

Return of Organization Exempt From Income Tax

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

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 2006 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: GREATER MINNEAPOLIS CRISIS NURSERY. D Employer identification number: 41-1379021. E Telephone number: (763) 591-0400. F Accounting method: Cash, Accrual.

G Website: WWW.CRISISNURSERY.ORG. J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: N/A.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,656,354. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and multiple columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents, b Less rental expenses, c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory, b Less cost or other basis and sales expenses, c Gain or (loss), d Net gain or (loss); 9 Special events and activities; 10 a Gross sales of inventory, less returns and allowances, b Less cost of goods sold, c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED DEC 28 2007

Revenue 2007

Expenses

Net Assets

24

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	167,000.	33,499.	97,865.	35,636.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,266,078.	1,113,771.	97,044.	55,263.
27 Pension plan contributions not included on lines 25a, b, and c	5,024.	4,448.	278.	298.
28 Employee benefits not included on lines 25a - 27	175,272.	143,477.	21,766.	10,029.
29 Payroll taxes	105,669.	84,829.	14,210.	6,630.
30 Professional fundraising fees				
31 Accounting fees	12,500.		12,500.	
32 Legal fees				
33 Supplies	20,264.	7,589.	11,361.	1,314.
34 Telephone				
35 Postage and shipping	14,404.	293.	1,571.	12,540.
36 Occupancy	80,359.	68,101.	6,771.	5,487.
37 Equipment rental and maintenance	25,607.	23,046.	1,536.	1,025.
38 Printing and publications	22,025.	2,600.	963.	18,462.
39 Travel	5,386.	4,957.	305.	124.
40 Conferences, conventions, and meetings				
41 Interest	101,461.	86,242.	10,146.	5,073.
42 Depreciation, depletion, etc (attach schedule)	171,932.	128,949.	30,948.	12,035.
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	369,575.	226,433.	34,839.	108,303.
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,542,556.	1,928,234.	342,103.	272,219.

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 \$ 17,805. ; (ii) the amount allocated to Program services \$ 1,780. ; (iii) the amount allocated to Management and general \$ 1,780. ; and (iv) the amount allocated to Fundraising \$ 14,245.

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 5	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,928,234.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,928,234.

Part IV Balance Sheets (See the 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	34,962.	45	15,783.
	46 Savings and temporary cash investments	1,973.	46	10,966.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a	758,269.	
	b Less: allowance for doubtful accounts	48b	42,914.	48c
	49 Grants receivable		29,189.	49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		43,750.	53
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
55 a Investments - land, buildings, and equipment - basis	55a			
b Less: accumulated depreciation	55b		55c	
56 Investments - other			56	
57 a Land, buildings, and equipment - basis	57a	4,624,181.		
b Less accumulated depreciation STMT 7	57b	1,141,579.	57c	
58 Other assets, including program-related investments (describe <input type="checkbox"/>)			58	
59 Total assets (must equal line 74) Add lines 45 through 58		4,442,055.	59	
60 Accounts payable and accrued expenses		180,208.	60	
61 Grants payable			61	
62 Deferred revenue			62	
63 Loans from officers, directors, trustees, and key employees			63	
64 a Tax-exempt bond liabilities			64a	
b Mortgages and other notes payable STMT 8		1,698,000.	64b	
65 Other liabilities (describe <input type="checkbox"/>)			65	
66 Total liabilities. Add lines 60 through 65		1,878,208.	66	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67 Unrestricted		1,933,100.	67	
68 Temporarily restricted		630,747.	68	
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 and column (B) must equal line 21)		2,563,847.	73	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		4,442,055.	74	

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax exempt interest received or accrued during the tax year **92** **N/A**

Part VII Analysis of Income-Producing Activities (See the 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	333.	
96 Dividends and interest from securities			14	212.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-98.	
101 Net income or (loss) from special events			01	-48,528.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS INCOME			01	19,052.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		-29,029.	0.
105 Total (add line 104, columns (B), (D), and (E))					-29,029.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the 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).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the 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)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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 Here

Signature of officer: *Mary Pat Lee* Date: 11-44-07

Type of print name and title: MARY PAT LEE, EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 10/26/2007 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: PARSONALLEN LLP
220 SOUTH SIXTH STREET, SUITE 300
MINNEAPOLIS, MN 55402

Preparer's SSN or PTIN (See Gen. Inst. X): EIN: Phone no.: 612-376-4500

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 4947(a)(1) Nonexempt Charitable Trust

2006

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
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KRISTINA LEMMER 5400GLENWOOD AVE, GOLDENVALLEYMN55422	PROGRAM DIRECTOR 40.00	50,266.	5,314.	0.
MICHAEL MYERS 5400GLENWOOD AVE, GOLDENVALLEYMN55422	FACILITIES & IT MGR 40.00	54,884.	2,163.	0.
MOIRA WEBSTER-LARRANAGA 5400GLENWOOD AVE, GOLDENVALLEYMN55422	HR DIRECTOR 40.00	50,691.	5,286.	0.

Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the 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 ► \$ _____ \$ _____ (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 PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year ►		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ►		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization.
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,473,166.	2,967,581.	3,080,917.	1,918,551.	10,440,215.
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					
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	1,961.	6,209.	12,682.	13,744.	34,596.
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	17,925.	3,013.	5,303.	25,647.	51,888.
23 Total of lines 15 through 22	2,493,052.	2,976,803.	3,064,728.	1,996,872.	10,531,455.
24 Line 23 minus line 17	2,493,052.	2,976,803.	3,064,728.	1,996,872.	10,531,455.
25 Enter 1% of line 23	24,931.	29,768.	30,647.	19,969.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 210,629.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 50,906.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 10,531,455.
d Add. Amounts from column (e) for lines: 18 34,596. 19 4,756.					26d 142,146.
22 51,888. 26b 50,906.					26e 10,389,309.
e Public support (line 26c minus line 26d total)					26f 98.6503%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: 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	N/A				
(2005) (2004) (2003) (2002)					
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 11b, 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:	N/A				
(2005) (2004) (2003) (2002)					
c Add Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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)		

34 a	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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

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.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
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 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	41		
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 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

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

FOOTNOTES

STATEMENT 1

FORM 990, PART II, LINE 42,
DEPRECIATION OF BUILDING AND COMPONENTS IS COMPUTED ON THE
STRAIGHT-LINE METHOD OVER ESTIMATED USEFUL LIVES OF FIVE TO
THIRTY YEARS. DEPRECIATION OF EQUIPMENT IS COMPUTED ON THE
STRAIGHT-LINE METHOD OVER ESTIMATED USEFUL LIVES OF THREE TO
TEN YEARS.

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	11,852.	11,950.	0.	-98.
TOTAL TO FM 990, PART I, LN 8	11,852.	11,950.	0.	-98.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
HARVESTING HOPE WINE TASTING EVENT	55,895.	35,080.	20,815.	18,789.	2,026.
FORMULA FOR HOPE LUNCHEON	414,013.	414,013.		50,554.	-50,554.
TO FM 990, PART I, LINE 9	469,908.	449,093.	20,815.	69,343.	-48,528.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONTRACT SERVICES	185,714.	87,341.	10,500.	87,873.
CHILD CARE AND PARENT PROGRAM	75,224.	75,224.		
FOOD SERVICE	31,702.	31,702.		
BAD DEBT EXPENSE	3,928.			3,928.
PROFESSIONAL FEES	4,819.	4,819.		
INSURANCE	22,898.	16,257.	4,351.	2,290.
STAFF EXPENSE	15,427.	8,984.	6,267.	176.
PUBLIC RELATIONS	11,006.	1,100.	1,101.	8,805.
MISCELLANEOUS	18,857.	1,006.	12,620.	5,231.
TOTAL TO FM 990, LN 43	369,575.	226,433.	34,839.	108,303.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

GREATER MINNEAPOLIS CRISIS NURSERY WORKS IN PARTNERSHIP WITH PARENTS IN CRISIS AND THE COMMUNITY TO STRENGTHEN FAMILIES AND PREVENT CHILD ABUSE AND NEGLECT. OUR FREE SERVICES FOR HENNEPIN COUNTY PARENTS INCLUDE 24-HOUR CRISIS HOT-LINE, 72-HOUR OVERNIGHT CARE FOR CHILDREN BIRTH THROUGH AGE SIX, SHORT TERM COUNSELING, HOME VISITS, PARENT EDUCATION CLASSES AND REFERRALS TO OTHER COMMUNITY RESOURCES. FY 2007 STATISTICS - 6034 CRISIS CALLS, 5567 PLACEMENT DAYS FOR CHILDREN, 1245 PLACEMENTS TO FAMILIES, 347 HOME VISITS, 1576 REFERRALS, 96 PARENTS PARTICIPATING IN PARENT EDUCATION CLASSES

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,928,234.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 6

EXPLANATION

GREATER MINNEAPOLIS CRISIS NURSERY (THE NURSERY) IS INCORPORATED UNDER THE MINNESOTA NONPROFIT CORPORATION ACT. THE NURSERY ASSIST 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.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	220,000.	0.	220,000.
BUILDING & CONSTRUCTION IN PROGRESS	4,052,896.	0.	4,052,896.
AUTOMOBILE	20,515.	0.	20,515.
EQUIPMENT	330,770.	0.	330,770.
ACCUMULATED DEPRECIATION	0.	1,141,579.	-1,141,579.
TOTAL TO FORM 990, PART IV, LN 57	4,624,181.	1,141,579.	3,482,602.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 8

LENDER'S NAME: BREMER BANK
 TERMS OF REPAYMENT: ANY UNPAID PRINCIPAL AND INTEREST IS DUE ON MARCH 1, 2008.

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
03/01/06	03/01/08	700,000.	8.25%

SECURITY PROVIDED BY BORROWER: ALL ASSETS OF THE ORGANIZATION
 PURPOSE OF LOAN: LINE OF CREDIT

RELATIONSHIP OF LENDER: NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	414,500.

LENDER'S NAME: BREMER BANK
 TERMS OF REPAYMENT: \$11,354 PER MONTH STARTING JULY 2003

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
11/12/02	12/01/10	1,800,000.	4.40%

SECURITY PROVIDED BY BORROWER: ALL ASSETS OF THE ORGANIZATION
 PURPOSE OF LOAN: CONSTRUCTION LOAN

RELATIONSHIP OF LENDER: NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	1,138,458.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B: 1,552,958.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARY PAT LEE 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	EXECUTIVE DIRECTOR 40.00	100,000.	4,230.	0.
ALLAN WILLIG 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	FINANCE DIRECTOR 40.00	61,554.	1,216.	0.
PATTY MURPHY 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD CHAIR 1.00	0.	0.	0.
BRIAN WARPINSKI 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	VICE CHAIR 1.00	0.	0.	0.
DANIEL COLLINS 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	TREASURER 1.00	0.	0.	0.
LOCKIE MARKUSEN 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	SECRETARY 1.00	0.	0.	0.
TRENT BLAIN 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
MARTHA BURNETT 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
ERIC BUSS 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
MARY CEDERBERG 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
MEL DICKSTEIN 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.

* GREATER MINNEAPOLIS CRISIS NURSERY

41-1379021

MJ HAUSER 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
ANDREA KMETZ-SHEEHY 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
KAREN MCKENNA 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
MICHAEL NILAN 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
CAROL SHAW 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
LISA WALKER 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
CYNDY WALLIN 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
DAVID WRIGHT 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
ROB ZEASKE 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
MARY ZIMMER 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

161,554.	5,446.	0.
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SCHEDULE A	OTHER INCOME			STATEMENT 10
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS INCOME	17,925.	3,013.	5,303.	25,647.
TOTAL TO SCHEDULE A, LINE 22	17,925.	3,013.	5,303.	25,647.