.O. BOX 37 830 COUNTY ROAD 75 CLEARWATER, MN 55320	41-0795782	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
THERN, INC 5712 INDUSTRIAL PARK ROAD WINONA, MN 55987	41-0791857	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
THIRD WAVE SYSTEMS 6475 CITY WEST PARKWAY EDEN PRAIRIE, MN 55344	41-1744080	N/A	10,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
TLC ELECTRONICS, INC. 18 LONG LAKE RD ST. PAUL, MN 55115	41-1629104	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT

Schedule I (Form 990)

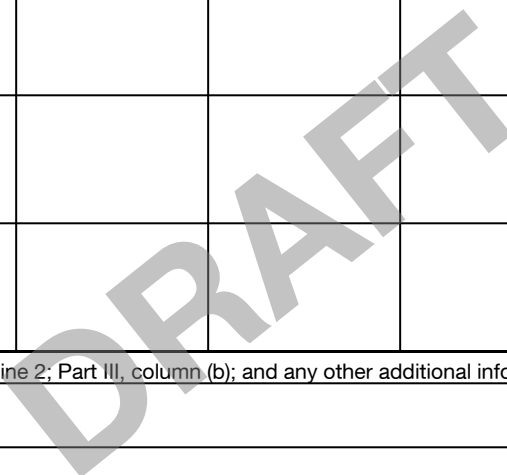
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
TLC MILLIMETERWAVE PRODUCTS INC. 1411 WEST RIVER ROAD NORTH MINNEAPOLIS, MN 55411	80-0882095	N/A	10,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
TOWER SOLUTIONS 7825 WASHINGTON AVENUE, SUITE 500 EDEN PRAIRIE, MN 55439	41-1960468	N/A	7,471.	0.	N/A	N/A	SCITECH WAGE SUPPORT
UMC, INC. 500 CHELSEA ROAD MONTICELLO, MN 55362	41-0970352	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
VSI LABS 7600 WEST 27TH ST, UNIT B11 ST LOUIS PARK, MN 55426	46-5374251	N/A	5,000.	0.	N/A	N/A	SCITECH WAGE SUPPORT
WIDSETH SMITH NOLTING, & ASSOC., INC. - 216 SOUTH MAIN - CROOKSTON, MN 56716	41-1243629	N/A	7,500.	0.	N/A	N/A	SCITECH WAGE SUPPORT

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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:

MINNESOTA TECHNOLOGY ASSOCIATION ADMINISTERS SCITECH, AN INTERNSHIP PROGRAM

OF THE STATE OF MINNESOTA ACTING THROUGH THE MINNESOTA DEPARTMENT OF

EMPLOYMENT AND ECONOMIC DEVELOPMENT (DEED). APPLICANTS FUNDED THROUGH THE

SCITECH INTERNSHIP PROGRAM WILL MEET AND ADHERE TO THE FOLLOWING

REQUIREMENTS:

TECHNOLOGY FOCUS AREAS: THE SCITECH INTERNSHIP PROGRAM ASSISTS STUDENTS AND

COMPANIES STUDYING OR WORKING IN KEY AREAS OF SCIENCE AND TECHNOLOGY,

Part IV Supplemental Information

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

SCITECH 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 OR A GRADUATE STUDENT. 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 250 EMPLOYEES WORLDWIDE ARE TO BE SUPPORTED WITH SCITECH 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, A TWO-YEAR DEGREE AT A COMMUNITY OR

TECHNICAL COLLEGE, OR A GRADUATE DEGREE PROGRAM.

Part IV Supplemental Information

STUDENTS: ELIGIBLE SCITECH STUDENTS MUST BE MINNESOTA RESIDENTS OR A
 STUDENT LIVING IN AND ATTENDING 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, OR A CURRENT
 GRADUATE STUDENT, BASED ON CREDITS COMPLETED, 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 SCITECH
 INTERNSHIP PROGRAM.

ELIGIBLE COMPANIES: COMPANIES ELIGIBLE TO PARTICIPATE IN THE
 SCITECH INTERNSHIP PROGRAM MUST HAVE FEWER THAN 250 EMPLOYEES WORLDWIDE, 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 A 50% WAGE REIMBURSEMENT OF 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 TEN.
 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 SCITECH 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

Part IV Supplemental Information

PROGRAM FOR ANY REASON AND IS REPLACED BY THE COMPANY WITH ANOTHER ELIGIBLE

STUDENT OR AN INTERN FAILS TO MEET THE 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

SCITECH INTERNSHIP PROGRAM WILL BE REQUIRED TO COMPLETE A REIMBURSEMENT

FORM AND PROVIDE MN TECH WITH APPROVED TIMECARDS/PAYROLL SUMMARIES AND

INTERNSHIP STATUS WITH EACH REIMBURSEMENT REQUEST; FOLLOW-UP REPORTING AS

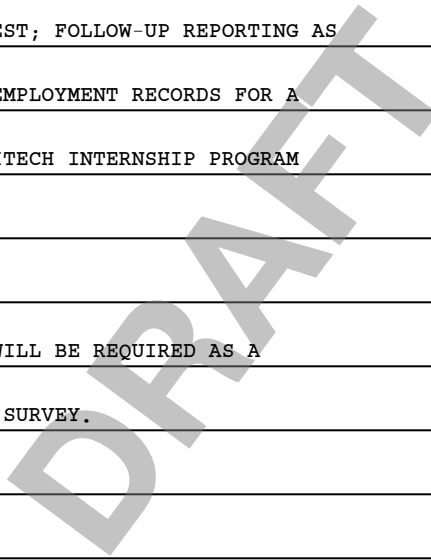
REQUESTED BY DEED; AND RETAIN ACCURATE INTERN EMPLOYMENT RECORDS FOR A

PERIOD OF SIX YEARS AFTER COMPLETION OF THE SCITECH INTERNSHIP PROGRAM

FUNDING FOR EACH INTERNSHIP.

SURVEY: SCITECH 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

2020

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 TECHNOLOGY 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 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 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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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) 2020

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) JEFF TOLLEFSON PRESIDENT & CEO	(i)	185,007.	11,000.	0.	7,840.	13,705.	217,552.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD CHAIR REVIEWS AND APPROVES CHANGES TO THE PRESIDENT/CEO SALARY

AND SUBSTANTIATION OF THE PROCESS CONDUCTED BY THE EXECUTIVE COMMITTEE.

THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2021 FOR THE PRESIDENT/CEO,

JEFF TOLLEFSON .

DRAFT

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

2020

Open to Public
Inspection

Name of the organization

MINNESOTA TECHNOLOGY ASSOCIATION

Employer identification number

41-1440301

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENABLING THE CONNECTIONS, PUBLIC POLICIES, AND PARTNERSHIPS NEEDED TO
HELP OUR TECH COMMUNITY THRIVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO MINNESOTA'S STATE CAPITOL AND SERVES AS THE LOCAL AFFILIATE OF
TECNA, THE TECHNOLOGY COUNCILS OF NORTH AMERICA. OUR MEMBERSHIP BASE
INCLUDES COMPANIES THAT WORK THE SPECTRUM OF TECHNOLOGY, FROM IT,
ADVANCED MANUFACTURING, LIFE SCIENCES, FINTECH, AGTECH, CLEANTECH, AND
EDUTECH, AND RANGE FROM LONG-ESTABLISHED CORPORATIONS TO SMALL AND
GROWING STARTUPS. THE MINNESOTA TECHNOLOGY'S MISSION IS TO ACCELERATE
GROWTH, INNOVATION, AND THE DEVELOPMENT OF A STRONG, INCLUSIVE TECH
ECOSYSTEM IN MINNESOTA.

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 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
ORGANIZATION. ANY SUCH EXECUTIVE COMMITTEE SHALL ACT ONLY IN THE INTERVAL

BETWEEN MEETINGS OF THE BOARD, AND SHALL BE SUBJECT AT ALL TIMES TO THE

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

Schedule O (Form 990 or 990-EZ) 2020

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

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 ORGANIZATION. THE GOVERNANCE COMMITTEE SHALL PROPOSE TO THE BOARD NOMINEES FOR OFFICERS, DIRECTORS OF THE ORGANIZATION, 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:
MEMBERS: THE CORPORATION SHALL HAVE MEMBERS. THE BOARD OF DIRECTORS MAY FROM TIME TO TIME ESTABLISH CLASSES OF MEMBERSHIP. CURRENTLY, THERE ARE FOUR CATEGORIES OF MEMBERS:

TECHNOLOGY PRODUCERS: EXAMPLES INCLUDE: MANUFACTURING, SOFTWARE ENGINEERING, TELECOM, DATACOM, AND CONSULTING.

TECHNOLOGY APPLICATION USERS: EXAMPLES INCLUDE: SALES AND SERVICE ORGANIZATIONS, FINANCIAL INSTITUTIONS, UTILITIES, AND AGRICULTURAL PROCESSORS.

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

ANCILLARY SERVICE FIRMS: EXAMPLES INCLUDE: ACCOUNTING, LEGAL, REAL ESTATE,
AND OTHER PROFESSIONAL ADVISING ENTITIES

NONPROFITS AND PUBLIC ENTITIES: EXAMPLES INCLUDE: ECONOMIC DEVELOPMENT
ORGANIZATIONS, GOVERNMENT AGENCIES, AND EDUCATIONAL INSTITUTIONS

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED
ON INFORMATION PROVIDED BY THE ORGANIZATION. ONCE THE DRAFT IS AVAILABLE,
IT IS PROVIDED TO MANAGEMENT FOR THEIR REVIEW WITH ANY COMMENTS OR
CORRECTIONS BEING INCORPORATED INTO THE FILING. THE TREASURER AND
EXECUTIVE COMMITTEE THEN REVIEW THE FORM 990 IN CONJUNCTION WITH THE
ORGANIZATION'S AUDITED FINANCIAL STATEMENTS MAKING COMPARISONS FOR
CONSISTENCY AND ACCURACY. A COMPLETE COPY OF THE 990 IS THEN PROVIDED TO
ALL MEMBERS OF THE GOVERNING BODY BEFORE IT IS FILED.

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. A CONFLICT OF INTEREST OCCURS
WHEN A PERSONAL INTEREST IS IN CONFLICT WITH, OR EVEN APPEARS TO BE IN
CONFLICT WITH, THE BEST INTERESTS OF THE ORGANIZATION. THE CONFLICT OF
INTEREST POLICY COVERS ALL BOARD MEMBERS AND EMPLOYEES OF THE ORGANIZATION.

ALL POSSIBLE CONFLICTS OF INTEREST SHOULD BE BROUGHT TO THE ATTENTION OF

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

THE BOARD CHAIR OR GOVERNANCE COMMITTEE.

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

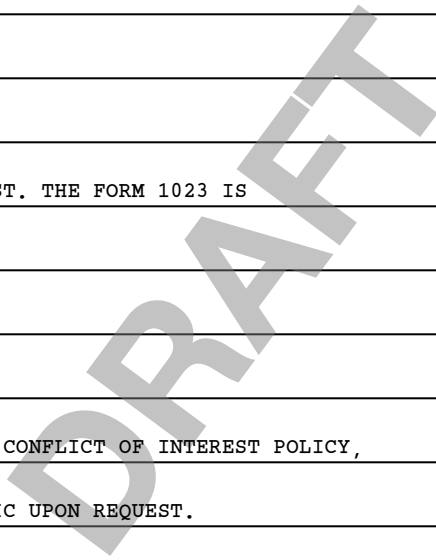
THE BOARD CHAIR REVIEWS AND APPROVES CHANGES TO THE PRESIDENT/CEO SALARY AND SUBSTANTIATION OF THE PROCESS CONDUCTED BY THE EXECUTIVE COMMITTEE IS SIGNED BY BOTH THE BOARD CHAIR AND THE PRESIDENT/CEO AND RETAINED BY THE ORGANIZATION. THIS PROCESS WAS MOST RECENTLY UNDERTAKEN IN 2021 FOR THE PRESIDENT/CEO, JEFF TOLLEFSON.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 AND 990T ARE AVAILABLE UPON REQUEST. THE FORM 1023 IS AVAILABLE UPON REQUEST.

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.



CARRYOVER DATA TO 2021

Name MINNESOTA TECHNOLOGY ASSOCIATION	Employer Identification Number 41-1440301
--	--

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - ADVERTISING	421.
FEDERAL PRE-2018 NET OPERATING LOSS	18,904.
MN NET OPERATING LOSS	145,711.

DRAFT

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.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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.

Type or print	Name of exempt organization or other filer, see instructions. MINNESOTA TECHNOLOGY ASSOCIATION	Taxpayer identification number (TIN) 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	
	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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2020 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.

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

2020

Department of the Treasury
Internal Revenue Service

For calendar year 2020 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).**

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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) <input type="checkbox"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input checked="" type="checkbox"/> Check box if name changed and see instructions.) MINNESOTA TECHNOLOGY ASSOCIATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 400 SOUTH 4TH STREET, NO. 416</p> <p>City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55415</p>	<p>D Employer identification number 41-1440301</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 528,602.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K 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. ▶

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

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
4a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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.			
	Signature of officer _____ Date _____	Title PRESIDENT	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	HEIDI TATRO	HEIDI TATRO	06/29/21	P01591796
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749		
Firm's address ▶ 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Phone no. 6123764500			

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ 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).

ENTITY

1

OMB No. 1545-0047

2020

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

A Name of the organization MINNESOTA TECHNOLOGY ASSOCIATION	B Employer identification number 41-1440301
C Unrelated business activity code (see instructions) ▶ 541800	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ ADVERTISING

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 (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a			
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	0.		

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

1 Compensation of officers, directors, and trustees (Part X)							
2 Salaries and wages							
3 Repairs and maintenance							
4 Bad debts							
5 Interest (attach statement) (see instructions)							
6 Taxes and licenses							
7 Depreciation (attach Form 4562) (see instructions)		7					
8 Less depreciation claimed in Part III and elsewhere on return		8a				8b	
9 Depletion							
10 Contributions to deferred compensation plans							
11 Employee benefit programs							
12 Excess exempt expenses (Part VIII)							
13 Excess readership costs (Part IX)							
14 Other deductions (attach statement)							
15 Total deductions. Add lines 1 through 14							0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)							0.
17 Deduction for net operating loss (see instructions)							0.
18 Unrelated business taxable income. Subtract line 17 from line 16							

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation ▶

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis. STATEMENT 1

A TEKNE PROGRAM

B

C

D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)

SEPARATE PERIODICALS INCLUDED IN
A CONSOLIDATED PERIODICAL

STATEMENT 1

<u>GROSS INCOME</u>	<u>DIRECT COSTS</u>	<u>CIRC. INCOME</u>	<u>RDRSHIP COSTS</u>
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DRAFT



2020 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. See *2020 Unrelated Business Income Tax Return Instructions* on our website at www.revenue.state.mn.us.

Tax year beginning (MM/DD/YYYY) 01 / 01 / 2020, and ending (MM/DD/YYYY) 12 / 31 / 2020 (required)

MINNESOTA TECHNOLOGY ASSOCIATION
 Name of Organization
 400 SOUTH 4TH STREET NO. 416
 Mailing Address
MINNEAPOLIS **HENNEPI** **MN** **55415**
 City County State ZIP Code

411440301
 FEIN
4588556
 Minnesota Tax ID (required)

Check if New Address
 Check All That Apply: Amended Return Filing Under an Extension Final Return (see inst., pg. 4) Enter Close Date:

This Organization Files Federal Form (check one)
 990-T 1120-C 1120-H 1120-POL
 Exempt Under IRS Section (check one)
 501(c)(6) 528 Other: _____
 Enter your NAICS Codes (see instructions, pg. 4) _____ / _____

Are you filing a combined income return? Yes No

Was 100% of the business conducted in Minnesota for this tax year?
 Yes No (complete and attach Schedule M4NPA)

You must round amounts to nearest whole dollar.

1	Federal taxable income before net operating loss and specific deduction (total from all federal Form 990-T Schedule As, Part II Line 16; 1120-c, line 25c; 1120-H, line 17; or 1120-POL, line 17c)	1	_____
2	Total additions to federal taxable income (from Form M4NPI, line 1)	2	_____
3	Federal taxable income after additions (add lines 1 and 2)	3	_____
4	Total subtractions from federal taxable income (from Form M4NPI, line 2)	4	_____
5	Federal taxable income (loss) after subtractions. (See instructions.) If you conducted business both within and outside Minnesota, complete Form M4NPA. (See instructions, pg. 4.) If 100% of your activities were conducted in Minnesota, do not complete Form M4NPA. Enter line 5 on line 6	5	_____
6	Minnesota taxable net income (loss) (from Form M4NPA, line 10.) If 100% of your activities were conducted in Minnesota, enter amount from line 5 above.	6	_____
7	Minnesota net operating loss deduction (from Form M4NP NOL)	7	_____
8	Subtract line 7 from line 6 (if zero or less, enter zero)	8	_____ 0
9	Total deductions from taxable net income (from Form M4NPI, line 3)	9	_____
10	Taxable income (subtract line 9 from line 8; if zero or less, enter zero)	10	_____ 0
11	Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)	11	_____ 0
12	Proxy tax (see instructions, pg. 4)	12	_____
13	Tax before credits (add lines 11 and 12)	13	_____
14	Total credits against tax (from Form M4NPI, line 4)	14	_____
15	Minnesota tax liability (subtract line 14 from line 13; if zero or less, enter zero)	15	_____

Continued next page

2020 M4NP UBIT Return, Page 2 (continued)



MINNESOTA TECHNOLOGY ASSOCIATION

411440301

4588556

Name of Organization

FEIN

Minnesota Tax ID

16	Minnesota Nongame Wildlife Fund donation (see instructions, pg. 4)	16	_____
17	Add lines 15 and 16	17	_____
18	Total refundable credits (from Form M4NPI, line 5)	18	_____
19	Amount credited from your 2019 Form M4NP, line 32	19	_____
20	2020 estimated tax payments	20	_____
21	2020 extension payment	21	_____
22	Total refundable credits and payments (add lines 18, 19, 20, and 21)	22	_____
23	Subtract line 22 from line 17	23	_____
24	Penalty (determine from worksheet in the instructions, pg. 5)	24	_____
25	Interest (determine from worksheet in the instructions, pg. 5)	25	_____
26	Additional charge for underpayment of estimated tax (from Form M15NP, line 17)	26	_____
27	Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26)	27	_____
28	Amount from line 27	28	_____
29	Amount from line 22	29	_____
30	AMOUNT DUE. If line 28 is more than or equal to line 29, subtract line 29 from 28	30	_____

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

31	OVERPAYMENT. If line 29 is more than line 28, subtract line 28 from line 29	31	_____
32	Amount of line 31 to be credited to your 2021 estimated tax	32	_____
33	Refund (subtract line 32 from line 31)	33	_____

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	PRESIDENT	Date (MM/DD/YYYY)	9522304555
HEIDI TATRO	Title	06 / 29 / 2021	Daytime Phone
Signature of Preparer	P01591796	Date (MM/DD/YYYY)	6123764500
	PTIN		Preparer's Daytime Phone

Email Address for Correspondence, if Desired _____

This email address belongs to (check one)

Employee 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 Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257

I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.



2020 M4NP NOL, Net Operating Loss Deduction

For tax-exempt organizations and cooperatives that file federal Form 990-T or 1120-C.

MINNESOTA TECHNOLOGY ASSOCIATION 411440301 4588556
 Name of Organization FEIN Minnesota Tax ID

Year	Minnesota Taxable Net Income/Loss	Minnesota Losses Used	Minnesota Losses Carried Back	Losses Remaining
Oldest loss year				
12 31 2008	-5619			-5619
Subsequent year 1				
12 31 2009	-4894			-10513
2				
12 31 2010	374	-374		-10139
3				
12 31 2011	2139	-2139		-8000
4				
12 31 2012	-1500			-9500
5				
12 31 2013	-9831			-19331
6				
12 31 2014	-8420			-27751
7				
12 31 2015	-1500			-29251
8				
12 31 2016	-1904			-31155
9				
12 31 2017	1649	-1649		-29506
10				
12 31 2018	658	-10602		-18904
11				
12 31 2019	-421			-19325
12				
13				
14				
15				
2020 Summary:		Net operating loss deduction	Total losses remaining (to be carried forward)	-19325

Enter on Form M4NP, line 7

