

Change in Accounting Period

OMB No. 1545-0047

Form **990**

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

2000Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

A For the 2000 calendar year, or tax year period beginning 1/01, 2000, and ending 6/30, 2001**B** Check if applicable:

- Change of address
 Change of name
 Initial return
 Final return
 Amended return

Please use IRS label or print or type. See Specific Instructions.

C
 GREATER MINNEAPOLIS CRISIS NURSERY
 5400 GLENWOOD AVENUE
 GOLDEN VALLEY, MN 55422

D Employer identification number

41-1379021

E Telephone number

763-591-0400

F Check if application pending**G** Organization type (check only one) 501(c) (3) (insert no.) 527 OR 4947(a)(1)

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: Cash Accrual Other (specify) ▶**K** Check here if the organization's gross receipts are normally not more than \$25,000.

The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data.

Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.

H(a) Is this a group return filed for affiliates? Yes No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? Yes No

(if "No," attach a list. See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No**I** Enter 4-digit group exemption no. (GEN) ▶**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) **Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16.)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	410,020		
b Indirect public support	1b	748,113		
c Government contributions (grants)	1c	257,382		
d Total (add lines 1a through 1c) (cash \$ <u>1,413,887</u> noncash \$ <u>1,628</u>)	1d			1,415,515
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4			3,537
5 Dividends and interest from securities	5			9,170
6a Gross rents	6a			
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶ _____)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	308,869	8a	1,000
b Less: cost or other basis and sales expenses		304,149	8b	4,770
c Gain or (loss) (attach schedule) STATEMENT 1		4,720	8c	-3,770
d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	950
9 Special events and activities (attach schedule) SEE STATEMENT 2				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	4,702		
b Less: direct expenses other than fundraising expenses	9b	944		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			3,758
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			2,016
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,434,946
13 Program services (from line 44, column (B))	13			965,740
14 Management and general (from line 44, column (C))	14			230,263
15 Fundraising (from line 44, column (D))	15			158,691
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17			1,354,694
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			80,252
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			3,196,435
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20			55
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			3,276,742

DEC 14 2001
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SCANNED JAN 03 2002

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance, 24 Benefits paid, 25 Compensation of officers, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses (itemize), 44 Total functional expenses.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? [X] Yes [] No. If "Yes," enter (i) the aggregate amount of these joint costs \$ 4,719; (ii) the amount allocated to Program services \$ 472; (iii) the amount allocated to Management and general \$ 472; and (iv) the amount allocated to Fundraising \$ 3,775.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23.)

Table with 2 columns: Description of program service accomplishments and Program Service Expenses. Row a: SEE STATEMENT 6, (Grants and allocations \$ 0). Row b: (Grants and allocations \$). Row c: (Grants and allocations \$). Row d: (Grants and allocations \$). Row e: Other program services (attach schedule) (Grants and allocations \$). Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 965,740.

Part IV Balance Sheets (See Specific Instructions on page 23.)

		(A) Beginning of year	(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
ASSETS	45 Cash - non-interest-bearing	590,720	138,334
	46 Savings and temporary cash investments	51,927	62,467
	47 a Accounts receivable	6,668	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable	732,121	727,121
	b Less: allowance for doubtful accounts	5,000	
	49 Grants receivable	32,669	34,254
	50 Receivables from officers, directors, trustees, and key employees (attach sch)		
	51 a Other notes and loans receivable (attach schedule)		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	20,058	38,532
	54 Investments - securities (attach schedule) .STATEMENT .7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	249,179	250,887
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation (attach schedule)		
56 Investments - other (attach schedule)			
57 a Land, buildings, and equipment: basis	2,609,697	2,155,101	
b Less: accumulated depreciation (attach schedule) .STMT .8.	454,596		
58 Other assets (describe ► _____)			
59 Total assets (add lines 45 through 58) (must equal line 74)	3,313,024	3,406,696	
LIABILITIES	60 Accounts payable and accrued expenses	116,589	128,704
	61 Grants payable		
	62 Deferred revenue		1,250
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		
	64 a Tax-exempt bond liabilities (attach schedule)		
	b Mortgages and other notes payable (attach schedule)		
	65 Other liabilities (describe ► _____)		
66 Total liabilities (add lines 60 through 65)	116,589	129,954	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	3,032,223	2,602,793
	68 Temporarily restricted	164,212	673,949
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	3,196,435	3,276,742	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	3,313,024	3,406,696	

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.

Part VI Other Information (See Specific Instructions on page 26.)		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			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.			X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement			X
80a	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?			X
b	If "Yes," enter the name of the organization <input checked="" type="checkbox"/> N/A and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0	
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	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	X	
b	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.)	82b	59,495	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	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 30.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0			
b	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	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			0
d	Enter: Amount of tax in 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> MINNESOTA			
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions.)	90b		77
91	The books are in care of <input checked="" type="checkbox"/> ORGANIZATION Telephone no. <input checked="" type="checkbox"/> 763-591-0400 Located at <input checked="" type="checkbox"/> 5400 GLENWOOD AVENUE, GOLDEN VALLEY, MN ZIP code <input checked="" type="checkbox"/> 55422			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92			N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14	3,537	
96 Dividends and interest from securities			14	9,170	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory			18	950	
101 Net income or (loss) from special events			1	3,758	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a MISCELLANEOUS			1	2,016	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				19,431	
105 Total (add line 104, columns (B), (D), and (E))					19,431

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, the information on this return is true and correct. I am a preparer of this return and the information on this return is based on all information of which preparer has knowledge.

Date

Type or print name and title

11/15/01
K. Wong

Part 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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing 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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, 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:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE FORM 990, PART V	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b 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 described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for calendar year (1999, 2000, 1998, 1997) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V

Private School Questionnaire (See page 5 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?

Table with 2 columns: Yes, No. Row 29.

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?

Table with 2 columns: Yes, No. Row 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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

Table with 2 columns: Yes, No. Row 31.

32 Does the organization maintain the following:

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions?

Table with 2 columns: Yes, No. Rows 32a, 32b, 32c, 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:

- a Students' rights or privileges?
b Admissions policies?
c Employment of faculty or administrative staff?
d Scholarships or other financial assistance?
e Educational policies?
f Use of facilities?
g Athletic programs?
h Other extracurricular activities?

Table with 2 columns: Yes, No. Rows 33a through 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?

Table with 2 columns: Yes, No. Row 34a.

b Has the organization's right to such aid ever been revoked or suspended?

Table with 2 columns: Yes, No. Row 34b.

If you answered "Yes" to either 34a or b, please explain using an attached statement.

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.

Table with 2 columns: Yes, No. Row 35.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here a [] if the organization belongs to an affiliated group. Check here b [] if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with columns for line numbers (36-44) and amounts for affiliated group totals and to be completed for all electing organizations. Includes a caution note at the bottom.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for calendar year (2000, 1999, 1998, 1997) and Total. Rows include lobbying nontaxable amount, ceiling amount, total lobbying expenditures, grassroots nontaxable amount, grassroots ceiling amount, and grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Table with columns for Yes, No, and Amount. Rows list various lobbying activities: a Volunteers, b Paid staff or management, c Media advertisements, d Mailings to members, e Publications, f Grants to other organizations, g Direct contact with legislators, h Rallies/demonstrations, i Total lobbying expenditures.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No. 1545-0047

2008/

Department of the Treasury
Internal Revenue Service

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

Name of organization

Employer identification number

GREATER MINNEAPOLIS CRISIS NURSERY

41-1379021

Organization type (check one) - Section: 501(c)(3) ◀ (enter number); 527 or
 4947(a)(1) nonexempt charitable trust

A 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.

KFA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ. Schedule B (Form 990 or 990-EZ) (2000)

Name of organization GREATER MINNEAPOLIS CRISIS NURSERY	Employer identification number 41-1379021
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Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 748,113	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

GREATER MINNEAPOLIS CRISIS NURSERY

41-1379021

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____
—	_____ _____ _____	\$ _____	_____

Name of organization

Employer identification number

GREATER MINNEAPOLIS CRISIS NURSERY

41-1379021

Part III Section 501(c)(7), (8), or (10) organizations that received more than \$1,000 in charitable gifts during the year-

Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) \$

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and zip code; Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and zip code; Relationship of transferor to transferee.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

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Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, Transferee's name, address, and zip code; Relationship of transferor to transferee.

STATEMENT 10
SCHEDULE A, PART IV-A, LINE 26B
EXCESS CONTRIBUTORS

NOT OPEN TO PUBLIC INSPECTION

CONTRIBUTOR	2000 1999	199 8 ⁹	199 7 ⁸	199 6 ⁷	TOTAL
	\$ 0	\$ 200,000	\$ 0	\$ 0	\$ 200,000
	30,000	50,000	120,000	0	200,000
	0	0	225,000	250,000	475,000
	0	85,000	25,000	151,000	261,000
				TOTAL	\$ 1,136,000
				LINE 26A X 4	-757,156
				EXCESS CONTRIBUTIONS	\$ 378,844

CLIENT 28245JUN

GREATER MINNEAPOLIS CRISIS NURSERY

41-1379021

11/02/01

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STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES:

GROSS SALES PRICE:	308,869		
COST OR OTHER BASIS:	304,149		
GAIN (LOSS)		\$	4,720

OTHER ASSETS:

DESCRIPTION:	VEHICLE AND EQUIPMENT		
DATE ACQUIRED:	3/11/96		
HOW ACQUIRED:	PURCHASED		
DATE SOLD:	VARIOUS		
TO WHOM SOLD:			
GROSS SALES PRICE:	1,000		
COST OR OTHER BASIS:	13,672		
EXPENSES OF SALE:	0		
DEPRECIATION:	8,902		
GAIN (LOSS)		\$	-3,770
GAIN (LOSS) FROM OTHER ASSETS			-3,770
TOTAL GAIN (LOSS)		\$	<u>950</u>

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS:
 A) ON LINE AUCTION
 B)
 C)
 OTHER:

SPECIAL EVENTS	A	B	C	OTHER	TOTAL
GROSS RECEIPTS	\$ 4,702			0	4,702
LESS: CONTRIBUTIONS	0			0	0
GROSS REVENUE	4,702			0	4,702
LESS: DIRECT EXPENSES	944			0	944
NET INCOME (LOSS)	\$ 3,758			0	<u>3,758</u>

**STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED GAIN ON INVESTMENT	\$	55
TOTAL	\$	<u>55</u>

**STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES**

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CHILD CARE & PARENT PROGRAM	\$ 20,322	20,322		
CONTRACT SERVICES	86,633	67,334	12,700	6,599
FOOD SERVICE	22,679	22,679		
INSURANCE	8,021	5,695	1,524	802
MISCELLANEOUS	5,457	496	4,102	859
PROFESSIONAL FEES	5,837		5,837	
PUBLIC RELATIONS	12,464	1,247	4,985	6,232
STAFF EXPENSE	18,770	3,469	12,581	2,720
TOTAL	<u>\$ 180,183</u>	<u>121,242</u>	<u>41,729</u>	<u>17,212</u>

**STATEMENT 5
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

ASSISTS IN THE PREVENTION OF CHILD ABUSE AND NEGLECT.

**STATEMENT 6
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE NURSERY ASSISTS IN THE PREVENTION OF CHILD ABUSE AND NEGLECT. CHILDREN ARE PLACED BY THEIR PARENTS AT THE NURSERY FOR UP TO 72 HOURS, WHILE THEIR PARENTS RECEIVE ASSISTANCE FROM THE NURSERY'S COUNSELORS AND OTHER COMMUNITY SERVICES TO ADDRESS STRESS AND PARENTING NEEDS. THE NURSERY HAS TWO SITES IN THE MINNEAPOLIS AREA.	\$ 0	965,740
	<u>\$ 0</u>	<u>965,740</u>

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STATEMENT 7
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE BONDS	VALUATION METHOD	AMOUNT	TOTAL
CORPORATE BONDS	MARKET VALUE	\$ 25,070	
			\$ 25,070
OTHER SECURITIES	VALUATION METHOD	AMOUNT	TOTAL
CERTIFICATES OF DEPOSIT	MARKET VALUE	\$ 149,000	
			\$ 149,000
U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT	TOTAL
GOVERNMENT BONDS	MARKET VALUE	\$ 76,817	
			\$ 76,817
	TOTAL		<u>\$ 250,887</u>

STATEMENT 8
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIP.	\$ 20,515	3,761	16,754
MACHINERY AND EQUIPMENT	272,445	141,150	131,295
BUILDINGS	1,995,603	196,241	1,799,362
IMPROVEMENTS	171,134	113,444	57,690
LAND	150,000		150,000
TOTAL	<u>\$ 2,609,697</u>	<u>454,596</u>	<u>2,155,101</u>

STATEMENT 9
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) ²⁰⁰⁰ 1999	(B) 199 ⁹ 8	(C) 199 ⁸ 7	(D) 199 ⁷ 6	(E) TOTAL
MISCELLANEOUS	\$ 1,033	\$ 75	\$ 0	\$ 0	\$ 1,108
TOTAL	<u>\$ 1,033</u>	<u>\$ 75</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 1,108</u>

**Form 990, Part II, Line 42
Depreciation Schedule**

EIN #41-1379021

Asset	Beginning Accumulated Depreciation 12/31/00	Expense	Adjustments/ Disposals	Ending Accumulated Depreciation 6/30/01
Automobiles/transportation equip.	9,742	2,615	(8,595)	3,762
Machinery & Equipment	118,560	22,895	(306)	141,149
Buildings	155,656	40,585		196,241
Improvements	106,015	7,429		113,444
	389,973	73,524	(8,901)	454,596

Greater Minneapolis Crisis Nursery -2001 Board of Directors Listing

All members are voluntary and receive no compensation, benefits or allowances, except as noted on Part V of the Form 990

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Vice-Chair:

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Treasurer:

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