

Return of Organization Exempt from Income Tax

2004

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.

A For the 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

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

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
 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).

G Web site: WWW.CRISISNURSERY.ORG

J Organization type (check only one) 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.**

- H and I are not applicable to section 527 organizations**
- H (a)** Is this a group return 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 Group Exemption Number. _____

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. **3,231,380.**

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

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	2,300,989.		
b Indirect public support	1b	329,184.		
c Government contributions (grants)	1c	337,408.		
d Total (add lines 1a through 1c) (cash \$ 2,945,413. noncash \$ 22,168.)	1d			2,967,581.
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			1,347.
5 Dividends and interest from securities	5			4,862.
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	254,577.	8a	
b Less: cost of other basis and sales expenses	(B) Other	254,796.	8b	
c Gain or (loss) (attach schedule)		-219.	8c	
d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	-219.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
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			3,013.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			2,976,584.
13 Program services (from line 44, column (B))	13			2,285,685.
14 Management and general (from line 44, column (C))	14			350,428.
15 Fundraising (from line 44, column (D))	15			348,325.
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17			2,984,438.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-7,854.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			3,055,440.
20 Other changes in net assets or fund balances (attach explanation)	20		SEE STATEMENT 2	-1,045.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			3,046,541.

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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) (cash \$ _____ non-cash \$ _____)				
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.	98,345.	16,719.	53,106.	28,520.
26	Other salaries and wages	1,625,190.	1,360,758.	151,598.	112,834.
27	Pension plan contributions				
28	Other employee benefits	239,826.	191,671.	28,485.	19,670.
29	Payroll taxes	131,794.	105,332.	15,653.	10,809.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	25,448.	14,888.	6,223.	4,337.
34	Telephone	5,765.	5,188.	346.	231.
35	Postage and shipping	19,317.	2,148.	910.	16,259.
36	Occupancy	89,832.	80,849.	5,390.	3,593.
37	Equipment rental and maintenance	34,318.	30,886.	2,059.	1,373.
38	Printing and publications	33,162.	1,638.	1,582.	29,942.
39	Travel	8,027.	7,452.	337.	238.
40	Conferences, conventions, and meetings				
41	Interest	68,931.	58,592.	6,893.	3,446.
42	Depreciation, depletion, etc (attach schedule)	174,415.	130,812.	31,394.	12,209.
43	Other expenses not covered above (itemize).				
a	SEE STATEMENT 3	430,068.	278,752.	46,452.	104,864.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	2,984,438.	2,285,685.	350,428.	348,325.

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 \$ 5,400. ; (ii) the amount allocated to Program services \$ 540. ; (iii) the amount allocated to Management and general \$ 540. ; and (iv) the amount allocated to Fundraising \$ 4,320.

Part II Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>SEE STATEMENT 5</u> ----- ----- ----- (Grants and allocations \$ _____)	2,285,685.
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)	2,285,685.

Balance Sheets (See Instructions)

Note: 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	
ASSETS	45 Cash – non-interest-bearing	11,024.	45	95,665.	
	46 Savings and temporary cash investments	29,063.	46	17,812.	
	47a Accounts receivable				
	b Less: allowance for doubtful accounts		47c		
	48a Pledges receivable	526,100.			
	b Less: allowance for doubtful accounts	11,338.	444,202.	48c	514,762.
	49 Grants receivable	28,224.	49	24,142.	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges	68,561.	53	46,549.	
	54 Investments – securities (attach schedule) SEE ST. 6 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	217,165.	54	43,838.	
	55a Investments – land, buildings, & equipment: basis				
	b Less: accumulated depreciation (attach schedule)			55c	
	56 Investments – other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	4,552,434.			
	b Less: accumulated depreciation (attach schedule) STATEMENT 7	796,468.	3,799,128.	57c	3,755,966.
	58 Other assets (describe _____)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)	4,597,367.	59	4,498,734.		
LIABILITIES	60 Accounts payable and accrued expenses	155,951.	60	157,111.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule) SEE STATEMENT 8	1,385,976.	64b	1,295,082.	
	65 Other liabilities (describe _____)		65		
	66 Total liabilities (add lines 60 through 65)	1,541,927.	66	1,452,193.	
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	2,917,440.	67	2,679,191.	
	68 Temporarily restricted	138,000.	68	367,350.	
	69 Permanently restricted		69		
	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		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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	3,055,440.	73	3,046,541.	
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	4,597,367.	74	4,498,734.	

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 I A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,992,513.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ -1,045.		
(2)	Donated services and use of facilities \$ 92,490.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	SEE STMT 9 \$ -75,516.		
	Add amounts on lines (1) through (4)	b	15,929.
c	Line a minus line b	c	2,976,584.
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):		
	SEE STMT 10 \$ 75,516.		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,976,584.

Part I B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,001,412.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 92,490.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	SEE STMT 10 \$ 75,516.		
	Add amounts on lines (1) through (4)	b	92,490.
c	Line a minus line b	c	2,908,922.
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):		
	SEE STMT 10 \$ 75,516.		
	Add amounts on lines (1) and (2)	d	75,516.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,984,438.

Part II 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 5400 GLENWOOD AVENUE GOLDEN VALLEY, MN 55422	EXECUTIVE DIREC 40 HOURS/WEEK	98,345.	5,090.	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

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
81a	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. <u>81a</u> 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) <u>82b</u> 92,490.		
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	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.		N/A
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	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	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, 2004 (See instructions.)		73
91	The books are in care of <u>ORGANIZATION</u> Telephone number <u>763-591-0400</u> 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

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) 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 & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	1,347.	
96 Dividends & interest from securities			14	4,862.	
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 other than inventory			18	-219.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS			1	3,013.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				9,003.	
105 Total (add line 104, columns (B), (D), and (E))					9,003.

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

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	

Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(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	0%			
	0%			
	0%			

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 Sign _____ Date 11/14/05
Signature of officer _____
EXECUTIVE DIRECTOR

Date 11/08/05 Check if self-prepared Preparer's SSN or PTIN (See General Instruction W) N/A

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information — (See separate instructions.)

OMB No 1545-0047

2004

▶ **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
TONIA BENSON 5400 GLENWOOD AVE, GOLDEN VALLEY	DEVELOPMENT DIR 40 HRS/WEEK	50,000.	4,849.	0.
AL WILLIG 5400 GLENWOOD AVE, GOLDEN VALLEY	FINANCE DIR 40 HRS/WEEK	55,415.	1,358.	0.
MICHAEL MYERS 5400 GLENWOOD AVE, GOLDEN VALLEY	IT MANAGER 40 HRS/WEEK	53,400.	6,420.	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
CROWLEY WHITE & ASSOCIATES 1619 DAYTON AVENUE, #106 ST. PAUL, MN	FUNDRAISING CONSULT.	72,000.
Total number of others receiving over \$50,000 for professional services	0	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

Part I Statements About Activities (See instructions.)		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> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) 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		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE FORM 990, PART V	X	
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part II 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)
 - 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 instructions)

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

Part III 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) 2003	(b) 2002	(c) 2001	11/01-1/30/01 (d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,080,917.	1,918,551.	2,058,340.	1,415,515.	8,473,323.
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.	319,870.
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	12,682.	13,744.	17,745.	12,707.	56,878.
19 Net income from unrelated business activities not included in line 18	-34,174.	38,930.			4,756.
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 11	5,303.	25,647.	1,622.	2,016.	34,588.
23 Total of lines 15 through 22	3,064,728.	1,996,872.	2,392,875.	1,434,940.	8,889,415.
24 Line 23 minus line 17	3,064,728.	1,996,872.	2,077,707.	1,430,238.	8,569,545.
25 Enter 1% of line 23	30,647.	19,969.	23,929.	14,349.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	171,391.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	152,211.
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	8,569,545.
d Add: Amounts from column (e) for lines	18 56,878. 19 4,756.	26d	248,433.
	22 34,588. 26b 152,211.	26e	8,321,112.
e Public support (line 26c minus line 26d total)		26e	8,321,112.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	97.10 %

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:	(2003) _____	(2002) _____	(2001) _____
	(2000) _____		
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:	(2003) _____	(2002) _____	(2001) _____
	(2000) _____		
c Add: Amounts from column (e) for lines:	15 _____	16 _____	17 _____
	17 _____	20 _____	21 _____
d Add: Line 27a total _____ and line 27b total _____		27c	_____
e Public support (line 27c total minus line 27d total)		27d	_____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		27e	_____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27f	_____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27g	_____ %
		27h	_____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

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?..... 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? 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....		

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table --		
	If the amount on line 40 is --		
	The lobbying nontaxable amount is --		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

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

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 254,577.
 COST OR OTHER BASIS: 254,796.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -219.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -219.

**STATEMENT 2
 FORM 990, PART I, LINE 20
 OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED LOSS ON INVESTMENTS TOTAL \$ -1,045.
 \$ -1,045.

**STATEMENT 3
 FORM 990, PART II, LINE 43
 OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
CHILD CARE & PARENT PROGRAM	65,406.	65,406.		
CONTRACT SERVICES	132,821.	106,285.	14,080.	12,456.
EVENT EXPENSE	75,516.			75,516.
EXPANSION EXPENSE	19,465.	16,544.	1,947.	974.
FOOD SERVICE	45,079.	45,079.		
INSURANCE	33,707.	23,932.	6,404.	3,371.
MISCELLANEOUS	20,600.	2,742.	8,801.	9,057.
PROFESSIONAL FEES	18,631.	5,329.	13,302.	
PUBLIC RELATIONS	2,711.			2,711.
STAFF EXPENSE	16,132.	13,435.	1,918.	779.
TOTAL	\$ <u>430,068.</u>	\$ <u>278,752.</u>	\$ <u>46,452.</u>	\$ <u>104,864.</u>

**STATEMENT 4
 FORM 990, PART III
 ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

ASSISTS IN THE PREVENTION OF CHILD ABUSE AND NEGLECT.

**STATEMENT 5
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 IS CURRENTLY OPERATING TWO SITES IN THE MINNEAPOLIS AREA.		2,285,685.
	<u>\$ 0.</u>	<u>\$ 2,285,685.</u>

**STATEMENT 6
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES**

OTHER SECURITIES	VALUATION METHOD	AMOUNT
CERTIFICATES OF DEPOSIT	MARKET VALUE	\$ 43,838.
	TOTAL	\$ 43,838.
TOTAL INVESTMENTS - SECURITIES		<u>\$ 43,838.</u>

**STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 20,515.	\$ 20,173.	\$ 342.
MACHINERY AND EQUIPMENT	319,007.	195,864.	123,143.
BUILDINGS	3,992,912.	580,431.	3,412,481.
LAND	220,000.		220,000.
TOTAL	<u>\$ 4,552,434.</u>	<u>\$ 796,468.</u>	<u>\$ 3,755,966.</u>

**STATEMENT 8
 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:		\$ 1,295,082.
		TOTAL \$ <u>1,295,082.</u>

**STATEMENT 9
 FORM 990, PART IV-A, LINE B(4)
 OTHER AMOUNTS**

EVENT EXPENSE	\$ -75,516.
	TOTAL \$ <u>-75,516.</u>

**STATEMENT 10
 FORM 990, PART IV-B, LINE D(2)
 OTHER AMOUNTS**

EVENT EXPENSE	\$ 75,516.
	TOTAL \$ <u>75,516.</u>

**STATEMENT 11
 SCHEDULE A, PART IV-A, LINE 22
 OTHER INCOME**

<u>DESCRIPTION</u>	<u>(A) 2003</u>	<u>(B) 2002</u>	<u>(C) 2001</u>	<u>(D) 2000</u>	<u>(E) TOTAL</u>
MISCELLANEOUS	\$ 5,303.	\$ 25,647.	\$ 1,622.	\$ 2,016.	\$ 34,588.
TOTAL	<u>\$ 5,303.</u>	<u>\$ 25,647.</u>	<u>\$ 1,622.</u>	<u>\$ 2,016.</u>	<u>\$ 34,588.</u>

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

EIN #41-1379021

6/30/2005

Asset	Beginning Accumulated Depreciation 6/30/2004	Expense	Disposals	Ending Accumulated Depreciation 6/30/2005
Automobiles/transportation equip.	\$16,070	\$4,103		\$20,173
Machinery & Equipment	\$167,366	\$28,498		\$195,864
Buildings	\$438,617	\$141,814		\$580,431
Improvements				\$0
	\$622,053	\$174,415	\$0	\$796,468

**GREATER MINNEAPOLIS CRISIS NURSERY
LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES
FORM 990, PART V
6/30/2005**

EIN 41-1379021

Stephen R. Arnott
Donna Avery
Jane Butterfoss
Abby Dawkins
Patti Dougherty
Joanne Green
Roger Green
Kim Heckmann
William Mahlum
Patricia Neuman
Serge Phillips
Sergei Shvetzoff
Charles Smith
Cynthia M. Smith
Christopher Vendel
Carrie J. Wasley
Karla Wetherby
Alicia Zepeda

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

All board members are voluntary and receive no compensation except as noted on Part V of Form 990.