

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)

2003

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

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

A For the 2003 calendar year, or tax year beginning 7/1/2003 and ending 6/30/2004

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

C Name of organization: GREEN VIEW, INC.
 Number and street (or P O box if mail is not delivered to street address) 550 W COUNTY ROAD D
 Room/suite
 City or town ST PAUL State or country MN ZIP + 4 55112-3517

D Employer identification number: 41-0952629

E Telephone number: 651 639-1913

F Accounting method: Cash Accrual
 Other (specify) _____

Please use IRS label or print or type See Specific Instructions

• 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 _____
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 _____

G Website: _____

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,661,262

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 (See page 18 of the instructions.)

		1a	1b	1c	1d
Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	0			
	b Indirect public support				
	c Government contributions (grants)				
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)				0
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				4,661,262
	3 Membership dues and assessments				0
	4 Interest on savings and temporary cash investments				0
	5 Dividends and interest from securities				0
	6 a Gross rents				
	b Less: rental expenses				
	c Net rental income or (loss) (subtract line 6b from line 6a)				0
7 Other investment income (describe _____)				0	
8 a Gross amount from sales of assets other than inventory	(A) Securities	0	8a	0	
	(B) Other	0	8b	0	
	Less: cost or other basis and sales expenses	0	8c	0	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))				0
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)	0	9a	0	
	b Less: direct expenses other than fundraising expenses	0	9b	0	
	c Net income or (loss) from special events (subtract line 9b from line 9a)				0
10 a 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)				0
11 Other revenue (from Part VII, line 103)				0	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				4,661,262	
Expenses	13 Program services (from line 44, column (B))				4,489,060
	14 Management and general (from line 44, column (C))				166,738
	15 Fundraising (from line 44, column (D))				0
	16 Payments to affiliates (attach schedule)				0
	17 Total expenses (add lines 16 and 44, column (A))				4,655,798
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)				5,464
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				357,911
	20 Other changes in net assets or fund balances (attach explanation)				0
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)				363,375

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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. (See page 22 of the instructions.)

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 (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	3,676,840	3,593,043	83,797	
27	Pension plan contributions	0			
28	Other employee benefits	16,740	15,880	860	
29	Payroll taxes	284,481	277,777	6,704	
30	Professional fundraising fees				
31	Accounting fees	3,425		3,425	
32	Legal fees	9,594		9,594	
33	Supplies	14,526	14,526		
34	Telephone	4,437	4,437		
35	Postage and shipping	10,682	10,682		
36	Occupancy	23,969	23,969		
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	124,676	121,892	2,784	
40	Conferences, conventions, and meetings	0			
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	3,214	3,214		
43	Other expenses not covered above (itemize): a Advertising	2,118	2,118		
	b Uniforms	7,362	7,362		
	c Insurance	407,426	399,372	8,054	
	d Custodial Projects	10,154	10,154		
	e Management Services	51,520		51,520	
	f Misc	4,634	4,634		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	4,655,798	4,489,060	166,738	0

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 \$ 0; (ii) the amount allocated to Program services \$;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> TO EMPLOY ELDERLY, LOW-INCOME ADULTS	Program Service Expenses Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others
a MN DEPARTMENT OF TRANSPORTATION CONTRACT ALLOWED FOR THE MAINTENANCE OF HIGHWAY REST AREAS. (Grants and allocations \$)	3,796,054
b MN DEPARTMENT OF NATURAL RESOURCES CONTRACT ALLOWED FOR THE PROVISION OF MAINTAINING PARKS, CAMPGROUNDS, PUBLIC ACCESS AREAS AND OFFICE BUILDINGS. (Grants and allocations \$)	490,250
c OTHER COUNTY AND CITY MAINTENANCE CONTRACTS ALLOWED FOR OTHER MAINTENANCE SERVICES. (Grants and allocations \$)	202,756
d (Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,489,060

Part IV Balance Sheets (See page 25 of the instructions.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45	Cash—non-interest-bearing		184,849	45	240,908
	46	Savings and temporary cash investments			46	
	47 a	Accounts receivable	47a 420,690			
	b	Less: allowance for doubtful accounts	47b 0	446,942	47c	420,690
	48 a	Pledges receivable	48a 0			
	b	Less: allowance for doubtful accounts	48b 0	0	48c	0
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a 0			
	b	Less: allowance for doubtful accounts	51b 0	100,000	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		4,180	53	97,154
	54	Investments—securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		50	54	50
	55 a	Investments—land, buildings, and equipment: basis	55a 43,498			
	b	Less: accumulated depreciation (attach schedule)	55b 32,703	11,489	55c	10,795
56	Investments—other (attach schedule)		0	56	0	
57 a	Land, buildings, and equipment: basis	57a 0				
b	Less: accumulated depreciation (attach schedule)	57b 0	0	57c	0	
58	Other assets (describe)		0	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)				747,510	59	769,597
Liabilities	60	Accounts payable and accrued expenses		389,599	60	406,222
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe)		0	65	0
66 Total liabilities (add lines 60 through 65)				389,599	66	406,222
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		357,911	67	363,375
	68	Temporarily restricted			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; column (B) must equal line 21)		357,911	73	363,375	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)				747,510	74	769,597

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	4,661,262
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . ▶	b	0
c	Line a minus line b ▶	c	4,661,262
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	4,661,262

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

a	Total expenses and losses per audited financial statements . . . ▶	a	4,655,798
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . ▶	b	0
c	Line a minus line b ▶	c	4,655,798
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	4,655,798

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the 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 & deferred compensation	(E) Expense account and other allowances
Name <u>Doug Peterson</u> Str City <u>St Paul</u> ST MN ZIP	Title <u>President</u> Hr/WK	0	0	0
Name <u>Dave Johnson</u> Str City <u>Fergus Falls</u> ST MN ZIP	Title <u>Vice President</u> Hr/WK	0	0	0
Name <u>Bessie Klose</u> Str City <u>Atwater</u> ST MN ZIP	Title <u>Secretary</u> Hr/WK	0	0	0
Name <u>Eunice Biel</u> Str City <u>Harmony</u> ST MN ZIP	Title <u>Director</u> Hr/WK	0	0	0
Name <u>Merlyn Hubin</u> Str City <u>Westbrook</u> ST MN ZIP	Title <u>Director</u> Hr/WK	0	0	0
Name <u>Mark Seeger</u> Str City <u>Mahnomen</u> ST MN ZIP	Title <u>Director</u> Hr/WK	0	0	0
Name <u>Dennis Sjodin</u> Str City <u>Cambridge</u> ST MN ZIP	Title <u>Director</u> Hr/WK	0	0	0
Name <u>Markell Vogt</u> Str City <u>Palisade</u> ST MN ZIP	Title <u>Director</u> Hr/WK	0	0	0
Name <u>Don Knutson</u> Str City <u>St Paul</u> ST MN ZIP	Title <u>Exec. Director</u> Hr/WK 40	83,797	860	0
Name _____ Str City _____ ST ZIP	Title _____ Hr/WK			

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 page 28 of the instructions.

Part VI Other Information (See page 28 of the 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	76	NO
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.	77	NO
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	NO
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	NO
80 a	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?	80a	YES
b	If "Yes," enter the name of the organization ► MINNESOTA FARMERS UNION and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	NO
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	NO
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	0
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	YES
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	YES
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	NO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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	88	NO
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) orgs. 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	NO
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed ►		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	
91	The books are in care of ► Name GREEN VIEW, INC. Telephone no ► 651 639-1913 Located at ► 550 W CNTY RD D, STE 2, City ST PAUL ST MN Zip + 4 ► 55112-3517		
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 page 33 of 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) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					4,661,262
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	4,661,262
105 Total (add line 104, columns (B), (D), and (E))					4,661,262

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of 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).
93g	Revenue from contracts with Government Agencies to maintain various Rest Areas and Other Sites allows us, in honoring these contracts, to maintain and fulfill our exempt status and function by employing elderly, low-income individuals who may, otherwise, encounter difficulty in obtaining employment elsewhere.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of 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

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

Please Sign Here
 Under penalties of perjury, I declare that I have examined this return, in its entirety and to my best knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer. I am not providing this declaration on behalf of the taxpayer.
 Signature of officer: *Donald D. Knutson*
 Type or print name and title: DONALD D. KNUTSON, Executive

Paid Preparer's Use Only
 Preparer's signature: *NW Barnhart*
 Firm's name (or yours if self-employed), address, and ZIP + 4: Hennen & Associates, PLC
 230 Hardman Ave S, So St Paul, MN

SCHEDULE A
(Form 990 or 990-EZ)

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

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

GREEN VIEW, INC.

41-0952629

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
Name Don Knutson Str City St Paul ST MN Zip Country	Title Executive Director Avg hr/wk 40Hrs/wk.	83,797	860	
Name Nancy Beimert Str City St Paul ST MN Zip Country	Title Office Manager Avg hr/wk 40 Hrs/Wk.	53,629	5,956	
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

Part II 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
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

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 ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
	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.		
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, Form 990	X	
e	Transfer of any part of its income or assets?		X
3 a	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
4	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	

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 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 ▶ _____ City _____ ST _____ Country _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11 a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11 b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,516,951	4,387,686	4,336,872	4,390,503	17,632,012
16 Membership fees received					0
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					0
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					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	4,516,951	4,387,686	4,336,872	4,390,503	17,632,012
24 Line 23 minus line 17	4,516,951	4,387,686	4,336,872	4,390,503	17,632,012
25 Enter 1% of line 23	45,170	43,877	43,369	43,905	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 352,640
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 17,632,012
d Add: Amounts from column (e) for lines: 18 0 19 0					26d 0
22 0 26b 0					26e 17,632,012
e Public support (line 26c minus line 26d total)					26f 100.00%
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:	(2002)	(2001)	(2000)	(1999)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2002)	(2001)	(2000)	(1999)	
c Add: Amounts from column (e) for lines: 15 0 16 0					27c 0
17 0 20 0 21 0					27d 0
d Add: Line 27a total 0 and line 27b total 0					27e 0
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(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 9 of the instructions.) (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)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44 include lobbying expenditures, exempt purpose expenditures, and nontaxable amounts.

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 11 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows 45-50 include lobbying nontaxable amount, lobbying ceiling amount, total lobbying expenditures, grassroots nontaxable amount, grassroots ceiling amount, and grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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:

- 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.)

Table with 3 columns: Yes, No, Amount. Rows corresponding to items a-i.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

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

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

	Yes	No
51a(i) Cash	X	
a(ii) Other assets		X
b(i) Sales or exchanges of assets with a noncharitable exempt organization		X
b(ii) Purchases of assets from a noncharitable exempt organization		X
b(iii) Rental of facilities, equipment, or other assets		X
b(iv) Reimbursement arrangements		X
b(v) Loans or loan guarantees		X
b(vi) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

- (i) Cash
- (ii) Other assets
- b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51a(i)	10,154	Minnesota Farmers Union	Assistance with camp ground maintenance.
51a(i)	51,520	Minnesota Farmers Union Service Corp.	Management Services

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

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
Minnesota Farmers Union	501(c)5	Share the same board of directors.
Minnesota Farmers Union Service Corp.	"C" Corporation	Share the same board of directors.

GREEN VIEW, INCORPORATED

St. Paul, Minnesota

EQUIPMENT AND DEPRECIATION

SCHEDULE 7

Date Acquired:	Rate:	Cost		Deductions:	Cost		Depreciation			Undepr. Cost:
		6-30-2003:	Additions:		6-30-2004:	Current:	Previous:	Retired:	Total:	
Unisonic Calculator	20%	\$ 73			\$ 73		\$ 73		\$ 73	
ARBM Calculator	20%	257			257		257		257	
Seven Conference Chairs	20%	460			460		460		460	
Lateral File	7-1994 20%	187			187		187		187	
Bookcase	10-1994 20%	95			95		95		95	
Storage Cabinet	10-1994 20%	208			208		208		208	
Six Chairs	10-1994 20%	958		\$ 160	798		958	\$ 160	798	
Laminating Machine	11-1995 20%	245			245		245		245	
Phone System	1-1995 20%	4,190			4,190		4,190		4,190	
Answering Machine	1-1995 20%	55			55		55		55	
Vacuum Cleaner	1-1995 20%	191			191		191		191	
Refrigerator	1-1995 20%	525			525		525		525	
Microwave	1-1995 20%	138			138		138		138	
Metal Shelving	1-1995 20%	341			341		341		341	
Two Desks	2-1995 20%	916			916		916		916	
Conference Table	1-1995 20%	250			250		250		250	
4-Drawer File	2-1996 20%	933			933		933		933	
Automatic Folder	6-1996 20%	746			746		746		746	
Magnavox TV/VCR	3-1997 100%	424			424		424		424	
IMS Postage Machine	6-1997 20%	3,488			3,488		3,488		3,488	
Premiere Electric Stove/Oven	6-1997 100%	423			423		423		423	
Okidata 321 Printer	6-1997 100%	687			687		687		687	
Sony LBT	6-1997 100%	481			481		481		481	

EQUIPMENT AND DEPRECIATION - Continued:

	Date Acquired.	Rate:	Cost		Deductions:	Depreciation				Undepr. Cost:	
			6-30-2003:	Additions:		Cost 6-30-2004:	Current:	Previous:	Retired:		Total:
Three Compaq Laptop Computers	2-1998	20%	\$ 7,453		\$ 7,453		\$ 7,453	\$ 7,453			
Fax Machine	6-1998	100%	245			\$ 245	245		\$ 245		
Canon Printer	7-1998	100%	187		187		187	187			
Equus Computer, Monitor and Printer	7-1998	33%	2,057		2,057		2,057	2,057			
Overhead Projector	8-1998	100%	426			426	426		426		
Desk and Return	1-1999	100%	475			475	475		475		
Desk and Return	2-1999	25%	1,627			1,627	1,627		1,627		
Two 4-Drawer Files	2-1999	100%	388			388	388		388		
One 2-Drawer File	2-1999	100%	275			275	275		275		
IBM Typewriter	8-1999	100%	320			320	320		320		
Okidata 395 Printer	5-2000	100%	1,269			1,269	1,269		1,269		
Dell 4100 Computer - 866 MHZ	11-2000	20%	1,641			1,641	\$ 328	820	1,148	\$ 493	
OfficeJet K60 Printer	11-2000	20%	399			399	80	200	280	119	
Fellowes Paper Shredder	11-2000	20%	192		192		97	95	192		
Sony 19" Monitor	11-2000	20%	586			586	117	293	410	176	
JVC 27" TV and Converter	3-2002	20%	571			571	114	171	285	286	
Three Dell 8200 2.0 GHZ Computers	6-2002	100%	5,527		1,842	3,685		5,527	1,842	3,685	
HP 2210 Printer	1-2003	20%	320			320	64	32	96	224	
Compaq Notebook Computer	4-2003	100%	2,288			2,288		2,288	2,288		
Sharp Digital Copier	6-2003	20%	7,799			7,799	1,560	780	2,340	5,459	
HP Laserjet 4200TN Printer	6-2003	20%	2,636			2,636	527	264	791	1,845	
Fireproof 4-Drawer File	8-2003	20%		\$ 1,379		1,379	138		138	1,241	
Dell 2400 Computer - 333 MHZ	1-2004	20%		1,058		1,058	106		106	952	
			<u>\$ 52,952</u>	<u>\$ 2,437</u>	<u>\$ 11,891</u>	<u>\$ 43,498</u>	<u>\$ 3,131</u>	<u>\$ 41,463</u>	<u>\$ 11,891</u>	<u>\$ 32,703</u>	<u>\$ 10,795</u>