

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)

2004 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.

Header section containing organization name (GREEN VIEW, INC.), address (550 W COUNTY ROAD D, ST PAUL, MN), EIN (41-0952629), and other identifying information.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,603,685

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Main table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, interest on investments, dividends, gross rents, special events, and sales of inventory.

SCANNED NOV 15 2005

RECEIVED NOV 07 2005 SOCIAL SECURITY

16P

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.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance, 24 Benefits paid, 25 Compensation of officers, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above (itemize), 44 Total functional expenses.

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 [X] 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.)

Table with 2 columns: Description of program service accomplishments, Program Service Expenses. Row a: MN DEPARTMENT OF TRANSPORTATION CONTRACT ALLOWED FOR THE MAINTENANCE OF HIGHWAY REST AREAS. Row b: MN DEPARTMENT OF NATURAL RESOURCES CONTRACT ALLOWED FOR THE PROVISION OF MAINTAINING PARKS, CAMPGROUNDS, PUBLIC ACCESS AREAS AND OFFICE BUILDINGS. Row c: OTHER COUNTY AND CITY MAINTENANCE CONTRACTS ALLOWED FOR OTHER MAINTENANCE SERVICES. Row d: (Empty row). Row e: Other program services (attach schedule). Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 4,424,349.

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

				(A)		(B)
				Beginning of year		End of year
<i>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>						
Assets	45	Cash—non-interest-bearing . . . . .		240,908	45	284,072
	46	Savings and temporary cash investments . . . . .			46	
	47 a	Accounts receivable . . . . .	47a 426,189			
	b	Less: allowance for doubtful accounts . . . . .	47b 0	420,690	47c	426,189
	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	0	51c	0
	52	Inventories for sale or use . . . . .			52	
	53	Prepaid expenses and deferred charges . . . . .		97,154	53	62,194
	54	Investments—securities (attach schedule) . . . . .		50	54	50
	55 a	Investments—land, buildings, and equipment: basis . . . . .	55a 47,170			
b	Less: accumulated depreciation (attach schedule) . . . . .	55b 36,348	10,795	55c	10,822	
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	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		769,597	59	783,327	
Liabilities	60	Accounts payable and accrued expenses . . . . .		406,222	60	406,904
	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	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		406,222	66	406,904	
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 . . . . .		363,375	67	376,423
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		363,375	73	376,423
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		769,597	74	783,327

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.)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . ▶	<b>a</b>	4,603,685
<b>b</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>b</b>	0
<b>c</b>	Line a minus line b . . . . . ▶	<b>c</b>	4,603,685
<b>d</b>	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) . . ▶	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	<b>e</b>	4,603,685

<b>a</b>	Total expenses and losses per audited financial statements . . . ▶	<b>a</b>	4,590,637
<b>b</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>b</b>	0
<b>c</b>	Line a minus line b . . . . . ▶	<b>c</b>	4,590,637
<b>d</b>	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) . . ▶	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	<b>e</b>	4,590,637

**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 <u>55112-352</u>	Title <u>President</u> Hr/WK	0	0	0
Name <u>Dave Johnson</u> Str City <u>Fergus Falls</u> ST MN ZIP <u>56537</u>	Title <u>Vice President</u> Hr/WK	0	0	0
Name <u>Bessie Klose</u> Str City <u>Atwater</u> ST MN ZIP <u>56209</u>	Title <u>Secretary</u> Hr/WK	0	0	0
Name <u>Eunice Biel</u> Str City <u>Harmony</u> ST MN ZIP <u>55939</u>	Title <u>Director</u> Hr/WK	0	0	0
Name <u>Merlyn Hubin</u> Str City <u>Westbrook</u> ST MN ZIP <u>56183</u>	Title <u>Director</u> Hr/WK	0	0	0
Name <u>Larry Jacobson</u> Str City <u>Hitterdahl</u> ST MN ZIP <u>56552</u>	Title <u>Director</u> Hr/WK	0	0	0
Name <u>Dennis Sjodin</u> Str City <u>Cambridge</u> ST MN ZIP <u>55008</u>	Title <u>Director</u> Hr/WK	0	0	0
Name <u>Markell Vogt</u> Str City <u>Palisade</u> ST MN ZIP <u>56469</u>	Title <u>Director</u> Hr/WK	0	0	0
Name <u>Don Knutson</u> Str City <u>St Paul</u> ST MN ZIP <u>55112</u>	Title <u>Exec. Director</u> Hr/WK <u>40</u>	<u>86,057</u>	<u>797</u>	<u>0</u>
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	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	79	X
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	X
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	81a	
b	Did the organization file Form 1120-POL for this year? . . . . .	81b	X
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	82b	N/A
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? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	N/A
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	85c	
d	Section 162(e) lobbying and political expenditures . . . . . 85d	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . 85e	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . 85f	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	86a	
b	Gross receipts, included on line 12, for public use of club facilities . . . . . 86b	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . . 87a	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	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	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
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	X
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, 2004 (See instructions.) 90b	90b	
91	The books are in care of ► Name GREEN VIEW, INC. Telephone no. ► 651 639-1913 Located at ► 550 CNTY RD D WEST 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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► 92	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 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, 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, 104 Subtotal, 105 Total.

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.)

Table with 2 columns: 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). Row 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.)

Table with 5 columns: (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. Row 1: N/A, %, %, 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 or indirectly, on a personal benefit contract? Yes No

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

Signature and name fields for the preparer. Includes 'Please Sign Here' and 'Paid Preparer's Use Only' sections. Signature: [Handwritten Signature], Name: [Handwritten Name]. Firm: 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

**2004**

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 55112 Country	Title Executive Director Avg hr/wk 40hrs/wk	86,057	797	
Name Nancy Beimert Str City St Paul ST MN Zip 55112 Country	Title Office Manager Avg hr/wk 40 hrs/wk	53,856	5,984	
Name Mark Hoff Str City St Paul ST MN Zip Country	Title Field Supervisor Avg hr/wk 40 hrs/wk	51,050	7,248	
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 NONE 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.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, organizational transactions, and grant-making.

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
6 A school
7 A hospital or a cooperative hospital service organization
8 A Federal, state, or local government or governmental unit
9 A medical research organization operated in conjunction with a hospital
10 An organization operated for the benefit of a college or university
11 a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public
11 b A community trust
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
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)

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

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,661,262	4,516,951	4,387,686	4,336,872	17,902,771
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	4,661,262	4,516,951	4,387,686	4,336,872	17,902,771
24	Line 23 minus line 17	4,661,262	4,516,951	4,387,686	4,336,872	17,902,771
25	Enter 1% of line 23	46,613	45,170	43,877	43,369	
26	<b>Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					358,055
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
	c Total support for section 509(a)(1) test: Enter line 24, column (e)					17,902,771
	d Add: Amounts from column (e) for lines: 18 0 19 0 22 0 26b 0					0
	e Public support (line 26c minus line 26d total)					17,902,771
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					100.00%
27	<b>Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2003) _____ (2002) _____ (2001) _____ (2000) _____					
	c Add: Amounts from column (e) for lines: 15 0 16 0 17 0 20 0 21 0					0
	d Add: Line 27a total 0 and line 27b total 0					0
	e Public support (line 27c total minus line 27d total)					0
	f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					0
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					0.00%
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.00%
28	<b>Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**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 include Total lobbying expenditures, Other exempt purpose expenditures, and Lobbying nontaxable amount.

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) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows 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 11 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 correspond to items a through 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 11 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:

- (i) Cash . . . . .
- (ii) Other assets . . . . .

	Yes	No
51a(i)	X	
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

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)	9,979	Minnesota Farmers Union	Assistance with camp ground maintenance.
51a(i)	47,219	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 6-30-2004:	Additions:	Deductions:	Cost 6-30-2005:	Depreciation			Undepr. Cost:
							Current:	Previous:	Retired:	
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	
Five Chairs	10-1994	20%	798			798	798		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	Rate	Cost	Additions:	Cost	Depreciation			Undepr. Cost.	
	Acquired:		6-30-2004:		Deductions:	6-30-2005.	Current:	Previous:		Retired:
Fax Machine	6-1998	100%	245		\$ 245		245		\$ 245	
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	1,148		1,476	\$ 165
OfficeJet K60 Printer	11-2000	20%	399		399	80	280		360	39
Sony 19" Monitor	11-2000	20%	586		586	117	410		527	59
JVC 27" TV and Converter	3-2002	20%	571		571	114	285		399	172
Two Dell 8200 2.0 GHZ Computers	6-2002	100%	3,685		3,685		3,685		3,685	
HP 2210 Printer	1-2003	20%	320		320	64	96		160	160
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	2,340		3,900	3,899
HP Laserjet 4200TN Printer	6-2003	20%	2,636		2,636	527	791		1,318	1,318
Fireproof 4-Drawer File	8-2003	20%	1,379		1,379	276	138		414	965
Dell 2400 Computer - 333 MHZ	1-2004	20%	1,058		1,058	212	106		318	740
Dell 8400 Computer & Monitor	9-2004	20%		2,233	2,233	223			223	2,010
Ashley Desk and Hutch	1-2005	20%		1,439	1,439	144			144	1,295
			<b>\$ 43,498</b>	<b>\$ 3,672</b>	<b>\$ 47,170</b>	<b>\$ 3,645</b>	<b>\$ 32,703</b>		<b>\$ 36,348</b>	<b>\$ 10,822</b>