Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For	the 20	000 calendar year, OR tax year period beginning	AUG 1.	2000	and e	nding	<u>JUL 31</u>	200	1
В	Chec appli	ck if icable	Please use IRS							identification number
Г	٦c	hange d ddress	.	TUDY TE	CHNOLOG	GY.	INC	.	41-1	942018
F	Ħ۵	hange o	of type Number and street (or P.O. hox if mail is a					-	Telephone	
<u> </u>	<u>.</u>	itual turn	Specific 12325 HIGHWAY 55			•			•	543-8643
Ē	Ξj _{Fi}	inal itum	tons. City or town, state or country, and ZIP					F	Check >	
Ē	╗╸	mended								
	_65	itum: ise also iste rep					(H and	are not applicabl	e to section	n 527 orgs)
a				(Insert no)	527			this a group return		
	-		OR 4947(a)(1)					Yes, enter numbe		
	THE	it atte	n 501(c)(3) organizations and 4947(a)(1) nonex ach a completed Schedule A (Form 990 or 900		able trusts			all affiliates inclu- "No," attach a list.)		N/A Yes No
J	\ccc	ounting	X Cash Accrual Other (specify)				H(d) is	this a separate ret	rn filed by	an
	net	100								ruling? Yes X No
K (thec	k here	if the organization's gross receipts are nor	mally not more	than \$25,000	The		ter 4-digit group e		
			n need not file a return with the IRS, but if the organize			-				on is not required to
			It should file a return without financial data. Some sta					ach Schedule B (F	_	
P	art	I F	Revenue, Expenses, and Changes In	Net Asset	ts or Fund	Bal				
_	T		Contributions, gifts, grants, and similar amounts recei						$^{-}$ I $^{-}$	
	1		Direct public support			1a	1	72,79	3.	
			Indirect public support			16				ļ
			Government contributions (grants)			10	1			
	1	d	Total (add lines 1a through 1c)							
	1		(cash \$ 72,793. noncash \$ _)			1d	72,793.
			Program service revenue including government fees a	and contracts (f	rom Part VII, li	ine 93)			2	62,725.
	1		Membership dues and assessments	•	·	•			3	
			Interest on savings and temporary cash investments						4	
		5	Dividends and interest from securities			_			5	
		6 .	Gross rents			Ba	.l			
	1	b	Less rental expenses			6b				
_	1	c	Net rental income or (loss) (subtract line 6b from line	6a)					60	
enue/e		7	Other investment income (describe) 7	
8		5 a	Gross amount from sale of assets other	(A) Se	scurities			(B) Other		
α			than inventory			8a				
		b	Less cost or other basis and sales expenses			86	<u> </u>			
		0	Gain or (loss) (attach schedule)			80			{	
		d	Net gain or (loss) (combine line 8c, columns (A) and ((B))					8d	
			Special events and activities (attach schedule)	_						
			Gross revenue (not including \$	<u>() .</u> of con	ntributions				.	
			reported on line 1a)			Qa.		3,66		
			Less direct expenses other than fundraising expenses					3,84	_	
			Net income or (loss) from special events (subtract line		a) Ş	SEE	STA	твмвит 1	90	<1 <u>76.</u> >
	1		Gross sales of inventory, less returns and allowances			10a			{	
			Less cost of goods sold			<u> 10b</u>	<u> </u>		┥	
	Ι.		Gross profit or (loss) from sales of inventory (attach s	ichedule) (subti	ract line 10b fro	om lini	9 10a)		100	-
			Other revenue (from Part VII, line 103)	40 144					11	125 242
_	-1-		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11)					12	135,342.
k			Program services (from line 44, column (B))						18	106,871.
Ę			Managan and Table eneral (from line 44, column (C))						14	5,738.
Ř	4 [Fundraising (from line 45 column (D))						15	
٦	3 1	M	Payments to officiales Mach schedule)						18	112,609.
+	H		Excess or (deficit) for the year (subtract line 17 from I						17	22,733.
Į.	-1				nn (A)\				18	2,766.
Ž.	Ļ .	~~	The third or tund balances at beginning of year (from Other changes in not assets or fund balances (attach o	ano ro, cululli evolanetico)	··· (~ <i>))</i>				19	2,766.
•	۱ ;	21	Net assets or fund balances at end of year (combine li	-	4 20)				20	25,499.
		<u> </u>	ing the control of the control of the control of the control of	area to, to, and	vj					43,437

Form 990 (20(0) MINNESOTA	APPLIED	STUDY	TECHNOLOGY.	INC. 41-19	942018 Page 2
Part II Statement of All organization All organization (4) organization (5)	unizations must co anizations and sec	omplete column ction 4947(a)(1)	(A) Columns (B), (C), and nonexempt charitable trus	l (D) are required for section sts but octional for others	1501(c)(3) and
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) T		(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
cash \$noncash \$	22				
23 Specific assistance to individuals (attach schedule)	28				
24 Benefits paid to or for members (attach schedule)	24				<u> </u>
25 Compensation of officers, directors, etc		3,250.	33,250.	0.	<u> </u>
26 Other salaries and wages	İ	.7,111.	12,683.	4,428.	
27 Pension plan contributions	27				
28 Other employee benefits	28	4 404	4 000	305	
29 Payroll taxes	20	4,494.	4,099.	395.	
80 Professional fundralising fees	81				
81 Accounting fees	82				
82 Legal fees	88	8,918.	8,918.		
88 Supplies 84 Telephone	84	1,766.	1,766.		
85 Postage and shipping	85	717.	717.		
86 Occupancy		26,575.	26,575.	1	
37 Equipment rental and maintenance	87				
38 Printing and publications	38	1,476.	1,476.		
89 Travel	39	48.		48.	
40 Conterences, conventions, and meetings	40				
41 Interest	41				·-·
42 Depreciation, depletion, etc. (attach schedule)	42	1,185.	889.	296.	
43 Other expenses (rtamize)					
.	48a				
b	48b				
c	48c				
d	48d				·
• SEE STATEMENT 2	43. 1	7,069.	16,498.	571.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 11	12,609	106,871.	5,738.	.0.
Reporting of Joint Costs Did you report in column (B) (F					
fundraising solicitation?					Yes X No
If "Yes," enter (1) the aggregate amount of these joint cost	ts \$, (ı	i) the amount allocated to	Program services \$	
(iii) the amount allocated to Management and general \$	•	, and (r	v) the amount allocated to		
Part III Statement of Program Service	e Accompli	shments	•		
What is the organization's primary exempt purpose?	SEE STAT	PEMENT 3			
					Program Service Expenses
All organizations must describe their exempt purpose achievements achievements that are not measurable. (Section 501(c)(3) and (4) organization.					(Required for 501(c)(3) and
allocations to others.)	2.2200134104047	(compression pross			(4) orgs., and 4947(a)(1) trusts, but optional for others.)
a SEE STATEMENT 4					
			 		_
·		(Gi	rants and allocations \$		100,284.
b <u>SEE STATEMENT 5</u>					
 					
					
<u>-</u>		(Gi	rants and allocations \$		<u>6,587.</u>
С					
			·		
 					
		(Gi	rants and allocations \$	}	
d					
		10-	rante and allocations &		
Other program services (attach schedule)			rants and allocations \$)	

2

Form 990 (2000)

023011 12-19-00

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2.766.

766

766

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72

74

25.499.

Page 3 Part IV | Balance Sheets Where required, attached schedules and amounts within the description column should be for end-of-year amounts only Beginning of year End of year 2,766 45 19,668. 45 Cash - non-Interest-bearing 46 Savings and temporary cash investments 46 47e 47 a Accounts receivable 47b 47a b Less allowance for doubtful accounts 48 a Pledges receivable 48a Less allowance for doubtful accounts 48b 48¢ 49 49 Grants receivable 50 Receivables from officers, directors, trustees, and key employees 50 51 a Other notes and loans receivable 51b Less allowance for doubtful accounts 52 52 Inventories for sale or use 53 Prepaid expenses and deferred charges 58 ☐ Cost ☐ FMV 54 54 Investments - securities 55 a investments - land, buildings, and 55a 7,708 equipment basis 1,185 6,523. 55b 55o Less accumulated depreciation Investments - other 56 57 . Land, buildings, and equipment basis 57a b Less accumulated depreciation 57c Other assets (describe 58 58 2,766 26,191. Total assets (add lines 45 through 58) (must equal line 74) 59 59 60 60 Accounts payable and accrued expenses 61 Grants payable 61 62 62 Deferred revenue Loans from officers, directors, trustees, and key employees 63 63 64a Tax-exempt bond liabilities b Mortgages and other notes payable 64b 692 Other liabilities (describe PAYROLL LIAB 65 65 n 66 692. Total liabilities (add lines 60 through 65) Organizations that follow SFAS 117, check here __ and complete lines 67 through 69 and lines 73 and 74 Assets or Fund Balances 67 Unrestricted 67 68 68 Temporarily restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here 70 through 74 70 Capital stock, trust principal, or current funds

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

71

72

ž 78 Pald-in or capital surplus, or land, building, and equipment fund

Retained earnings, endowment, accumulated income, or other funds

column (A) must equal line 19 and column (B) must equal line 21) Total liabilities and net essets / fund balances (add lines 66 and 73)

Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72,

Form 990 (2000))	MINNESOTA	A A	PPLIED	STUI	Y '	PECHNOLOG	Υ.	INC.	41-	19420	18 Page
Part IV-A	Reconcilia	ition of Revenu Statements wit	le p	er Audited			IV-B Recor	ncilia cial (tion of Exp Statements	ense	s per A	udited
a Total reven	neturn iue, gains, and ot	her eunnort	тт				Total expenses and		s nar		Т	
per audited	i financial stateme	ents	8	N/A		•	audited financial sta			>		N/A
h Amounts is	ncluded on line s	hut not on				b	Amounts included	on line	a but not on			
line 12, For						m	line 17, Form 990 Donated services					
(1) Net unreald	zed gains						and use of facilities	\$_				
on investm	nents \$					(2)	Prior year adpistme	ents				
(2) Donated se	ervices						reported on line 20,	١,				
and use of	facilities \$						Form 990	\$ _				
(3) Recoveries	of prior					(8)	Losses reported on	ו				
year grants	s \$ _						line 20, Form 990	\$ _				
(4) Other (spec	clfy)					(4)	Other (specify)					
	\$							\$_				
Add amount	ts on lines (1) thi	rough (4)	ь				Add amounts on lin	nes (1)	through (4)	>	ь	
c Line a mix	nus line b	•	6			0	Line a minus line b)		>	c	
d Amounts in	ncluded on line 12	2, Form				d	Amounts included i		17, Form			
(1) Investment]			(1)	Investment expense					
not include	•		1		1	,	not included on					
line 6b, For					1		line 6b, Form 990	\$				
(2) Other (spec					i	(2)	Other (specify)	•-				
(E) Outer (spec	e.					1-,	obio. (openity)	2				
Add amount	ts on lines (1) an	rd(2)	d			_	Add amounts on lin	 nes /11	and (2)			
	ue per line 12, Fo						Total expenses per				}	
(line e plu:) (III 880				•	(line c plus line d)	1110 12	, , , , , , , , , , , , , , , , , , , ,	_		
Part V L	ist of Office	ers, Directors,	Trus	stees, and	Kev E	mpla	Vees (List each i	ODB 8V	en If not compe	nsated)	, • ,	
10.10				, , , , , , , , , ,			le and average hour) Compensation	(D)Con	tributions to	(E) Expense
	(A)) Name and address) per	week devoted to position		not paid, enter	plans	yee benefit & deferred	àccount and other allowanc
CATHERTI	NE BROWN				- 6	'HA'		TIRA	CHER)	COME	ensation	Outer distractor
	FAIRHII					,1,14 1.	LICIMIN (G		·CIIII()			
MINNETO						10			33,250.		0.	0
DANA MC		33343	-				ASURER		<u> </u>	' 	- 0.	
	TANTON I					LIVE	ABONEN					
	 -				J	1_6			0.		0.	0
	NKA, MN.					1-6	ECTOR	+	<u> </u>	1		0
		R-LUEBKE			╶╾╌┞	JIK.	ECTOR					
	KEVIEW A				I,	1-6			0		^	^
		1. 55416						+	0.	+	0.	0
	LSON WAL	TZ			P	'RE	SIDENT					
9111 ST					- – – I,				•			•
		MN. 554	<u> 26</u>			<u>-6</u>		-	0.	+	0.	0
LORI CR	EVER	<u></u>		-	P)IR	BCTOR					
2927 NE	ULYSSES	ST							•			•
		AGE, MN.				1-6			0.	 	0.	0
MRNDA T	IBBERMAN	I RGE LANE N			[/TC	B PRESIDE	TM		1		
									_	1	_	_
	H, MN.					<u>1-6</u>		-	0.	ļ	0.	0
KARYN T	<u>weeten</u>				-	DIR:	BCTOR					
2641 VE	<u>RNON_AVE</u>	S							_			
<u>MINNEAP</u>	OLIS, MN	T. 55416				1-6			0.	<u> </u>	0.	0
MIKE ST	<u>aples </u>				阵)IR	BCTOR					
4300 DE	<u> PPMÖÖD T</u>	ANE	- -							1		
		364				<u>1-6</u>			0.		0.	0
FORREST	HARSTAL	2)IR	ECTOR			1	1	
1057 FI	LLMORE C	IRCLE								1		
		5432				1-6			0.	<u></u>	0.	0
					T						_	
				_ 				1				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If Yes, attach schedule Yes X No

Form 990 (2000)

Form	90 (2000) MINNESOTA APPLIED STUDY TECHNOLOGY, INC.	<u>41-1942</u>	018		Page <u>5</u>
Par	VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each	activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		77		X
	If "Yes," attach a conformed copy of the changes				
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		78a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	78b		
70	Was there a liquidation, dissolution, termination, or substantial contraction during the year?		79		X
	If "Yes," attach a statement.				
80 a	is the organization related (other than by association with a statewide or nationwide organization) through common membe	rship,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	• •	80a		X
ь	If "Yes," enter the name of the organization				
•	and check whether it is exempt OR	nonexempt			
61 a	Enter the amount of political expenditures, direct or indirect, as described in the				
•	instructions for line 81	0.			
h	Did the organization file Form 1120-POL for this year?		81b		Х
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially	less than			
V2 4	fair rental value?	1000 1121	82a		_X
	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an				
•	expense in Part II (See instructions for reporting in Part III)	N/A		:	
89 -	Did the organization comply with the public inspection requirements for returns and exemption applications?	- M/ FA	83a	X	
88 8		N/A		┣ <u>┸</u>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	43/43	886		77
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a	 	<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	37/3		'	
	tax deductible?	N/A	84b	 	
85	501(c)(4), (5), or (6) organizations • Were substantially all dues nondeductible by members?	Ņ/A	85a		
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	856		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a wan	er for proxy tax			
	owed for the prior year				
0	Dues, assessments, and similar amounts from members	N/A	-		
đ	Section 162(e) lobbying and political expenditures 85d	N/A			
•	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	ļ		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A			
8	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	85g	<u> </u>	
þ	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimates the section for the section of the section for the section fo				
	allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h	<u> </u>	
88	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	<u> N/A</u>]	ĺ	
b	Gross receipts, included on line 12, for public use of club facilities	N/A]		
87	501(c)(12) organizations. Enter: • Gross Income from members or shareholders.	N/A			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,				
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?				
	If "Yes," complete Part IX		88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under				
	section 4911▶ 0 . , section 4912 ▶ 0 . , section 4955 ▶	0.		:	
ь	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit				
-	transaction during the year or did it become aware of an excess benefit transaction from a prior year?				
	If "Yes," attach a statement explaining each transaction		896		х
c	Enter Amount of tax Imposed on the organization managers or disqualified persons during the year under				
•	sections 4912, 4955, and 4958	•			0.
4	Enter' Amount of tax on line 89c, above, reimbursed by the organization				0.
90 a	List the states with which a copy of this return is filed MINNESOTA				<u> </u>
Ь	Number of employees employed in the pay period that includes March 12, 2000	90b			0
	יינייייייייייייייייייייייייייייייייייי	448			
91	The books are in care of ▶ DANA MCCARTHY Telephone no	• <u>763-54</u>	3_0	6/3	
• •	TO DANCE OF THE PROPERTY AND THE PROPERTY OF T	, - <u>/03-34</u>	<u>0 - C</u>	<u>0 = 3</u>	
	Located at ▶ 12325 HIGHWAY 55, PLYMOUTH, MN.	_ ZIP code ► 5	544	1	
	rocement Tanan Hitahan Day Emimoditi' Mills	zir code - 3	J 4 4	<u> </u>	
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here				\neg
74	and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/	A	
023041 12-19-		 _			(2000)
12-19-	ν ₋		ron	, 440	(2000)

Part V	II Analysis of Income-	Froducing Ac		d huseness lanes	-			·	
Enter gross	s amounts unless otherwise	-	(A)	ed business income	(C)	ed by sectio	n 512, 513, or 514	(E))
Indicated.			Business	(B) Amount	Exclu-	i	(D) Amount	Related or	
98 Prog	ram service fevenue	L	code		code			function	
· PR	OGRAM FEES							3	<u>5.161.</u>
ь <u>FI</u>	ELD TRIPS	[.		···					64.
6 <u>FC</u>	OUNDERS' ASSN						,	2	7,500.
d									
•	care/Medicald payments	——— <u> </u> -			+				
	and contracts from government ag	encies							
•	bership dues and assessments	-							
	est on savings and temporary			· · · · · · · · · · · · · · · · · ·					
	investments		ļ						
	ends and interest from securities	<u> </u>							
	ental income or (loss) from real est	late							
	financed property						_		
					\vdash				
	lebt-financed property	al aranarti			+				
	ental income or (loss) from person. r investment income	at broberry –			-				
		F		-					
	or (loss) from sales of assets								
	than inventory	<u> </u>			01		-176		
	ncome or (loss) from special event			_ _	01		<u> <176.</u>	} _	
	s profit or (loss) from sales of inve	ntory							
103 Othe	r revenue								
•		<u> </u>			\vdash				
ъ		·			\longrightarrow				
c					<u> </u>				
d									<u> </u>
•					\Box		<u> </u>		
104 Subt	otal (add columns (B), (D), and (E)) <u>L</u>		<u> </u>			<176.		2.725.
105 Total	l (add line 104, columns (B), (D), a	nd (E))					▶.	<u>_6</u>	<u>2,549.</u>
Note Line	e 105 plus line 1d, P <mark>ert I, sho</mark> uk	d equal the amoun	t on line 12	P, Part I					
Part V	Relationship of Act	vities to the A	ccompli	<u>ishment of Exemp</u>	t Puŋ	poses			
Line No	Explain how each activity for wh				Importa	antly to the	accomplishment	of the organizat	ion's
	exempt purposes (other than by	providing funds for	such purpo	ses)					
93	PROGRAM FEES/FI	ELD_TRIPS	-CONT	RIBUTES TO E	<u>XEMI</u>	PT PU	RPOSE BY	PROVID	OING
	INSTRUCTION USI	NG THE ST	UDY T	ECHNOLOGY ME	THOI	D TO	THE CHIL	DREN EN	ROLLED
93	FOUNDERS' ASSN-	THESE PYM	TS_RE	PRESENT AMOU	NTS	DESI	GNATED		
	AS FOUNDERS ASS			25% DISCOUNT			RE TUITI	ON IS R	RECD
Part I)	(Information Regard	ing Taxable S	ubsidiar	ies and Disregard	ed En	tuties			
Mama	(A) address, and EIN of corporation,	(B) Percentage of		(C)			(D)	(E End-of)
Maine, a	address, and EIN of corporation, netship, or distegated entity	ownership interest		Nature of activities	1	10	tal income	Enu-01	
		%							
	N/A	%							
		%	!						
		- %							
Part X	Information Regard	ing Transfers	Associa	ted with Personal	Bene	fit Con	tracts		
	the organization, during the year, r							Yes	X No
٠,	the organization, during the year, p	•	-	• • • • •	-		00110001	☐ Y••	X No
• •	"Yes" to (b), file Form 8870 and		-	• •					NO
HOLO,	Under penalties of perjury I declare the correct, and complete Declaration of p	at I have examined this m	etum, including	g accompanying schedules and	statemen	nta, and to th	e best of my knowled	ge and belief, it is	true,
Pisass	correct, and complete Declaration of p	reparer (other than office	rr)⊫sbasedon ∡≀	all information of which prepare	r has any	knowledge	(Important See Gener	al Instruction W)	
Sign	IN KHILLA (VE)	12 (1) 201	<i>f</i> a 1	× 137-602 N	Zell	OLO	n 4) = 162	Prasid	lent
Here	Signature of officer	ac voras	2	Date	De or Di	rint name a	and title	116012	
	 	11/1	1	Dat	 -		ack if	Preparer's SSN o	× PTIN
Dal-	Preparer's signature	1KH6B	PP P	99 2)	12/	∕ set	ļ		
Paid		HOUSE					played >		
Preparer's	1 ' ' \	MOAGNIAUA Moagniaua		ERFIELD KELN	ρĸ,	LTD.	LIN P		
Use Only				SUITE 300				050\ 54	4 0000
023161	address, and ZIP code MINNEA	POLIS, MN	5542	6-1721			Phone no 🕨 (4-8820
12 19-00				6				Forr	n 990 (2000)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Chantable Trust

Supplementary Information

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

	organization MINNESOTA APPLIED STUDY T	ECHNOLOGY, IN	ıc	Employer identified 41 19420	
Part I	Compensation of the Five Highest Paid Employ	ees Other Than Off	icers, Directo	rs, and Trus	lees
	(See instructions List each one If there are none, enter "None")				
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>none</u> _					
			_		
Total numbe over \$50,00	er of other employees paid	0			
Part II	Compensation of the Five Highest Paid Indepe (See instructions List each one (whether individuals or firms) If there		or Profession	al Services	
	(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of	service	c) Compensation
<u>none</u> _					
					<u> </u>
	er of others receiving over professional services	0			

LHA

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

-	nedule A. (Form 990 or 990-E2) 2000 MINNESOTA APPLIED STUDY TECHNOLOGY, INC. 41-19	4201		age 2
P	art III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public			
	opinion on a legislative matter or referendum?	<u> -1</u> _		<u> </u>
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$			
	Organizations that made an election under section 50 1(h) by filling Form 5768 must complete Part VI-A. Other			
	organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of			
^	the lobbying activities During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors,			
2	officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is			
	affiliated as an officer, director, trustee, majority owner, or principal beneficiary] .	
	Sale, exchange, or leasing of property?	2a		\mathbf{x}_{-}
_				
b	Lending of money or other extension of credit?	2b		<u> </u>
			•	
C	Furnishing of goods, services, or facilities?	2c		<u> </u>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	x	
	Transfer of any part of the innorma or second	0-		v
•	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	20	 	<u> </u>
•	Does the organization make grants for scholarships, fellowships, student loans, etc?	8		_ X _
8 4 -	Does the organization make grants for scholarships, tellowships, student toans, etc. r	48		X
	• Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in	79	1	
•	furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)			
P	Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)			
The	e organization is not a private foundation because it is. (Please check only ONE applicable box.)			
5				
6	A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)			
7	• • • • • • • • • • • • • • • • • • • •			
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III) Enter the hospital's name, city, and state			
10		/)		
	(Also complete the Support Schedule in Part IV-A)	,		
11				
	Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11	A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
	receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
	by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations desi	rrihad in		
10	All digalizzation that is not controlled by any disqualined persons (other than roundation managers) and supports of galizzations designed and galizzations de	MINDONIN		
	Provide the following information about the supported organizations (See page 5 of the instructions)			
			ne num	
	(a) Name(s) of supported organization(s)	f	om abo	V8
				
		1		
1.	An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)			
	Schedule A (For	m 990 o	990-E	Z) 2000

	Note: You may use if	na molvation fill file lital	TOCKOUS IOF COMMENT	inom ale accide to ar	e casn metnoa	of acci	i g. ounting
	ar year (or fiscal year ing in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996		(•) Total
	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,138.	1,626.				5,764.
8	Membership fees received						
	Gross receipts from admissions, merchandise sold or services						
	performed, or furnishing of facilities in any activity that is not a business						
	unrelated to the organization's					- [
	charitable, etc., purpose						
	Gross income from Interest,					1	
	dividends, amounts received from payments on securities loans (sec-						
	tion 512(a)(5)), rents, royalties, and unrelated business taxable income					ľ	
	(less section 511 taxes) from			ŀ			
	businesses acquired by the organization after June 30, 1975						
	Net income from unrelated business					- 	
_	activities not included in line 18						
	Tax revenues levied for the organization s						- ·
	benefit and either paid to it or expended on its behalf						
	The value of services or facilities						
	furnished to the organization by a governmental unit without charge						
	Do not include the value of services						
	or facilities generally furnished to						
	the public without charge Other income Attach a schedule Do not						
_	include gain or (loss) from sale of capital						
:8	Total of lines 15 through 22	4,138.	1,626.	0.		0.	5,764
-	Line 23 minus line 17	4,138.	1,626.			_	<u>5,764</u> .
	Enter 1% of line 23	41.	16.				
	Organizations described on lines 1				- /-44	26a	N/A
	Attach a list (which is not open to pu			• •	•		
	anversmental unit er nuklieki nuone				וואטוופ וווענ	1 1	/-
	governmental unit or publicly suppo	•	rozar duz tot. 1880 mtond	in 1000 oxoodida dio dina	_	266	N/A
	governmental unit or publicly suppo in line 26a Enter the sum of all thes	•	rozar giuz tot 1990 milong	in 1000 oxocodod alo dine	>	26b	N/A
	• , ,	excess amounts			_	26b 26o	N/A N/A
0	In line 26a Enter the sum of all thes	e excess amounts est: Enter line 24, column			_		
0	in line 28a Enter the sum of all these Total support for section 509(a)(1) to	e excess amounts est: Enter line 24, column	(e)		_		N/A N/A
o d	in line 28a Enter the sum of all these Total support for section 509(a)(1) to	e excess amounts est: Enter line 24, column ines 18	(e) 19		_	26c 26d 26s	N/A N/A N/A
o d	in line 28a Enter the sum of all these Total support for section 509(a)(1) to Add Amounts from column (e) for the Public support (line 28c minus line to Public support percentage (line 28c)	e excess amounts test: Enter line 24, column tines 18 22 26d total) e (numerator) divided by	(e) 19 26 line 280 (denominator))	b	- - - - -	26e 26d 26e 261	N/A N/A N/A
0 d • f	in line 26a Enter the sum of all these Total support for section 509(a)(1) to Add Amounts from column (e) for the Public support (line 26c minus line 26 Public support percentage (line 26) Organizations described on line 12	e excess amounts test: Enter line 24, column tines 18 22 26d total) e (numerator) divided by a For amounts include	(e) 19 26 (denominator)) d in lines 15, 16, and 17 t	bhat were received from a **	disqualified person	26d 26e 26f	N/A N/A N/A N/A N/A sch a list (which is not ope
0 d • 1	In line 26a Enter the sum of all these Total support for section 509(a)(1) to Add Amounts from column (e) for to Public support (line 26c minus line 3 Public support percentage (line 26 Organizations described on line 12 to public inspection) to show the na	e excess amounts test: Enter line 24, column tines 18 22 26d total) e (numerator) divided by a For amounts include me of, and total amounts	(e) 19 26 line 26c (denominator)) d in lines 15, 16, and 17 treceived in each year from	b hat were received from a ° 1, each °disqualified perso	disqualified person "Enter the sum	266 266 266 261 on," atta	N/A N/A N/A N/A N/A sch a list (which is not ope
0 d	in line 26a Enter the sum of all these Total support for section 509(a)(1) to Add Amounts from column (e) for it Public support (line 26c minus line 36 Public support percentage (line 26 Organizations described on line 12 to public inspection) to show the na (1999)	e excess amounts test: Enter line 24, column tines 18 22 26d total) e (numerator) divided by a For amounts include me of, and total amounts	(e) 19 26 line 26c (denominator)) d in lines 15, 16, and 17 to received in each year from Q .	hat were received from a * 1, each *disqualified perso (1997)	disqualified person "Enter the sum Q •	26d 26s 26f 20n," atta on," atta (1996)	N/A N/A N/A N/A N/A och a list (which is not open amounts for each year) Q
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0 d	in line 26a Enter the sum of all these Total support for section 509(a)(1) to Add Amounts from column (e) for it Public support (line 26c minus line 36 Public support percentage (line 26 Organizations described on line 12 to public inspection) to show the na (1999)	e excess amounts lest: Enter line 24, column lines 18 22 26d total) e (numerator) divided by a For amounts include me of, and total amounts b (1998) hat was received from a neithe amount on line 25 for	(e) 19 26 line 260 (denominator)) d in lines 15, 16, and 17 treceived in each year from Q • (ondisqualified person, attempts the year or (2) \$5,000 (in th	hat were received from a * 1, each *disqualified perso (1997) ach a list to show the nam Include in the list organiza	disqualified person Enter the sum Q e of, and amountions described in	26e 26d 26e 26f	N/A N/A N/A N/A N/A So arrounts for each year Qued for each year, So through 11, as well as
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Schedule A (Form 990 or 990-EZ) 2000 MINNESOTA APPLIED STUDY TECHNOLOGY, INC.

023121

41-1942018 Page 8

NONE

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	_
			Yes	1
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		-	Ľ
	instrument, or in a resolution of its governing body?	29		-
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	80		-
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			i
	to all parts of the general community it serves?	81		┝
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	_		
	Does the organization maintain the following	_		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		İ
e k	Records theicaung the facial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially	028	├-	\vdash
Þ	nondiscriminatory basis?	32b		
_	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	820	├	┢
C	admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	 	H
u	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	02U	-	H
	II YOU AIINWAIBU INU KU AIIY ULUB AUGYA. DIBASA BADIAIIL (II YUU IIBBU IIIUIB SUACB. AKACI A SBUALAIB SIAIBIIIBIIL)			1
	ii you alisweled 140 to aliy ol die above, piease exhialii (ii you lieed lifole space, attach a sepalate statement.)	_		
	Does the organization discriminate by race in any way with respect to	_		
a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?			
a b	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies?	33b		
b C	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	33b 33o		
b C	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	33b 33c 33d		
a b c d	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	33b 33d 33e		
b C	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	33b 33c 33d 33e		
b C	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	33b 38c 33d 33e 83f 38g		
b C	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	33b 33c 33d 33e		
b C	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	33b 38c 33d 33e 83f 38g		
b c d e f g h	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	33b 38c 33d 33e 83f 38g		
b c d e f g h	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33b 33c 33d 33e 881 33g 33h		
b C	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency?	33b 33c 33d 33e 38f 33g 33h		
b c d e f g h	Does the organization discriminate by race in any way with respect to Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	33b 33c 33d 33e 38f 33g 33h		

		xpenditures by Elec	cting Public Char							
_		d ONLY by an eligible organiz		3)					N	<u>A</u>
		anization belongs to an affiliat								
<u>Ch</u>	Li	cked "a" above and Timited c mits on Lobbying Ex	xpenditures			Affillat	(e) ad group		(b) To be completed	
	(The terr	n "expenditures" means amou	ints paid or incurred)				otals		electing organiz	ations
						N/	A	- 1		
86	Total lobbying expenditures to				86				-	
87			(direct lobbying)		87			ŀ		
88	, , ,	•			88 89			\dashv		
89	Other exempt purpose expend Total exempt purpose expend				40			_	<u>-</u>	
	Lobbying nontaxable amount	· ·	offowing table -		70					
71	if the amount on line 40 is -		nontaxable amount is -							
	Not over \$500 000	20% of the arnor		,						
	Over \$500,000 but not over \$1,000		5% of the excess over \$500 0	00	[
	Over \$1,000,000 but not over \$1,50		0% of the excess over \$1 000		41					
	Over \$1,500,000 but not over \$17,0		% of the excess over \$1,500 (000						
	Over \$17 000 000	\$1 000 000		J	li					
42	Grassroots nontaxable amour	t (enter 25% of line 41)			42			[
43	Subtract line 42 from line 36	Enter -0- If line 42 is more tha	an line 36		43					
44	Subtract line 41 from line 38	Enter -0- If line 41 is more tha	an line 38		44					
	Caution If there is an amo							- [
			Year Averaging Period U							
		Some organizations that mad	le a section 501(h) electio tructions for lines 45 throi	n do not have to ugh 50 on page	compl 9 of the	instructions)	ns		
	lender year (or	Some organizations that mad below See the inst	le a section 501(h) election tructions for lines 45 throi Lobbying Exp (b)	n do not have to ugh 50 on page enditures Durin (c)	o compl 9 of the	instructions	Period (d)	ns 	N/	<u>'A</u>
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45 46 47 48 49 50 Du	lender year (or cel year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 48(e)) Grassroots lobbying expenditures Part VI-B Lobbying For reporting or ring the year, did the organization on a legist volunteers Paid staff or management (income members, legislated publications, or published or	Some organizations that mad below See the inst	le a section 501(h) election tructions for lines 45 through the Lobbying Exp (b) 1999 Ing Public Charitinot complete Part VI-A) Ial, state or local legislation through the use of	en do not have to ugh 50 on page enditures Durn (c) 1998	o compl 9 of the	ar Averaging) Period (d) 1997		(e) Total	0. 0. 0. 0.
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Part	VII Information Re Exempt Organia		l Transactions and	Relationships With Nonchari	table		
51 [irectly or indirectly engage in any of	the following with any other	r organization described in section			
		section 501(c)(3) organizations) or ir					
		ganization to a noncharitable exempt			1	Yes	No
•	(i) Cash				51a(ı)		x
	(ii) Other assets				Q(II)		X
	Other transactions						
-		ts with a noncharitable exempt organ	nization		b(i)		x
	(II) Purchases of assets from a	noncharitable exempt organization			b (11)		Х
	iii) Rental of facilities, equipme				b(m)		X
(lv) Reimbursement arrangeme	ints			p(in)		X
	(v) Loans or loan guarantees				p(A)		X_
(vi) Performance of services or	membership or fundraising solicitat	ions		p(A)		X
		mailing lists, other assets, or paid e			C		X
				always show the fair market value of the			
-	-	given by the reporting organization					
		nent, show in column (d) the value o	t the goods, other assets, o			N/A	<u> </u>
(a) Line no	(b) Amount involved	(c) Name of noncharitable ex	empt organization	(d) Description of transfers, transactions, and	Sharino an	rangen	nants
	Ambuntantorou	The state of the s					
							
							
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			-				
(is the organization directly or in Code (other than section 50 1(c if "Yes," complete the following)(3)) or in section 527?	one or more tax-exempt org	panizations described in section 501(c) of the	☐ Yes	X	No.
	(a Name of or) ganization	(b) Type of organization	(e) Description of relations	hip		
	·	<u> </u>	 				
			-				
							
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			I				

Schedule A (Form 990 or 990-FZ) 2000 MINNESOTA APPLIED STUDY TECHNOLOGY,

Schedule B (Form 990 or 990-EZ)

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

Department of the Treasury

Name of organization

Employer identification number MINNESOTA APPLIED STUDY TECHNOLOGY INC. 41-1942018 Organization type (check one)-Section X 501(c)(3) ◀ (enter number) 527 or 4947(a)(1) nonexempt charitable trust

Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose >\$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990. Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 9090-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for Item L in the Instructions for Form 990 and Form 990-EZ.

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)

Public Inspection

Schedule 8 (Form 990 or 990-EZ) Is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

Contributors Required To Be Listed On Part I

"Contributor" includes Individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

General rule. Unless the organization is covered by one of the special rules below. it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year

Section 501(c)(8) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1 6033-2(a)(2)(iii)(a))

Example A section 50 1(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000

Section 501(e)(7), (8), or (10) organizations. For nonchantable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount) For a noncash contribution, complete Part II

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed Number each page of each Part

Part I in column (a), identify the first contributor listed as no 1 and the second contributor as no 2, etc. Number consecutively. Show the contributor's name. address, aggregate contributions for the year; and the type of contribution (e.g., whether an individual, payroll, or noncash contribution) Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually)

Part II In column (a), show the number that corresponds to the contributor's number in Part I Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20 2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc. purpose Complete this information only on the first Part III page

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes) If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations

	Form 990 or 990-EZX2000) tganization		Page 1 to 1 of Po
MINNE	SOTA APPLIED STUDY TECHNOLOGY, INC.		41-1942018
Part I	Contributors		
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contribut	(d) tions Type of contribution
1		\$67,0	Individual X Payroll Noncash (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and ZIP code	(c) Aggregate contribut	(d)
2		 \$	Individual Payroll Noncash (Complete Part II if a noncash contribution)
(a) No.	(b) Name, address and ZIP code	(c) Aggregate contribut	(d) tions Type of contribution
<u>3</u>		\$	individual Payroll Noncash (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and ZIP code	(c) Aggregate contribut	(d)
4		s	Individual Payroll Noncash (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and ZIP code	(c) Aggregate contribut	(d) tions Type of contribution
<u>5</u>		s	Individual Payroll Noncash (Complete Part II if a noncash contribution)
(a) No	(b) Name, address and ZIP code	(c) Aggregate contribut	(d) tions Type of contribution
6		3	Individual Payroll Noncash (Complete Part II if a

FORM 990	SPECIAL EVENTS AND ACTIVITIES STATEMEN						
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOMI	3	
GARAGE SALE/AUCTION MASQUERADE BALL ANNUAL DINNER	1,658. 1,356. 650.		1,658. 1,356. 650.	2,507. 1,333.	1,658. <1,151.> <683.>		
TO FM 990, PART I, LINE 9	3,664.		3,664.	3,840. <176		76.	
FORM 990	OTHER EXPENSES			STATEMENT		2	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGE AND GE		(D) NDRAISII	1G	
ADVERTISING STAFF DEVELOPMENT BANK CHARGES EQUIPMENT RENTAL INSURANCE LICENSES & PERMITS CONSULTING BLDG REPAIRS OFFICE SUPPLIES	2,403. 2,257. 394. 461. 1,493. 7,435. 1,589. 321. 716.	1,49 7,34 1,50	57. 51. 93.	394. 95. 82.			
TOTAL TO FM 990, LN 43	17,069.	16,49	8.	571.			

EXPLANATION

TO IMPROVE THE QUALITY OF EDUCATION IN MN BY PROMOTING THE USE OF THE APPLIED STUDY TECHNOLOGY METHOD OF LEARNING

PART III

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

FLAGSHIP ACADEMY-OPENED SCHOOL IN SEPTEMBER 2000. SCHOOL SERVES 8 STUDENTS AS OF 7/31/01; 18 AS OF 9/01. STUDENTS ARE TAUGHT HOW TO LEARN USING THE APPLIED STUDY TECHNOLOGY METHOD BY 2 TEACHERS TRAINED IN THIS TECHNIQUE.

					GRANTS	expenses	
TO FORM 990, 1	PART III, LINE	A		_		100,2	84.
FORM 990	STATEMENT OF	PROGRAM	SERVICE	ACCON	APLISHMENTS	STATEMENT	5
DESCRIPTION OF	F PROGRAM SERVIO	CE TWO					
IN MN BY PROMO	JDY TECHOLOGY-II OTING THE USE OF DY TECHNOLOGY IS	F STUDY	TECHNOLO(GY, A	METHOD OF		

BENEFITS TO EDUCATORS, SCHOOL DISTRICTS, & OTHERS.

GRANTS EXPENSES

TO FORM 990, PART III, LINE B GRANTS EXPENSES 6,587.

Asset Summary Report - Sorted by - ASSET A/C#

Company MAST

Method 1 - FEDERAL Range 1300 - 1320

Std Conv Applied

Date, 07/31/01

FILE F WIXDATAWAST

Page 1

Date 01/22/02

Time 14 36:28

ASSET A/C#	Account Name		Beg Bal	Beg Assets	Additions	Disposals	Ending Balance
1300 - FURNITURE &	FIXTURES	_					_ <u>-</u>
Totals for. ASSET A	UC# 1300	Cost	00.0	-	6,229.37	0.00	6,229 37
		Accum. Depr	0 00	-	889 00	0.00	889 00
		Curr Depr	-	0 00	889 00	0 00	889 00
		Number	0	-	5	0	5
1320 - EQUIPMENT	 	-					
Totals for ASSET A/C#	VC# 1320	Cost	0 00	-	1,478 63	0.00	1,478.63
		Accum. Depr	0 00	-	296 00	0.00	296 00
		Curr Depr	-	0 00	296 00	0 00	296 00
		Humber	0	-	1	0	1
Grand Totals		Cost	0 00	•	7,708 00	0.00	7,708 00
		Accum, Depr	0 00	-	1,185 00	0.00	1,185 00
		Curr Depr.	-	0 00	1,185 00	0 00	1,185 00
		Number	0	-	6	0	6

Additional S	Summary Statistics for Assets:	Cost	Current Year Section 179	Depreciable Basis	Beginning Accum. Depr.	Current Depreciation	Ending Accum. Depr.	Net Book Vatue
Grand Totals	for all assets	7,708 00	0 00	7,708 00	0.00	1,185 00	1,185 00	6,523 00
Less	Inactive Assets	0 00	0 00	0 00	0 00	0 00	0.00	0.00
	Disposed Assets	0.00	0 00	0 00	0 00	0 00	0.00	0,00
	Traded Assets	0.00	0 00	0 00	0 00	0 00	0.00	0 00
Net Totals (Active Assets)		7,708 00	0 00	7,708 00	0 00	1,185,00	1,185 00	6,523 00

Form **8868** (December 2000)

Application for Extension of Time To file an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return

OMB No 1545-1709

Internal Rev	елие Service	Prie a separate application for each return				
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Note. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.						
Part (Automatic	3-Month Extension of Time - Only submit original (no copies needed))			
All other c	orporations (includ	ions requesting an automatic 6-month extension - check this box and complete ing Form 990-C filers) must use Form 7004 to request an extension of time to fil is and trusts must use Form 8736 to request an extension of time to file Form 10	le Income tax			
Type or	Name of Exemp	Organization	Employer identification number			
print	MINNESOT	A APPLIED STUDY TECHNOLOGY, INC.	41-1942018			
File by the due data for Lling your		and room or suite no If a P O box, see instructions	P			
etum. See natructions.	City, town or por PLYMOUTH	t office, state, and ZIP code. For a foreign address, see instructions , MN 55441	COPIN			
Check typ	e of return to be	filed (file a separate application for each return)	•			
Form		Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) F	orm 4720 form 5227 form 6069 form 8870			
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)						
		3-month (6-month, for 990-T corporation) extension of time until <u>MARC</u> rization return for the organization named above. The extension is for the organization	CH 15, 2002			
►Ü	calendar year	•				
2 If thi	s tax year is for le	s than 12 months, check reason Initial return Final return	Change in accounting period			
	s application is for efundable credits	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any See instructions	<u>\$</u>			
	• •	Form 990-PF or 990-T, enter any refundable credits and estimated clude any prior year overpayment allowed as a credit	<u>\$</u>			
		t line 3b from line 3a Include your payment with this form, or, if required, depos by using EFTPS (Electronic Federal Tax Payment System). See instructions	sit with FTD \$ N/A			
Signature and Verification						
		are that I have examined this form, including accompanying schedules and statements, an and that I am authorized to prepare this form	d to the best of my knowledge and belief,			
Signature I		charble Tillo CPA	Date ► 12-11-01			
LHA Fo	r Paperwork Red	uction Act Notice, see Instruction	Form 8868 (12-2000)			