

# 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)

**2007**

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 **2007** calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>GREATER MINNEAPOLIS CRISIS NURSERY</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5400 GLENWOOD AVENUE</b> City or town, state or country, and ZIP + 4 <b>GOLDEN VALLEY, MN 55422</b>	<b>D</b> Employer identification number <b>41-1379021</b>  <b>E</b> Telephone number <b>(763) 591-0400</b>  <b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• 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  
 H(b) If "Yes," enter number of affiliates ▶ **N/A**

**G** Website: ▶ **WWW.CRISISNURSERY.ORG**

**J** Organization type (check only one) ▶  501(c) ( **3** ) ◀ (insert no)  4947(a)(1) or  527

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
 H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,733,233.**

**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**

	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>1,734,031.</b>		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	<b>423,479.</b>		
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	<b>528,443.</b>		
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>2,655,475.</b> noncash \$ <b>30,478.</b> )			<b>1e</b>	<b>2,685,953.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>291.</b>
	<b>5</b> Dividends and interest from securities			<b>5</b>	<b>509.</b>
	<b>6</b> Rental income or loss:	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income (or loss). Subtract line 6b from line 6a			<b>6c</b>	
	<b>7</b> Other investment income (describe ▶ )			<b>7</b>	
	<b>8</b> Gross amount from sales of assets other than inventory:				
	<b>a</b> (A) Securities		(B) Other		
	<b>30,478.</b>	<b>8a</b>			
	<b>30,758.</b>	<b>8b</b>	<b>23,113.</b>		
	<b>-280.</b>	<b>8c</b>	<b>-23,113.</b>		
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 2</b> <b>STMT 3</b>			<b>8d</b>	<b>-23,393.</b>
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <b>576,594.</b> of contributions reported on line 1b)	<b>9a</b>	<b>10,650.</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>68,373.</b>		
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a <b>SEE STATEMENT 4</b>			<b>9c</b>	<b>-57,723.</b>
	<b>10</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			<b>10c</b>	
	<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	<b>5,352.</b>
	<b>12</b> Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			<b>12</b>	<b>2,610,989.</b>
	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>1,917,982.</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>378,534.</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>296,591.</b>
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses Add lines 16 and 44, column (A)			<b>17</b>	<b>2,593,107.</b>
	<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12			<b>18</b>	<b>17,882.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>2,596,352.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	<b>0.</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20			<b>21</b>	<b>2,614,234.</b>

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**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 \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0, noncash \$ 0) 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	113,083.	16,963.	72,373.	23,747.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	64,963.	9,745.	41,576.	13,642.
c 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	1,383,614.	1,191,883.	104,254.	87,477.
27 Pension plan contributions not included on lines 25a, b, and c	5,918.	4,646.	805.	467.
28 Employee benefits not included on lines 25a - 27	158,347.	131,706.	15,660.	10,981.
29 Payroll taxes	113,647.	89,219.	15,452.	8,976.
30 Professional fundraising fees				
31 Accounting fees	13,288.		13,288.	
32 Legal fees				
33 Supplies	15,165.	13,415.	540.	1,210.
34 Telephone				
35 Postage and shipping	11,125.	650.	978.	9,497.
36 Occupancy	96,817.	84,957.	6,767.	5,093.
37 Equipment rental and maintenance	37,061.	33,195.	2,320.	1,546.
38 Printing and publications	28,343.	3,579.	783.	23,981.
39 Travel	5,411.	5,264.	147.	
40 Conferences, conventions, and meetings				
41 Interest	91,289.	82,161.	4,564.	4,564.
42 Depreciation, depletion, etc. (attach schedule)	100,960.	90,864.	5,048.	5,048.
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	354,076.	159,735.	93,979.	100,362.
44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,593,107.	1,917,982.	378,534.	296,591.

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 \$ 13,512.; (ii) the amount allocated to Program services \$ 1,351.;

(iii) the amount allocated to Management and general \$ 1,351.; and (iv) the amount allocated to Fundraising \$ 10,810.

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? ► <u>SEE STATEMENT 7</u>	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.)	
<b>a</b> <u>SEE STATEMENT 6</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,917,982.
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	1,917,982.

Form 990 (2007)

**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	15,783.	100,995.
	46 Savings and temporary cash investments	10,966.	12,921.
	47 a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable	836,203.	
	b Less: allowance for doubtful accounts	45,166.	
	49 Grants receivable	715,355.	791,037.
	50 a Receivables from current and former officers, directors, trustees, and key employees	59,371.	60,386.
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	32,913.	9,507.
	54 a Investments - publicly-traded securities		
	b Investments - other securities		
	55 a Investments - land, buildings, and equipment, basis		
	b Less: accumulated depreciation		
	56 Investments - other		
	57 a Land, buildings, and equipment basis	4,508,974.	
	b Less accumulated depreciation <b>STMT 8</b>	1,119,307.	
58 Other assets, including program-related investments (describe ▶ _____)			
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	4,316,990.	4,364,513.	
Liabilities	60 Accounts payable and accrued expenses	167,680.	186,588.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable <b>STMT 9</b>	1,552,958.	1,563,691.
	65 Other liabilities (describe ▶ _____)		
<b>66 Total liabilities.</b> Add lines 60 through 65	1,720,638.	1,750,279.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,983,785.	2,039,504.
	68 Temporarily restricted	612,567.	574,730.
	69 Permanently restricted		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		
	71 Paid in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	2,596,352.	2,614,234.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	4,316,990.	4,364,513.



**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued) Yes No

<p><b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float:right">▶ _____ 19</span></p> <p><b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p> <p><b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization "</p> <p>If "Yes," attach a statement that includes the information described in the instructions</p> <p><b>d</b> Does the organization have a written conflict of interest policy?</p>	75b		X
	75c		X
	75d	X	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ALLAN WILLIG 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	0.	63,400.	1,563.	0.

**Part VI Other Information** (See the instructions) Yes No

<p><b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change</p> <p><b>77</b> 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</p> <p><b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?</p> <p><b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span></p> <p><b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement</p> <p><b>80 a</b> 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?</p> <p><b>b</b> 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</p> <p><b>81 a</b> Enter direct and indirect political expenditures (See line 81 instructions) <span style="float:right">81a 0.</span></p> <p><b>b</b> Did the organization file Form 1120-POL for this year?</p>	76		X
	77		X
	78a		X
	78b		
	79		X
	80a		X
	81a		
	81b		X

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b 289,761.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? N/A 84a
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 84b
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? N/A 85a
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 85b
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
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A
88 a 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 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A 89g
90 a List the states with which a copy of this return is filed MN
b Number of employees employed in the pay period that includes March 12, 2007 90b 66
91 a The books are in care of THE ORGANIZATION Telephone no. (763) 591-0400
Located at 5400 GLENWOOD AVENUE, GOLDEN VALLEY, MN ZIP + 4 55422
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A 91b X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

**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
91c		X

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	291.	
96 Dividends and interest from securities			14	509.	
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	-23,393.	
101 Net income or (loss) from special events			01	-57,723.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS INCOME			01	5,352.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		-74,964.	0.
105 Total (add line 104, columns (B), (D), and (E))					-74,964.

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

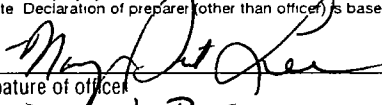
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

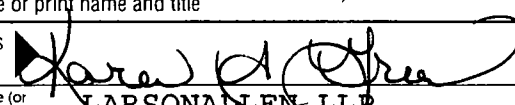
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

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:  Date: 11/3/08  
 Signature of officer: MARY PAT LEE, EXECUTIVE DIRECTOR  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 10/21/2008 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst X):  
 Firm's name (or yours if self-employed), address, and ZIP + 4: LARSONADLEN LLP  
 220 SOUTH SIXTH STREET, SUITE 300  
 MINNEAPOLIS, MN 55402  
 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

**2007**

**Supplementary Information-(See separate instructions.)**

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

Department of the Treasury  
Internal Revenue Service

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 page 1 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
<u>MICHAEL MYERS</u> 5400 GLENWOOD AVE, GOLDENVALLEY MN 55	FACILITIES & 40.00	IT MGR 56,630.	1,394.	0.
<u>MOIRA WEBSTER-LARRANAGA</u> 5400 GLENWOOD AVE, GOLDENVALLEY MN 55	HR DIRECTOR 40.00	52,212.	5,962.	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
<u>NONE</u>		
-----		
-----		
-----		
-----		
-----		
-----		
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
<u>NONE</u>		
-----		
-----		
-----		
-----		
-----		
-----		
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)? <b>SEE PART V-A, FORM 990</b>	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 8 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 8 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	
<b>Total</b>					►

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,604,090.	2,473,166.	2,967,581.	3,080,917.	11,125,754.
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	20,815.				20,815.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	545.	1,961.	6,209.	12,682.	21,397.
19 Net income from unrelated business activities not included in line 18				-34,174.	-34,174.
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	19,052.	17,925.	SEE STATEMENT 11 3,013.	5,303.	45,293.
23 Total of lines 15 through 22	2,644,502.	2,493,052.	2,976,803.	3,064,728.	11,179,085.
24 Line 23 minus line 17	2,623,687.	2,493,052.	2,976,803.	3,064,728.	11,158,270.
25 Enter 1% of line 23	26,445.	24,931.	29,768.	30,647.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 223,165.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 41,835.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 11,158,270.
d Add: Amounts from column (e) for lines: 18 21,397. 19 -34,174. 22 45,293. 26b 41,835.					26d 74,351.
e Public support (line 26c minus line 26d total)					26e 11,083,919.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.3337%
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					
(2006) (2005) (2004) (2003)					
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					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
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 2003 through 2006, 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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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 )	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
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	<b>41</b>	
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>		

**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) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 14 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
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> 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.

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

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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	30,478.	30,758.	0.	-280.
TO FORM 990, PART I, LINE 8	30,478.	30,758.	0.	-280.

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FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)
	PURCHASED			
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	146,344.	0.	123,231.
TO FM 990, PART I, LN 8		146,344.	0.	123,231.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
HARVESTING HOPE WINE TASTING EVENT	104,756.	94,106.	10,650.	28,761.	-18,111.
FORMULA FOR HOPE LUNCHEON	482,488.	482,488.		39,612.	-39,612.
TO FM 990, PART I, LINE 9	587,244.	576,594.	10,650.	68,373.	-57,723.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
	CONTRACT SERVICES	176,778.	18,113.	72,432.
CHILD CARE AND PARENT PROGRAM	84,344.	84,344.		
FOOD SERVICE	22,896.	22,896.		
OTHER PROFESSIONAL FEES	6,214.	6,214.		
INSURANCE	24,585.	17,455.	4,671.	2,459.
STAFF EXPENSE	13,804.	7,737.	6,004.	63.
PUBLIC RELATIONS	13,513.	1,351.	5,041.	7,121.
MISCELLANEOUS	11,942.	1,625.	5,831.	4,486.
TOTAL TO FM 990, LN 43	354,076.	159,735.	93,979.	100,362.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

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 - 5,803 CRISIS CALLS, 5,817 PLACEMENT DAYS FOR CHILDREN, 1,351 PLACEMENTS TO FAMILIES, 330 HOME VISITS, 2,003 REFERRALS, 85 PARENTS PARTICIPATING IN PARENT EDUCATION CLASSES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,917,982.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 7

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 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	150,000.	0.	150,000.
BUILDING & CONSTRUCTION IN PROGRESS	2,031,760.	0.	2,031,760.
AUTOMOBILE	20,515.	0.	20,515.
EQUIPMENT	2,306,699.	0.	2,306,699.
ACCUMULATED DEPRECIATION	0.	1,119,307.	-1,119,307.
TOTAL TO FORM 990, PART IV, LN 57	4,508,974.	1,119,307.	3,389,667.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 9

LENDER'S NAME

TERMS OF REPAYMENT

BREMER BANK

ANY UNPAID PRINCIPAL AND INTEREST IS DUE ON MARCH 1, 2008.

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
03/01/06	03/01/09	700,000.	5.00%

SECURITY PROVIDED BY BORROWER      PURPOSE OF LOAN

ALL ASSETS OF THE ORGANIZATION      LINE OF CREDIT

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	512,000.

LENDER'S NAME

TERMS OF REPAYMENT

BREMER BANK

\$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      PURPOSE OF LOAN

ALL ASSETS OF THE ORGANIZATION      CONSTRUCTION LOAN

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	1,051,691.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B      1,563,691.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

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	103,000.	10,083.	0.
BRIAN WARPINSKI 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD CHAIR 1.00	0.	0.	0.
TRENT BLAIN 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.
CAROL SHAW 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	SECRETARY 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.
SEAN FAETH 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD CHAIR 1.00	0.	0.	0.
MELEAH FOLLEN 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD CHAIR 1.00	0.	0.	0.

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.
DAWN LARSEN 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD CHAIR 1.00	0.	0.	0.
KAREN MCKENNA 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
PATTY MURPHY 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD CHAIR 1.00	0.	0.	0.
MICHAEL NILAN 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD MEMBER 1.00	0.	0.	0.
LISA O'BRIEN 5400 GLENWOOD AVE. GOLDEN VALLEY, MN 55422	BOARD CHAIR 1.00	0.	0.	0.
LISA WALKER 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

103,000.    10,083.    0.

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS INCOME	19,052.	17,925.	3,013.	5,303.
TOTAL TO SCHEDULE A, LINE 22	19,052.	17,925.	3,013.	5,303.