om •

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

20**03**

Open to Public Inspection

Department of the Treasury Internal Revenue Service benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For th	he 2003 c	alendar	r year, or tax	year beginning	AUGUST	1	, 2003,	, and en	ding JUL	Y 31	, 20 04	
В	Check if	if applicable Please C Name of organization									D Emplo	yer identification number	
_		s change	use IRS label or	MINNESOT	TA APPLIED S	TUDY TEC	CHNOLOG	Y, INC	<u>). </u>		41 :	1942018	
	Name o	change	print or type.	l .	street (or PO box		t delivered to	street a	ddress) R	oom/suite		none number	
	initial re	eturn	See	1	TH HIGHWAY 1	00					(763	3) 442-0889	
	Final re	turn	Specific Instruc-	City or town	, state or country, a						F Account	ıng method. 🗹 Cash 🔲 Accr	ual
	Amende	ed return	tions	SAINT LO	JIS PARK, MN	55416						ther (specify) ▶	
	Applicat	tion pending			organizations an							le to section 527 organizations rn for affiliates?	
_			tru	ists must attac	h a completed Sch	ledule A (Fo	orm 990 or 99	0-EZ).			• .	ber of affiliates >	NO
<u>G</u>	Websit	ie. ▶								c) Are all af			No.
J	Organi	zation type	e (check d	only one) 🕨 🖪	2 501(c) (3) ⊲ (insert no)	34947(a)(1)	or 🔲 :				st See instructions)	
K	Check	here ▶□] If the d	organization's g	ross receipts are n	ormally not	more than \$	25,000	The H(d) is this a s	eparate retu	rn filed by an	
					IRS, but if the organ				-			by a group ruling? Yes	NO
_	in the n	riali, it Silou	iu me a re	etum without im	ancial data Some s	tates require	e a complete	return.			emption N	the organization is not requi	rod
L	Gross	receipts.	Add line	es 6b, 8b, 9b,	and 10b to line 1	2 ▶	191,77	2	"	to attach	Sch B (Form 990, 990-EZ, or 990-PF	ieu i).
	art I						sets or F	und B	alance			of the instructions.)	
	1				, and similar an								
	a			•	·			1a		20,0	10		
	b	-						1b					
	C							1c			/////		
	d	Total (a	dd lines	s 1a through	(grants) . 1c) (cash \$	20,01	0 noncasi	ı \$)	1d	20,0	
	2	Program	n service	e revenue inc	cluding governm	ent fees ar	nd contract	s (from	Part VII	, line 93)	2	158,9	<u>67</u>
	3	Membe	rship di	ues and ass	essments						. 3		
	4	Interest	on sav	ings and ter	mporary cash in	vestment	s				. 4		18
	5	Dividen	ds and	interest fron	n securities .						. 5		
	6a	Gross r	ents .					<u>6a</u>					
	b							6b					
	_ c				(subtract line 6	b from lin	e 6a)			,	6c		
ē	7			ent income ((A) So	curities	1	(B) Ot	hor	7		
Revenue	8a				of assets other			0-	(6) (1	ilei			
æ		than inv	_		· · · · ·			8a 8b			-////		
					sales expenses.	U.		8c					
	1 .				dule)						///// 8d		
	9	•			ine 8c, columns attach schedule). I		••				• 777777		
					ng \$ SEE S			aming,	CHECK HE	ere 🖊 🗀			
	4	contribi	itions r	eported on I	ine 1a)	IXILIILI	01	9a		12,7	77 /////		
	l h				er than fundrais			9b		5,6			
				•	special events (•			 Pa)	•	9c	7,0	92
					ess returns and			10a					
	Ь			_			· · · · · · · · · · · · · · · · · · ·	10b					
	С				es of inventory (at			ct line 1	10b from	line 10a)	10c		
	11				/II, line 103) .								
_	12	Total re	venue	(add lines 1d	, 2, 3, 4, 5, 6c,	7, 8d, 9c, 1	10c, and 1	<u>)</u>			. 12	186,0	
,	13	Progran	n servic	ces (from line	e 44, <mark>column (</mark> B))					13	184,5	_
Expenses	14				(from line 44, co	olumn (C))	ı. .				14	6	<u>45</u>
per	15			om line 44, d							15		_
ũ	1	Paymer	nts to a	iffiliates (atta	ch schedule)						16	46= 4	
	17				16 and 44, col							185,1	_
Net Assets	18				ear (subtract lir								04
Ase	19				es at beginning							(1,09	<u>(2)</u>
Net	20				ts or fund balar at end of year (20	/40	41
_	121	14CF 022	いいいけん	unu balances	acena or year (mco 10, 13	anu Z	. u) ,		. 21	(19	/I)

Cat No 11282Y

613

Par	t II	Statement of Functional Expenses	All organizations mand section 4947(a)	ust comp (1) none:	olete column (A). Column xempt charitable trusts t	s (B), (C), and (D) are re out optional for others(quired for section 501(c) See page 22 of the instr	i(3) and (4) organizations uctions)
	Do	not include amounts repo 6b, 8b, 9b, 10b, or 16 of			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22		nts and allocations (attach			}			
		\$ noncash \$		22				
23	•	ific assistance to individuals (23				
24		fits paid to or for members (24				
25		npensation of officers, dire		26	83,601	83,601		
26 27		er salaries and wages sion plan contributions		27	30,001	55,551		
28		er employee benefits		28	9,672	9,672		
29		oll taxes		29	6,816	6,816		
30		essional fundraising fees		30				
1		ounting fees		31		 -		
2		al fees		32				
3		plies		33	5,985	5,960	25	
84		phone		34	2,610	2,610		
15		tage and shipping		35	39	37	2	
86		upancy		36	40,938	40,938		
37		pment rental and mainten		37	1,868	1,868		
88		ting and publications		38 39	969	969		
39		el		40	303	303		
10		ferences, conventions, and	•	41	33		33	
l1 l2		rest		42	1,230	1,060	170	
13	-	expenses not covered above (ite		43a	,			
b	SEE	E STATEMENT 2	11112cj d	43b	31,422	31,007	415	
C				43c				
d				43d			_	
е				43e				
14		functional expenses (add lines 22 throu leting columns (B)-(D), carry these to		44	185,183	184,538	645	
\re a f "Ye	ıny joir es," er	sts. Check \(\rightarrow\) If you a nt costs from a combined eduter (i) the aggregate amount	ucational campaigr of these joint cos	and fu	; (ii) the	e amount allocated	to Program services	
	_	ount allocated to Manageme		1°		e amount allocated		
Par	t III	Statement of Program	m Service Acc	ompli	Shments (See p	age 25 of the in	istructions.)	December Comics
All o	rganız ients s	ne organization's primary e ations must describe their e served, publications issued, ons and 4947(a)(1) nonexemp	exempt purpose a etc. Discuss ach	chievei lieveme	ments in a clear an ents that are not m	easurable (Section	n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a .	SEE	STATEMENT 4						
			()	Grants	and allocations	\$	·····)	185,063
b .	SEE	STATEMENT 5		•				
_	•••••		((Grants	and allocations	\$)	120
C .								
_			(0	Grants	and allocations	\$)	
d .								
-		··	<u>`</u>		and allocations	\$	·····)	
_		program services (attach			and allocations	\$)	467.45
τl	otal (of Program Service Expe	nses (should ea)	iai line	44 COLUMN (B) F	rogram services).		185,183

Part IV Balance Sheets (See page 25 of the instructions.)

- 1	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	952	45	3,909
	46	Savings and temporary cash investments	72	46	50
		Accounts receivable			
		Less: allowance for doubtful accounts 47b		47c	
:	1	Pledges receivable	_	48c	
	49	Grants receivable		49	-
Assets	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
		Other notes and loans receivable (attach schedule)	_		
		Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	,	53 54	
	54	Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV			
	SSA	Investments—land, buildings, and equipment basis	6		
	b	Less accumulated depreciation (attach	7		
	_	schedule)	1 4,134	55c	2,905
	56	Investments—other (attach schedule)		56	
		Land, buildings, and equipment: basis 57a	_		
	b	Less. accumulated depreciation (attach schedule)		57c	
	58	schedule)		58	
	30	Other assets (describe >)		"	
	59	Total assets (add lines 45 through 58) (must equal line 74)	5,158	59	7,054
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenueTUITION DEPOSITS		62	2,008
ties	63	Loans from officers, directors, trustees, and key employees (attach		63	
iabilities.	640	schedule)		64a	
Lia		Mortgages and other notes payable (attach schedule)		64b	3,640
	65	Other liabilities (describe P/R TAX & MEDICAL LIABILITY)	6,028	65	1,406
	66	Total liabilities (add lines 60 through 65)	6,253	66	7,054
	Orga	nizations that follow SFAS 117, check here ▶ ☐ and complete lines			•
S		67 through 69 and lines 73 and 74.			
nce	67	Unrestricted	-	67	
ala	68	Temporarily restricted	-	68 69	
d B	69	Permanently restricted			
Net Assets or Fund Balances		nizations that do not follow SFAS 117, check here ► □ and complete lines 70 through 74.	0	70	0
S 0	70 71	Capital stock, trust principal, or current funds	0	$\overline{}$	0
set	71 72	Paid-in or capital surplus, or land, building, and equipment fund . Retained earnings, endowment, accumulated income, or other funds	(1,095)		(190)
As	73	Total net assets or fund balances (add lines 67 through 69 or lines			
Net		70 through 72;			
_		column (A) must equal line 19; column (B) must equal line 21)	(1,095)		(190)
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	5,158	74	6,864

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.

Par	t IV-A	Financia	liation of Revenu I l Statements witl See page 27 of th	h Revenue	per	Part	F	teconciliation inancial State teturn			
a	Total reve	enue, gains,	and other support			а	Total exp	enses and	osses per		
			statements >	a	N/A	-		nancial stateme	•	a	N/A
b		included o form 990.	n line a but not on			b		included on lin , Form 990:	e a but not		
(1)		alized gaıns ments				(1)	Donated and use of	_			
(2)	Donated and use	services of facilities	\$			(2)	Prior year acreported or				
(3)		es of prior	_			(0)	Form 990	<u>\$</u>			
(4)	Other (sp	nts becify):	<u> </u>			(3)	Losses rep line 20, Fo				
			\$			(4)	Other (spe	_			
	Add amo	unts on line	s (1) through (4) ▶	b]		<u>\$</u>			
							Add amou	nts on lines (1) t	hrough (4) ▶	b	
C		inus line b		C		С	Line a mir		▶	C	
d		included of but not o				d		ncluded on line but not on line			
(1)		it expenses ded on line				(1)	Investment not include				
		990	\$				6b, Form 99	_			
(2)	Other (sp					(2)					
			\$					s			
	Add amo	ounts on line	es (1) and (2)	d		1	Add amou	ints on lines (1)	and (2) >	d	
е			ne 12, Form 990			e		nses per line 1			
	(line c pli	us line d)	<u> ▶</u>	е			(line c plus	s line d)	▶	е	
Par		st of Office e instruction	ers, Directors, Tr	rustees, ar	nd Key E	Emplo	yees (List 6	each one even i	f not compen	sated	, see page 27 o
	uie		e and address	<u> </u>	(B) Title a	nd avera	age hours per to position	(C) Compensatio	r employee benefit i	olans &	(E) Expense account and other
		•			WCCK		то розкіон	-0)	deferred compen	sation	allowances
SEE	STATEM	ENT 6									
				•••••							
							· · · · · · · · · · · · · · · · ·				
											<u></u>
75	organization	on and all re	or, trustee, or key en lated organizations, c edule—see page 20	of which more	e than \$10),000 w	mpensation o	of more than \$10 by the related or	00,000 from yoganızations?	our • [☐ Yes 🗹 No

	990 (2003) MINNESUTA APPLIED STUDY TECHNOLOGY, INC. 41-1942018			age 5
Par	Other Information (See page 28 of the instructions.)		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		<u>/</u>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		
70-	If "Yes," attach a conformed copy of the changes.	790		//////. •
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?. If "Yes," has it filed a tax return on Form 990-T for this year?	78a 78b		
	•	79		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			
	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		
þ	If "Yes," enter the name of the organization ▶			
012	and check whether it is exempt or nonexempt. Enter direct and indirect political expenditures. See line 81 instructions			
	Did the organization file Form 1120-POL for this year?	81b	,,,,,,	um. V
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		
	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 in Part III.) 82b			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	~	
		83b		•
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
B 5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	יווווו	mm.
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax	85h		
	year?			
36 h	Gross receipts, included on line 12, for public use of club facilities			
37	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)	mma		
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	88		•
39a	301.7701-2 and 301.7701-3? If "Yes," complete Part IX 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	1 2	89b		
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
	List the states with which a copy of this return is filed ▶ MINNESOTA			
ь 91	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) The books are in care of ▶ DANA MCCARTHY Telephone no. ▶ (.763.) 42	5 2-000		43-6
	Located at ► 2544 S. HIGHWAY 100, SAINT LOUIS PARK, MN ZIP + 4 ► 554	16		· · · · <u>· · · ·</u>
92	· · · · · · · · · · · · · · · · · · ·		.)	· 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			N/A

Part '	VII Analysis of Income-Producing Ac	ctivities (See pa	ige 33 of the i	nstructions.)		
Note:	Enter gross amounts unless otherwise	Unrelated bu	isiness income	Excluded by sect	uon 512, 513, or 514	(E)
indica	ited.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
	Program service revenue: PROGRAM FEES					136,562
a. b.	FIELD TRIPS	_				4.898
	MATERIALS					9,991
	MISC. FEES					7,516
е.						
	Medicare/Medicaid payments					
	Fees and contracts from government agencies					
94	Membership dues and assessments					
	Interest on savings and temporary cash investments	s <u> </u>				18
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
а	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
	Gain or (loss) from sales of assets other than inventory	·			7 000	
	Net income or (loss) from special events			01	7,092	
	Gross profit or (loss) from sales of inventory					
_	Other revenue: a	_				
b.		-				
C.		-				
d.		-				
е.	C. that (-141, (D) (D) (C)	- <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			7,092	158,985
	Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E))		· <u>-</u> .	<u>xuuuuuuuus</u>	1,002	166,077
	Line 105 plus line 1d, Part I, should equal the		 12. Part I			
Part '				oses (See pa	ae 34 of the ins	structions.)
Line I						
▼.	of the organization's exempt purposes (other				, ,	, , , , , , , , , , , , , , , , , , ,
93	PROGRAM FEES, MATERIALS FEES, I	FIELD TRIPS & N	ISC. FEES CO	NTRIBUTE T	O THE EXEMP	PURPOSE
	BY PROVIDING INSTRUCTION USING	THE STUDY TEC	HNOLOGY ME	THOD TO CH	IILDREN ENRO	LLED.
Part			egarded Entitie	es (See page	34 of the instru	
	(A) Name, address, and EIN of corporation,	(B) Percentage of	(C)		(D)	(E) End-of-year
		wnership interest	Nature of a	ctivities	Total income	assets
		%			 	
N/A		%				
		%				
	V. Information Demonting Transfers Asset	%	! D	1		
Part					<u> </u>	
	Did the organization, during the year, receive any funds, d					☐ Yes No
	Did the organization, during the year, pay prer			personal ben	efit contract?	L Yes 🗹 No
Note	e: If "Yes" to (b), file Form 8870 and Form 47			shandalan and asas		and of much manufacture
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, includii on-o f p c eparer (other t	ng accompanying so han officer) is based	nequies and stati d on all informatio	ements, and to the d on of which preparer	has any knowledge
Please		11		i	3/11	115
Sign	Signature of officer	//			ate Join	100
Here	Dana Mc Carlo	by Tro	aswer -	Sperat		
	Type or print name and title	uy ux	WWWI -	V (ALT	uy	
		*	Date	Check if	Preparer's SSN or	PTIN (See Gen Inst W)
Paid	Preparer's signature			self- employed ▶ □	1	
Preparer	Firm s name (or yours \			EIN	>	·
Use Only	If self-employed), address, and ZIP + 4				no ▶ ()	

SCHEDULE A

(Form 990 or 990-EZ)

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 Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization **Employer identification number** Minnesota Applied Study Technology, Inc. 41:1942018 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation nployee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances N/A Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation N/A

Total number of others receiving over \$50,000 for

professional services.

_		-
Paq	ıe	4

Pa	t III	Statements About Activities (See page 2 of the instructions.)	Ye	No
1	atte or i	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities \$ \(\begin{align*} \sqrt{\text{Must equal amounts on line 38,}} \\ \text{t VI-A, or line i of Part VI-B} \) \(\text{\text{Nust equal amounts on line 38,}} \)		~
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other lanizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.		
2	sub with	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or h any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)		
а	Sal	e, exchange, or leasing of property?		V
b	Ler	nding of money or other extension of credit?	4_	~
С	Fur	inishing of goods, services, or facilities?	:	~
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	_	<u> </u>
е	Tra	nsfer of any part of its income or assets?	+	<u> </u>
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b		you have a section 403(b) annuity plan for your employees?	+	 '
4		you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?		'
Pai	t I\	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
5 6 7 8 9 110 111a 111b 112		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school Section 170(b)(1)(A)(ii) (Also complete Part V) A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii) A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital' and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 1 (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the gesection 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more the its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 5 section 509(a)(3).)	70(b)(1 eneral s, and aan 33 eses a)(A)(IV). public. I gross 1/3% of cquired
		Provide the following information about the supported organizations. (See page 5 of the instructions.)	hor	
		(a) Name(s) of supported organization(s) (b) Line num from above		
14		An organization organized and operated to test for public safety Section 509(a)(4). (See page 6 of the instructions)	

Page 3

	e: You may use the worksheet in the instructions endar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999		(e) Total
15	Gifts, grants, and contributions received. (Do		(0, 2001	(0) 2000	()		(6) 10141
	not include unusual grants. See line 28)	27,736	33,187	72,793	4,	138	137,854
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	216,536	101,521	62,725			380,782
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18		(176)				(176)
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	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.						
22	Other income Attach a schedule. Do not						
22	include gain or (loss) from sale of capital assets	044.070	404.500	105.510		100	
23	Total of lines 15 through 22	244,272	134,532	135,518		138	518,460
24	Line 23 minus line 17	27,736	33,011	72,793	4,	138	137,678
25	Enter 1% of line 23	277	330	728		41	
26 b	Organizations described on lines 10 or 11: Prepare a list for your records to show the nan governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list with the control of the cont	ne of and amount ation) whose tota ith your return. Er	contributed by e gifts for 1999 thr nter the total of all	ach person (other ough 2002 exce these excess am	er than a eded the counts	26a /// 26b	
С	Total support for section 509(a)(1) test: Enter lii				▶	26c	
d			19 26b			/////2 26d	
e	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera				▶ [26e	<u>-</u> -
	Public Support percentage time zoe thumera						0.4
	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	r amounts include the name of, and t	ed in lines 15, 16 otal amounts rece	6, and 17 that we	ere received	26f fror "disc	m a "disqualified qualified person.'
<u>r</u> 27	Organizations described on line 12: a Fo person," prepare a list for your records to show Do not file this list with your return. Enter the	r amounts include the name of, and t e sum of such am	ed in lines 15, 16 otal amounts reco ounts for each ye	b, and 17 that weived in each yearear:	ere received r from, each	fror "disc	n a "disqualified qualified person.
	Organizations described on line 12: a For person," prepare a list for your records to show	r amounts include the name of, and the sum of such am 20,467 yed from each pers year, that was more through 11, as we the larger amount	ed in lines 15, 16 otal amounts recounts for each year (2000)	6, and 17 that we leved in each year ear: 67,000 squalified persons of (1) the amount Do not file this list (2), enter the si	ere received r from, each (1999) "), prepare a on line 25 for st with your r um of these o	list for the year	n a "disqualifiec qualified person." Or your records to year or (2) \$5,000 n. After computing ences (the excess
b	Organizations described on line 12: a Forperson," prepare a list for your records to show Do not file this list with your return. Enter the (2002)	r amounts include the name of, and the sum of such am 20,467 wed from each pers year, that was more 5 through 11, as we the larger amount	ed in lines 15, 16 otal amounts recounts for each year (2000)	6, and 17 that we eved in each year ear: 67,000 squalified persons of (1) the amount Do not file this list (2), enter the st	ere received r from, each (1999) s"), prepare a on line 25 for at with your r um of these o	list for the yeturn	m a "disqualified qualified person." Or your records to year or (2) \$5,000 n. After computing ences (the excess
b	Organizations described on line 12: a Forperson," prepare a list for your records to show Do not file this list with your return. Enter the (2002)	r amounts include the name of, and the sum of such am 20,467 wed from each pers year, that was more 5 through 11, as we the larger amount	ed in lines 15, 16 otal amounts recounts for each year (2000)	6, and 17 that we eved in each year ear: 67,000 squalified persons of (1) the amount Do not file this list (2), enter the st	ere received r from, each (1999) s"), prepare a on line 25 for at with your r um of these o	list for the yeturn	n a "disqualifiec qualified person." 0 or your records to year or (2) \$5,000 n. After computing ences (the excess
b	Organizations described on line 12: a Formerson," prepare a list for your records to show Do not file this list with your return. Enter the (2002)	r amounts include the name of, and the sum of such am 20,467 yed from each persyear, that was more through 11, as withe larger amount 16,032 137,854 and line 27b total	ed in lines 15, 16 otal amounts recounts for each year (2000)	6, and 17 that we eved in each year ear: 67,000 squalified persons of (1) the amount Oo not file this list (2), enter the su 7,825	ere received r from, each (1999) 6"), prepare a on line 25 for it with your r um of these (1999)	list for the yeturn differen	or your records to year or (2) \$5,000 1. After computing ences (the excess) 518,636 201,491
b	Organizations described on line 12: a Formerson," prepare a list for your records to show Do not file this list with your return. Enter the (2002)	r amounts include the name of, and the sum of such am 20,467 yed from each persyear, that was more through 11, as we the larger amount 16,032 137,854 and line 27b total tail)	ed in lines 15, 16 otal amounts recounts for each year (2000)	6, and 17 that we eved in each year ear: 67,000 squalified persons of (1) the amount Do not file this list (2), enter the sign (7,825	ere received r from, each (1999) "), prepare a on line 25 for it with your r ium of these control (1999)	list for the yeturn difference 27c 27c 27c 27c 27c	or your records to year or (2) \$5,000 1. After computing ences (the excess 0 518,636 201,491 317,145
b c d e f	Organizations described on line 12: a Formula person," prepare a list for your records to show Do not file this list with your return. Enter the (2002) 0 (2001) For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year. (2002) 90,167 (2001) Add. Amounts from column (e) for lines: 15 380,782 20 Add: Line 27a total 87,467 Public support (line 27c total minus line 27d to Total support for section 509(a)(2) test: Enter all	r amounts include the name of, and the sum of such am 20,467 and from each persyear, that was more through 11, as we the larger amount 16,032 and line 27b total tail	ed in lines 15, 16 otal amounts recounts for each year (2000)	6, and 17 that we eved in each year ear: 67,000 squalified persons of (1) the amount Do not file this list (2), enter the si 7,825	ere received r from, each (1999) ""), prepare a con line 25 for it with your r im of these con the control of the contro	list for the yeturn difference 27c 27c 27c 27e	or your records to year or (2) \$5,000 n. After computing ences (the excess 0 201,491 317,145
b c d	Organizations described on line 12: a Formerson," prepare a list for your records to show Do not file this list with your return. Enter the (2002)	r amounts include the name of, and the sum of such am 20,467 and from each persyear, that was more through 11, as we the larger amount 16,032 and line 27b total tail mount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the sum of the larger amount from line 2 tor) divided by line the sum of the larger amount from line 2 tor) divided by line the sum of the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount from line 2 tor) divided by line the larger amount f	ed in lines 15, 16 otal amounts recounts for each year (2000)	6, and 17 that we eved in each year ear: 67,000 squalified persons of (1) the amount Do not file this list (2), enter the si 7,825	ere received r from, each (1999) ""), prepare a con line 25 for it with your r im of these con the control of the contro	list for the yeturn difference 27c 27c 27c 27c 27c	or your records to year or (2) \$5,000 1. After computing ences (the excess 0 518,636 201,491 317,145

Pai	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N,	/A	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1/29	Yes	No
30	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?	30		
31	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 to all parts of the general community it serves?	31		
32	Does the organization maintain the following:	222		
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a 32b		
С	basis?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
9	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			

Pa	t VI-A Lobbying Expenditures by El (To be completed ONLY by an	lecting Public eligible organ	Charities (Sec ization that file	page 9 of the d Form 5768)	e instructions.)	N/A
Chec	ck ▶ a ☐ If the organization belongs to an affilia	ated group. Che	eck ⊳ b 🔲 if	you checked " a" a	nd "limited control"	provisions apply.
	Limits on Lobbyi				(a) Affiliated group	(b) To be completed for ALL electing
	(The term "expenditures" mea	ins amounts paid	or incurred.)		totals	organizations
36	Total lobbying expenditures to influence public	opinion (grassro	ots lobbying) .	36		
37	Total lobbying expenditures to influence a legis	_				
38	Total lobbying expenditures (add lines 36 and	•		· ·	ļ	
39	Other exempt purpose expenditures					
40	Total exempt purpose expenditures (add lines			40		
41	Lobbying nontaxable amount Enter the amount		•			
		obbying nontaxa		V/////		
	Not over \$500,000			V/////		
	Over \$500,000 but not over \$1,000,000 . \$100,	•		\$ I		
	Over \$1,000,000 but not over \$1,500,000 . \$175, Over \$1,500,000 but not over \$17,000,000 . \$225,			,00,000		
	Over \$17,000,000 \$1,00	•	e excess over \$1,0	I V/////		
42	Grassroots nontaxable amount (enter 25% of I					
43	Subtract line 42 from line 36. Enter -0- if line 4	•		43		
44	Subtract line 41 from line 38. Enter -0- if line 4			44		
	Caution: If there is an amount on either line 4:	3 or line 44, you i	must file Form 47	<i>20.</i>		
	4-Year Av (Some organizations that made a section See the instructions f	eraging Perion on 501(h) election for lines 45 through	do not have to c	omplete all of th	e five columns be	elow.
]			ear Averaging Pe	riod
	Calendar year (or	(a)	<u> </u>	(a)	1 (4)	(-)
	fiscal year beginning in) ▶	2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount		ļ		1	
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
	Grassious nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					
Par	t VI-B Lobbying Activity by Noneled					
	(For reporting only by organiza	itions that did	not complete F	Part VI-A) (See	page 12 of the	e instructions.)
	ng the year, did the organization attempt to influ				any Yes No	Amount
atten	npt to influence public opinion on a legislative n	natter or referend	um, through the	use of:		
а						
-				- *InIn In \		
b	Paid staff or management (Include compensation	on in expenses r	eported on lines	c through n.) .		
b c	Paid staff or management (Include compensation Media advertisements		eported on lines (through n.)		
d	Paid staff or management (Include compensation Media advertisements		eported on lines (c through n.) .		
d e	Paid staff or management (Include compensation Media advertisements	ents	eported on lines (· · · · · · · · · · · · · · · · · · ·	
d	Paid staff or management (Include compensation Media advertisements	ents			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
d e f g	Paid staff or management (Include compensation Media advertisements Mailings to members, legislators, or the public Publications, or published or broadcast statem Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, governments	ents	or a legislative b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
d e	Paid staff or management (Include compensation Media advertisements	ents	or a legislative b	ody means	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0

Pai	rt VI			ransfers To and Transace page 12 of the instruction		Relationships	With	Nonc	harit	table
51				indirectly engage in any of the 01(c)(3) organizations) or in secti					d in s	ection
а				to a noncharitable exempt orga	•	,			Yes	No
		•	• •					51a(i)		V
		Other assets						a(ii)		~
b		er transactions.					• •			~
_			es of assets with a	noncharitable exempt organiza	tion			b(i)		
		•		itable exempt organization				b(ii)		~
				ner assets				b(iii)		~
								b(iv)		1
								b(v)		~
								b(vi)		~
С				sts, other assets, or paid emplo				_ c_		~
d 	goo	ds, other assets, o	ir services given by	complete the following schedule to the reporting organization. If the column (d) the value of the good	he organization	received less that	ın fair r	market narket v	value value	of the in any
(6	a)	(b)		(c)		(d)				
Line	e no	Amount involved	Name of nonc	charitable exempt organization	Description of	transfers, transaction	s, and sh	naring arra	angem	ents
_										
							<u>.</u>			
	des	cribed in section 5 (es," complete the	01(c) of the Code (·		☐ Yes] No
		(a) Name of organiz	ation	(b) Type of organization		(c) Description of re	lationship)		
										
									–	
										
										
									-	
					<u> </u>					
			· · · · · · · · · · · · · · · · · · ·							
	 									

MINNESOTA APPLIED STUDY TECHNOLOGY, INC. 41-1942018

FORM 990	SPECIAL EVEN	ITS AND ACTI	VITIES	STATEMEN		
DESCRIPTION OF EVEN	GROSS T RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
GARAGE SALE	134		134	0	134	
BENEFIT DINNER	9091		9091	3702	5389	
FLOWER SALES	<u>3552</u>		<u>3552</u>	<u>1983</u>	<u>1569</u>	
TO FM 990, PART I, LINE 9	12777		12777	<u>5685</u>	<u>7092</u>	

FORM 990 OTHER EXPENSES STATEMENT 2 PROGRAM MGMT & SERVICES GENERAL FUNDRAISING DESCRIPTION **TOTAL ADVERTISING** STAFF DEVELOPMENT **BANK CHARGES** 562 172 390 195 **INSURANCE** 195 LICENSE & PERMITS 16,929 16,929 PROFESSIONAL FEES **REPAIRS & MAINTENANCE** 919 919 **MEALS DUES/SUBSCRIPTIONS** 25 25 **GRANT EXPENSE** 12,792 12,792 **PROGRAMS EXPENSES**

31,422

TO FORM 990, LINE 43

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3 PART III

31,007

415

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

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 4

DESRIPTION OF PROGRAM SERVICE ONE

FLAGSHIP ACADEMY -- OPENED SCHOOL IN SEPTEMBER 2000. SCHOOL SERVED 8 STUDENTS AS OF 7/31/01; 24 STUDENTS IN SCHOOL YEAR ENDED 7/31/02; AND 28 STUDENTS IN SCHOOL YEAR ENDED 7/31/03. STUDENTS ARE TAUGHT HOW TO LEARN USING THE APPLIED STUDY TECHNOLOGY METHOD BY 4 TEACHERS TRAINED IN THIS TECHNIQUE.

GRANTS EXPENSES 185,063

TOTAL TO FROM 990, PART III, LINE A

FORM 990

STATEMENT OF PROGRAM ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

MINNESOTA APPLIED STUDY TECHNOLOGY -- IMPROVING THE QUALITY OF EDUCATION IN MN BY PROMOTING THE USE OF STUDY TECHNOLOGY, A METHOD OF LEARNING. STUDY TECHNOLOGY IS PROMOTED BY PRESENTING ITS BENEFITS TO EDUCATORS, SCHOOL DISTRICTS, AND OTHERS.

TOTAL TO FROM 990, PART III, LINE B

GRANTS

EXPENSES

120

MINNESOTA APPLIED STUDY TECHNOLOGY, INC. 41-1942018

FORM 990 LIST OF OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES STATEMENT 6						
(A) NA	ME & ADDRESS	(B) TITLE & AVG. HOURS/WEEK	(C) COMP.	(D) BENEFITS	(E) EXPENSES & ALLOWANCE	
KELLY OLSO 9111 STANLI ST. LOUIS PA		CHAIRMAN 4-6	0		0	0
	BROWN HILLS ROAD A, MN 55345	PRESIDENT/ TEACHER 40	120		0	0
WENDY LIEE 4850 VALLEY PLYMOUTH,	FORGE LN	VICE PRESIDENT 4-6	0		0	0
DANA MCCA 13032 STAN ⁻ MINNETONK		SECRETARY 4-6	0		0	0
ARLEN LIEBI 4850 VALLEY PLYMOUTH,	FORGE LN	DIRECTOR 4-6	0		0	0
STEPANIE O 5001 CLOVE EDINA, MN	R RIDGE	DIRECTOR 4-6	0		0	0
KAREN TWE 2641 VERNO ST. LOUIS PA		DIRECTOR 4-6	0		0	0
LORI CREVE 2927 NE ULY MINNEAPOL		DIRECTOR 4-6	0		0	0
MIKE STAPL 4300 DELLW MOUND, MN	OOD LANE	DIRECTOR 4-6	0		0	0
KAREN WES 4430 NICOLL MINNEAPOL		DIRECTOR/ TEACHER 4-6	36,876	2,31	4	0
ARLEN LIEB 4850 VALLEY PLYMOUTH,	Y FORGE LN	DIRECTOR 4-6	0		0	0

MINNESOTA APPLIED STUDY TECHNOLOGY, INC. 41-1942018

	FORM 990	FIXED ASSETS SCHEDULE				
		BEGIN. BALANCE	BEGIN. ASSETS	ADDITIONS	DISPOSALS	ENDING BALANCE
FURNITURE & EQUIPI	MENT					
	COST	7,837	7,837		-	7,837
	ACCUM. DEPREC.	4,129	4,129		-	5,189
	CURRENT DEPREC.		1,060		-	1,060
COMPUTERS						
	COST	1,479	1,479		-	1,479
	ACCUM DEPREC.	1,053	1,053		-	1,223
	CURRENT DEPREC.		170		-	170
GRAND TOTALS:						
	COST	9,316	9,316	-	-	9,316
	ACCUM. DEPREC.	6,836	5,182	-	-	6,412
	CURRENT DEPREC	-	1,230	-	-	1,230