

Return of Organization Exempt from Income Tax

2003

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2003 calendar year, or tax year beginning 7/01, 2003, and ending 6/30, 2004

- Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions.

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

D Employer Identification Number

41-1379021

E Telephone number

763-591-0400

F Accounting method:

Cash [ ] Accrual [X]

Other (specify)

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

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes [ ] No [X]

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes [ ] No [X]

(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 [X]

I Group Exemption Number

M Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: WWW.CRISISNURSERY.ORG

J Organization type (check only one)

[X] 501(c) 3 (insert no.) [ ] 4947(a)(1) or [ ] 527

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,438,663.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program revenue, special events, and inventory sales.

SCANNED NOV 05 04

Stamp: OCT 31 2004 SEE STATEMENT 3

Handwritten marks: 5-13, 19

**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.

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I   | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |          |
|--|-----------|----------------------|----------------------------|-----------------|----------|
| 22 Grants and allocations (att sch)<br>(cash \$ _____<br>non-cash \$ _____)  | 22        |                      |                            |                 |          |
| 23 Specific assistance to individuals (att sch)  | 23        |                      |                            |                 |          |
| 24 Benefits paid to or for members (att sch)   | 24        |                      |                            |                 |          |
| 25 Compensation of officers, directors, etc.   | 25        | 94,090.              | 15,054.                    | 50,809.         | 28,227.  |
| 26 Other salaries and wages  | 26        | 1,329,855.           | 1,057,814.                 | 159,816.        | 112,225. |
| 27 Pension plan contributions  | 27        |                      |                            |                 |          |
| 28 Other employee benefits   | 28        | 206,898.             | 155,887.                   | 30,604.         | 20,407.  |
| 29 Payroll taxes   | 29        | 95,116.              | 71,665.                    | 14,069.         | 9,382.   |
| 30 Professional fundraising fees   | 30        |                      |                            |                 |          |
| 31 Accounting fees   | 31        |                      |                            |                 |          |
| 32 Legal fees  | 32        |                      |                            |                 |          |
| 33 Supplies  | 33        | 29,749.              | 18,629.                    | 5,557.          | 5,563.   |
| 34 Telephone   | 34        | 5,001.               | 4,501.                     | 300.            | 200.     |
| 35 Postage and shipping  | 35        | 20,692.              | 925.                       | 1,712.          | 18,055.  |
| 36 Occupancy   | 36        | 67,721.              | 60,949.                    | 4,063.          | 2,709.   |
| 37 Equipment rental and maintenance  | 37        | 15,768.              | 14,191.                    | 946.            | 631.     |
| 38 Printing and publications   | 38        | 32,153.              | 4,399.                     | 1,720.          | 26,034.  |
| 39 Travel  | 39        | 5,456.               | 4,993.                     | 208.            | 255.     |
| 40 Conferences, conventions, and meetings  | 40        |                      |                            |                 |          |
| 41 Interest  | 41        | 14,790.              | 12,571.                    | 1,479.          | 740.     |
| 42 Depreciation, depletion, etc (attach schedule)  | 42        | 124,200.             | 93,150.                    | 22,356.         | 8,694.   |
| 43 Other expenses not covered above (itemize)  |           |                      |                            |                 |          |
| a SEE STATEMENT 4  | 43a       | 445,278.             | 360,673.                   | 52,731.         | 31,874.  |
| b  | 43b       |                      |                            |                 |          |
| c  | 43c       |                      |                            |                 |          |
| d  | 43d       |                      |                            |                 |          |
| e  | 43e       |                      |                            |                 |          |
| 44 Total functional expenses (add lines 22 - 43)<br>Organizations completing columns (B) - (D),<br>carry these totals to lines 13 - 15 | 44        | 2,486,767.           | 1,875,401.                 | 346,370.        | 264,996. |

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 15,078. ; (ii) the amount allocated to Program services \$ 1,508. ; (iii) the amount allocated to Management and general \$ 1,508. ; and (iv) the amount allocated to Fundraising \$ 12,062.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)

|  |  |  |            |
|--|--|--|------------|
| a SEE STATEMENT 6  |  |  |            |
| (Grants and allocations \$ _____)  |  |  | 1,875,401. |
| b  |  |  |            |
| (Grants and allocations \$ _____)  |  |  |            |
| c  |  |  |            |
| (Grants and allocations \$ _____)  |  |  |            |
| d  |  |  |            |
| (Grants and allocations \$ _____)  |  |  |            |
| e Other program services.  |  |  |            |
| (Grants and allocations \$ _____)  |  |  |            |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) |  |  | 1,875,401. |

**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

|   |  | (A)<br>Beginning of year |               | (B)<br>End of year |
|---|--|--------------------------|---------------|--------------------|
| ASSETS  | 45 Cash - non-interest-bearing   | 116,101.                 | 45            | 11,024.            |
|   | 46 Savings and temporary cash investments  | 1,240,405.               | 46            | 29,063.            |
|   | 47 a Accounts receivable   | 47 a                     |               |                    |
|   | b Less: allowance for doubtful accounts  | 47 b                     | 47 c          |                    |
|   | 48 a Pledges receivable  | 48 a 454,344.            |               |                    |
|   | b Less: allowance for doubtful accounts  | 48 b 10,142.             | 236,427.      | 48 c 444,202.      |
|   | 49 Grants receivable   |                          | 66,117.       | 49 28,224.         |
|   | 50 Receivables from officers, directors, trustees, and key employees (attach schedule)   |                          |               | 50                 |
|   | 51 a Other notes & loans receivable (attach sch.)  | 51 a                     |               |                    |
|   | b Less: allowance for doubtful accounts  | 51 b                     |               | 51 c               |
|   | 52 Inventories for sale or use   |                          |               | 52                 |
|   | 53 Prepaid expenses and deferred charges   |                          | 57,298.       | 53 68,561.         |
|   | 54 Investments - securities (attach schedule). SEE ST 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV                             |                          | 168,217.      | 54 217,165.        |
|   | 55 a Investments - land, buildings, & equipment: basis   | 55 a                     |               |                    |
|   | b Less: accumulated depreciation (attach schedule)   | 55 b                     |               | 55 c               |
|   | 56 Investments - other (attach schedule)   |                          |               | 56                 |
|   | 57 a Land, buildings, and equipment: basis   | 57 a 4,421,181.          |               |                    |
|   | b Less: accumulated depreciation (attach schedule) STATEMENT 8.  | 57 b 622,053.            | 2,528,483.    | 57 c 3,799,128.    |
|   | 58 Other assets (describe <input type="checkbox"/> )   |                          |               | 58                 |
| 59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) |  | 4,413,048.               | 59 4,597,367. |                    |
| LIABILITIES   | 60 Accounts payable and accrued expenses   | 126,481.                 | 60            | 155,951.           |
|   | 61 Grants payable  |                          | 61            |                    |
|   | 62 Deferred revenue  |                          | 62            |                    |
|   | 63 Loans from officers, directors, trustees, and key employees (attach schedule)   |                          | 63            |                    |
|   | 64 a Tax-exempt bond liabilities (attach schedule)   |                          | 64 a          |                    |
|   | b Mortgages and other notes payable (attach schedule) SEE STATEMENT 9  |                          | 1,800,000.    | 64 b 1,385,976.    |
|   | 65 Other liabilities (describe <input type="checkbox"/> )  |                          |               | 65                 |
| 66 <b>Total liabilities</b> (add lines 60 through 65)                 |  | 1,926,481.               | 66 1,541,927. |                    |
| NET ASSETS OR FUND BALANCES   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>            |                          |               |                    |
|   | 67 Unrestricted  | 2,209,065.               | 67            | 2,917,440.         |
|   | 68 Temporarily restricted  | 277,502.                 | 68            | 138,000.           |
|   | 69 Permanently restricted  |                          | 69            |                    |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>                                    |                          |               |                    |
|   | 70 Capital stock, trust principal, or current funds  |                          | 70            |                    |
|   | 71 Paid-in or capital surplus, or land, building, and equipment fund   |                          | 71            |                    |
|   | 72 Retained earnings, endowment, accumulated income, or other funds  |                          | 72            |                    |
|   | 73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) |                          | 2,486,567.    | 73 3,055,440.      |
|   | 74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)   |                          | 4,413,048.    | 74 4,597,367.      |

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

|     |  |   |            |
|-----|--|---|------------|
| a   | Total revenue, gains, and other support per audited financial statements | a | 3,154,688. |
| b   | Amounts included on line a but not on line 12, Form 990:                 |   |            |
| (1) | Net unrealized gains on investments .. \$                                |   | -5,542.    |
| (2) | Donated services and use of facilities \$                                |   | 99,048.    |
| (3) | Recoveries of prior year grants \$                                       |   |            |
| (4) | Other (specify):   |   |            |
|     | ----- \$   |   |            |
|     | Add amounts on lines (1) through (4)                                     | b | 93,506.    |
| c   | Line a minus line b  | c | 3,061,182. |
| d   | Amounts included on line 12, Form 990 but not on line a:                 |   |            |
| (1) | Investment expenses not included on line 6b, Form 990. .... \$           |   |            |
| (2) | Other (specify):   |   |            |
|     | ----- \$   |   |            |
|     | Add amounts on lines (1) and (2)   | d |            |
| e   | Total revenue per line 12, Form 990 (line c plus line d)                 | e | 3,061,182. |

|     |   |   |            |
|-----|---|---|------------|
| a   | Total expenses and losses per audited financial statements  | a | 2,585,815. |
| b   | Amounts included on line a but not on line 17, Form 990:    |   |            |
| (1) | Donated services and use of facilities \$                   |   | 99,048.    |
| (2) | Prior year adjustments reported on line 20, Form 990 \$     |   |            |
| (3) | Losses reported on line 20, Form 990 \$                     |   |            |
| (4) | Other (specify):  |   |            |
|     | ----- \$  |   |            |
|     | Add amounts on lines (1) through (4)                        | b | 99,048.    |
| c   | Line a minus line b   | c | 2,486,767. |
| d   | Amounts included on line 17, Form 990 but not on line a:    |   |            |
| (1) | Investment expenses not included on line 6b, Form 990 .. \$ |   |            |
| (2) | Other (specify):  |   |            |
|     | ----- \$  |   |            |
|     | Add amounts on lines (1) and (2)                            | d |            |
| e   | Total expenses per line 17, Form 990 (line c plus line d)   | e | 2,486,767. |

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions.)

| (A) Name and address   | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
|--|--|---|---|--|
| DOUG CARTER<br>5400 GLENWOOD AVENUE<br>GOLDEN VALLEY, MN 55422 | EXECUTIVE DIREC<br>40 HOURS/WEEK                         | 94,091.                                   | 941.  | 0.                                       |
| SEE ATTACHED BOARD LIST  | NONE   | 0.  | 0.  | 0.                                       |
| -----  |  |   |   |  |
| -----  |  |   |   |  |
| -----  |  |   |   |  |
| -----  |  |   |   |  |
| -----  |  |   |   |  |
| -----  |  |   |   |  |
| -----  |  |   |   |  |

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?  Yes  No

If 'Yes,' attach schedule - see instructions.

| Part VI Other Information (See 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   |     | 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       |
| 78b   | 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       |
| 80a   | If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.   |     |         |
| 81a   | Enter direct and indirect political expenditures. See line 81 instructions   | 81a | 0.      |
| 81b   | Did the organization file Form 1120-POL for this year?   |     | 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?  | X   |         |
| 82b   | 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 | 99,048. |
| 83a   | Did the organization comply with the public inspection requirements for returns and exemption applications?  | X   |         |
| 83b   | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | X   |         |
| 84a   | Did the organization solicit any contributions or gifts that were not tax deductible?  |     | X       |
| 84b   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | N/A |         |
| 85a   | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  | N/A |         |
| 85b   | b Did the organization make only in-house lobbying expenditures of \$2,000 or less?  | N/A |         |
|   | 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.   |     |         |
| 85c   | Dues, assessments, and similar amounts from members  | N/A |         |
| 85d   | Section 162(e) lobbying and political expenditures   | N/A |         |
| 85e   | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   | N/A |         |
| 85f   | Taxable amount of lobbying and political expenditures (line 85d less 85e)  | N/A |         |
| 85g   | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  | N/A |         |
| 85h   | 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 year?                             | N/A |         |
| 86a   | 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12   | N/A |         |
| 86b   | b Gross receipts, included on line 12, for public use of club facilities   | N/A |         |
| 87a   | 501(c)(12) organizations Enter: a Gross income from members or shareholders  | N/A |         |
| 87b   | b 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 |     | X       |
| 89a   | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>  |     |         |
| 89b   | 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 |     | 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 on line 89c, above, reimbursed by the organization  |     | 0.      |
| 90a   | List the states with which a copy of this return is filed <u>MINNESOTA</u>   |     |         |
| 90b   | Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)  | 90b | 77      |
| 91  | The books are in care of <u>ORGANIZATION</u> Telephone number <u>763-591-0400</u><br>Located at <u>5400 GLENWOOD AVENUE, GOLDEN VALLEY, MN</u> ZIP + 4 <u>55422</u>  |     |         |
| 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 <u>92</u>  | N/A | N/A     |

**Part VII Analysis of Income-Producing Activities** (See instructions.)

Note: Enter gross amounts unless otherwise indicated

|   | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt<br>function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
|   | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |   |
| 93 Program service revenue:   |                           |               |                                      |               |   |
| a _____   |                           |               |                                      |               |   |
| b _____   |                           |               |                                      |               |   |
| c _____   |                           |               |                                      |               |   |
| d _____   |                           |               |                                      |               |   |
| e _____   |                           |               |                                      |               |   |
| f Medicare/Medicaid payments . . . . .                                    |                           |               |                                      |               |   |
| g Fees & contracts from government agencies                               |                           |               |                                      |               |   |
| 94 Membership dues and assessments  |                           |               |                                      |               |   |
| 95 Interest on savings & temporary cash invmnts . . . . .                 |                           |               | 14                                   | 1,986.        |   |
| 96 Dividends & interest from securities . . . . .                         |                           |               | 14                                   | 10,696.       |   |
| 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 pers prop . . . . .                   |                           |               |                                      |               |   |
| 99 Other investment income . . . . .                                      |                           |               |                                      |               |   |
| 100 Gain or (loss) from sales of assets<br>other than inventory . . . . . |                           |               | 18                                   | -3,546.       |   |
| 101 Net income or (loss) from special events . . . . .                    |                           |               | 1                                    | -34,174.      |   |
| 102 Gross profit or (loss) from sales of inventory . . . . .              |                           |               |                                      |               |   |
| 103 Other revenue: a _____  |                           |               |                                      |               |   |
| b MISCELLANEOUS _____   |                           |               | 1                                    | 5,303.        |   |
| c _____   |                           |               |                                      |               |   |
| d _____   |                           |               |                                      |               |   |
| e _____   |                           |               |                                      |               |   |
| 104 Subtotal (add columns (B), (D), and (E)). . . . .                     |                           |               |                                      | -19,735.      |   |
| 105 Total (add line 104, columns (B), (D), and (E)) . . . . .             |                           |               |                                      |               | -19,735.                                    |

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 instructions.)

| 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 instructions.)

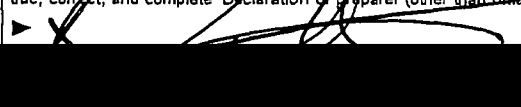
| (A)<br>Name, address, and EIN of corporation,<br>partnership, or disregarded entity | (B)<br>Percentage of<br>ownership interest | (C)<br>Nature of activities | (D)<br>Total<br>income | (E)<br>End-of-year<br>assets |
|---|--|-----------------------------|------------------------|------------------------------|
| N/A   | 0%   |                             |                        |                              |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

- 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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please  Date 10-26-04

Date \_\_\_\_\_ Check if \_\_\_\_\_ Preparer's SSN or PTIN (see \_\_\_\_\_)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

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

**2003**

Department of the Treasury  
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization

GREATER MINNEAPOLIS CRISIS NURSERY

Employer identification number

41-1379021

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(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 and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| AL WILLIG<br>5400 GLENWOOD AVE, GOLDEN VALLEY                 | FINANCE DIR<br>40 HRS/WEEK                               | 58,654.          | 587.  | 0.                                       |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000            | ▶  | 0                |   |  |

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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 |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of others receiving over \$50,000 for professional services    | ▶                   | 0                |

Part III Statements About Activities (See instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4 regarding lobbying activities, compensation, and grants.

Part IV Reason for Non-Private Foundation Status (See 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.)
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.)
11 a X 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.)
11 b 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 instructions.)

Table with 2 columns: (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 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.

| Calendar year (or fiscal year beginning in)   | (a)<br>2002 | (b)<br>2001 | 11/1/01 - 1/30/02<br>(c)<br>2000 | 1/1/00 - 12/31/00<br>(d)<br>1999-2000 | (e)<br>Total |
|---|-------------|-------------|----------------------------------|---------------------------------------|--------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)   | 1,918,551.  | 2,058,340.  | 1,415,515.                       | 2,244,579.                            | 7,636,985.   |
| 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  |             | 315,168.    | 4,702.                           | 18,000.                               | 337,870.     |
| 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 | 13,744.     | 17,745.     | 12,707.                          | 38,037.                               | 82,233.      |
| 19 Net income from unrelated business activities not included in line 18  | 38,930.     |             |                                  |                                       | 38,930.      |
| 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 include gain or (loss) from sale of capital assets SEE STMT 10   | 25,647.     | 1,622.      | 2,016.                           | 1,033.                                | 30,318.      |
| 23 Total of lines 15 through 22   | 1,996,872.  | 2,392,875.  | 1,434,940.                       | 2,301,649.                            | 8,126,336.   |
| 24 Line 23 minus line 17  | 1,996,872.  | 2,077,707.  | 1,430,238.                       | 2,283,649.                            | 7,788,466.   |
| 25 Enter 1% of line 23.   | 19,969.     | 23,929.     | 14,349.                          | 23,016.                               |              |

|  |     |            |
|--|-----|------------|
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.   | 26a | 155,769.   |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | 26b | 17,080.    |
| c Total support for section 509(a)(1) test: Enter line 24, column (e)  | 26c | 7,788,466. |
| d Add: Amounts from column (e) for lines: 18 82,233. 19 38,930. 22 30,318. 26b 17,080.   | 26d | 168,561.   |
| e Public support (line 26c minus line 26d total)   | 26e | 7,619,905. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))   | 26f | 97.84 %    |

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:  
 (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  
 (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_ (1999) \_\_\_\_\_

|  |     |   |
|--|-----|---|
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____             | 27c |   |
| d Add: Line 27a total _____ and line 27b total _____   | 27d |   |
| e Public support (line 27c total minus line 27d total)   | 27e |   |
| f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)                  | 27f |   |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))               | 27g | % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | 27h | % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

|  | Yes | No |
|--|-----|----|
| 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?   |     |    |
| 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?  |     |    |
| 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?<br>If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) |     |    |
| 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?   |     |    |
| 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?  |     |    |
| 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?  |     |    |
| b Has the organization's right to such aid ever been revoked or suspended?<br>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.  |     |    |

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

N/A

Check a if the organization belongs to an affiliated group. Check b if you checked 'a' 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), descriptions of lobbying expenditures, and columns (a) Affiliated group totals and (b) To be completed for ALL electing organizations.

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.)

Table for 4-Year Averaging Period with columns for Calendar year (or fiscal year beginning in) and rows for Lobbying nontaxable amount, Lobbying 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 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 Yes, No, and Amount for various lobbying activities (a-i).

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization.
(ii) Purchases of assets from a noncharitable exempt organization.
(iii) Rental of facilities, equipment, or other assets.
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51 a (i), a (ii), b (i) through b (vi), and c.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

GREATER MINNEAPOLIS CRISIS NURSERY

41-1379021

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 226,965.  
COST OR OTHER BASIS: 230,511.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -3,546.  
TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -3,546.

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

| <u>SPECIAL EVENTS</u> | <u>GROSS RECEIPTS</u> | <u>LESS CONTRI-BUTIONS</u> | <u>GROSS REVENUE</u> | <u>LESS DIRECT EXPENSES</u> | <u>NET INCOME (LOSS)</u> |
|-----------------------|-----------------------|----------------------------|----------------------|-----------------------------|--------------------------|
| BEACH BALL EVENT      | 298,822.              | 207,252.                   | 91,570.              | 146,970.                    | -55,400.                 |
| OTHER SPECIAL EVENT   | 21,226.               | 0.                         | 21,226.              | 0.                          | 21,226.                  |
| TOTAL                 | <u>\$ 320,048.</u>    | <u>\$ 207,252.</u>         | <u>\$ 112,796.</u>   | <u>\$ 146,970.</u>          | <u>\$ -34,174.</u>       |

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

UNREALIZED LOSS ON INVESTMENTS . . . . . TOTAL \$ -5,542.

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

|                             | (A)<br><u>TOTAL</u> | (B)<br><u>PROGRAM SERVICES</u> | (C)<br><u>MANAGEMENT &amp; GENERAL</u> | (D)<br><u>FUNDRAISING</u> |
|-----------------------------|---------------------|--------------------------------|--|---------------------------|
| CHILD CARE & PARENT PROGRAM | 38,202.             | 38,202.                        |  |                           |
| CONTRACT SERVICES           | 100,275.            | 73,995.                        | 8,120.                                 | 18,160.                   |
| EXPANSION EXPENSE           | 204,967.            | 178,515.                       | 21,002.                                | 5,450.                    |
| FOOD SERVICE                | 33,050.             | 33,050.                        |  |                           |
| INSURANCE                   | 25,016.             | 17,761.                        | 4,753.                                 | 2,502.                    |
| MISCELLANEOUS               | 10,880.             | 2,820.                         | 5,002.                                 | 3,058.                    |
| PROFESSIONAL FEES           | 16,682.             | 4,422.                         | 12,260.                                |                           |
| PUBLIC RELATIONS            | 2,820.              | 73.                            | 43.                                    | 2,704.                    |
| STAFF EXPENSE               | 13,386.             | 11,835.                        | 1,551.                                 |                           |
| TOTAL                       | <u>\$ 445,278.</u>  | <u>\$ 360,673.</u>             | <u>\$ 52,731.</u>                      | <u>\$ 31,874.</u>         |

GREATER MINNEAPOLIS CRISIS NURSERY

41-1379021

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<br>ALLOCATIONS | PROGRAM<br>SERVICE<br>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 IS CURRENTLY OPERATING TWO SITES IN THE MINNEAPOLIS AREA. |                           | 1,875,401.                     |
|  | \$ 0.                     | <u>\$ 1,875,401.</u>           |

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

| OTHER SECURITIES               | VALUATION<br>METHOD | AMOUNT             |
|--------------------------------|---------------------|--------------------|
| CERTIFICATES OF DEPOSIT        | MARKET VALUE        | \$ 196,840.        |
|                                | TOTAL               | \$ 196,840.        |
| U.S. GOVERNMENT OBLIGATIONS    | VALUATION<br>METHOD | AMOUNT             |
| GOVERNMENT BONDS               | MARKET VALUE        | 20,325.            |
|                                | TOTAL               | \$ 20,325.         |
| TOTAL INVESTMENTS - SECURITIES |                     | <u>\$ 217,165.</u> |

GREATER MINNEAPOLIS CRISIS NURSERY

41-1379021

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

| CATEGORY                               | BASIS         | ACCUM.<br>DEPREC. | BOOK<br>VALUE |
|--|---------------|-------------------|---------------|
| AUTOMOBILES / TRANSPORTATION EQUIPMENT | \$ 20,515.    | \$ 11,967.        | \$ 8,548.     |
| MACHINERY AND EQUIPMENT                | 297,360.      | 127,060.          | 170,300.      |
| BUILDINGS                              | 3,883,306.    | 483,026.          | 3,400,280.    |
| LAND                                   | 220,000.      |                   | 220,000.      |
| TOTAL                                  | \$ 4,421,181. | \$ 622,053.       | \$ 3,799,128. |

STATEMENT 9  
FORM 990, PART IV, LINE 64B  
MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME: BREMER BANK  
 REPAYMENT TERMS: \$11,354/MTH STARTING JULY 2003  
 INTEREST RATE: 4.40%  
 SECURITY PROVIDED: ALL ASSETS OF THE ORGANIZATION  
 ORIGINAL AMOUNT: 1,800,000.  
 BALANCE DUE: \$ 1,385,976.  
 TOTAL \$ 1,385,976.

STATEMENT 10  
SCHEDULE A, PART IV-A, LINE 22  
OTHER INCOME

| DESCRIPTION   | (A) 2002   | (B) 2001  | (C) 2000  | (D) 1999  | (E) TOTAL  |
|---------------|------------|-----------|-----------|-----------|------------|
| MISCELLANEOUS | \$ 25,647. | \$ 1,622. | \$ 2,016. | \$ 1,033. | \$ 30,318. |
| TOTAL         | \$ 25,647. | \$ 1,622. | \$ 2,016. | \$ 1,033. | \$ 30,318. |

Greater Minneapolis Crisis Nursery  
Form 990, Part II, Line 42  
Depreciation Schedule

EIN #41-1379021

6/30/2004

| Asset                             | Beginning<br>Accumulated<br>Depreciation<br>6/30/2003 | Expense   | Disposals | Ending<br>Accumulated<br>Depreciation<br>6/30/2004 |
|-----------------------------------|---|-----------|-----------|--|
| Automobiles/transportation equip. | \$11,967  | \$4,103   |           | \$16,070   |
| Machinery & Equipment             | \$127,107   | \$40,259  |           | \$167,366  |
| Buildings                         | \$358,779   | \$79,838  |           | \$438,617  |
| Improvements                      | \$0   |           |           | \$0  |
|                                   | \$497,853   | \$124,200 | \$0       | \$622,053  |

GREATER MINNEAPOLIS CRISIS NURSERY  
LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES  
FORM 990, PART V  
6/30/2004

EIN 41-1379021

Ora Rhine  
Robert Mattison  
Blythe Brenden  
Patty Murphy  
Michael G. Brogdon  
Daniel Collins  
Mel Dickstein  
M.J. Hauser  
Kathleen Lenzmeier  
Lockie B. Markusen  
Michael T. Nilan  
Sarah M. Nuss  
Octavio Portu, Jr.  
Peter M. Reyes, Jr.  
Carol Shaw  
Linda Thompson  
Brian J. Warpinski  
Ann Hart Wernz

All board members can be reached through Greater Minneapolis Crisis Nursery, 5400 Glenwood Avenue, Golden Valley, MN 55422.

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