

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MINNESOTA PROGRAM DEVELOPMENT, INC.</b>	<b>D</b> Employer identification number <b>41-1382134</b>
	Please use IRS label or print or type See Specific Instructions Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>202 E SUPERIOR ST</b>	<b>E</b> Telephone number <b>218-722-2781</b>
	City or town, state or country, and ZIP + 4 <b>DULUTH, MN 55812</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

*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? **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

**G** Website: ▶ **N/A**

**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.

**I** Group Exemption Number ▶

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,402,464.**

**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**

Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received.				
<b>a</b>	Direct public support	<b>1a</b>	<b>74,151.</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>3,605,506.</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>3,679,657.</b> noncash \$ )			<b>1d</b>	<b>3,679,657.</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>691,951.</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>384.</b>
<b>5</b>	Dividends and interest from securities			<b>5</b>	
<b>6 a</b>	Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>20,896.</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>20,896.</b>
<b>7</b>	Other investment income (describe ▶ )			<b>7</b>	
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		<b>8d</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 (including reported on line 1a) of contributions	<b>9a</b>			
<b>b</b>	Less: direct expenses other than fund raising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
<b>10 a</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>9,576.</b>
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>4,402,464.</b>
<b>13</b>	Program services (from line 44, column (B))			<b>13</b>	<b>4,257,185.</b>
<b>14</b>	Management and general (from line 44, column (C))			<b>14</b>	<b>38,614.</b>
<b>15</b>	Fund raising (from line 44, column (D))			<b>15</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>4,295,799.</b>
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>106,665.</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>1,328,757.</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>1,435,422.</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. Page 2

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 \$ <u>1,024,079</u> • noncash \$ _____)	1,024,079.	1,024,079.	STATEMENT 2	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	281,960.	281,960.	0.	0.
26	Other salaries and wages	1,084,113.	889,634.	194,479.	
27	Pension plan contributions				
28	Other employee benefits	411,768.	350,043.	61,725.	
29	Payroll taxes	127,379.	109,174.	18,205.	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	179,696.	168,687.	11,009.	
34	Telephone	41,234.	30,148.	11,086.	
35	Postage and shipping				
36	Occupancy	82,545.	47,004.	35,541.	
37	Equipment rental and maintenance				
38	Printing and publications	51,685.	51,399.	286.	
39	Travel				
40	Conferences, conventions, and meetings	627,800.	615,826.	11,974.	
41	Interest	8,589.	3,934.	4,655.	
42	Depreciation, depletion, etc. (attach schedule)	64,957.	55,603.	9,354.	
43	Other expenses not covered above (itemize)				
a	INSURANCE	17,090.		17,090.	
b	MISCELLANEOUS	19,649.	12,479.	7,170.	
c	CONTRACT SERVICES	254,781.	247,126.	7,655.	
d	PROFESSIONAL FEES	18,475.	18,475.		
e	ALLOC INDIRECT COSTS	-1.	351,614.	-351,615.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	4,295,799.	4,257,185.	38,614.	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 \$ \_\_\_\_\_, (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**

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<b>a BATTERED WOMEN'S JUSTICE PROJECT</b>   (Grants and allocations \$ 1,024,079.)	2,748,102.
<b>b DOMESTIC ABUSE INTERVENTION PROJECT</b>   (Grants and allocations \$ _____)	190,177.
<b>c MENDING THE SACRED HOOP</b>   (Grants and allocations \$ _____)	89,209.
<b>d NATIONAL TRAINING PROJECT</b>   (Grants and allocations \$ _____)	415,815.
<b>e Other program services (attach schedule) STATEMENT 3</b> (Grants and allocations \$ _____)	813,882.
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	4,257,185.

**Part IV Balance Sheets**

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
<b>Assets</b>	45 Cash - non-interest-bearing	1,022.	45 41,402.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	88,137.	
	b Less: allowance for doubtful accounts		47c 88,137.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		48c
	49 Grants receivable	484,248.	49 407,744.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		51c
	52 Inventories for sale or use	38,681.	52 21,682.
	53 Prepaid expenses and deferred charges	28,949.	53 47,212.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis		
b Less: accumulated depreciation		55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	1,843,681.		
b Less: accumulated depreciation	551,140.	57c 1,292,541.	
58 Other assets (describe <input type="checkbox"/> )		58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,940,803.	59 1,898,718.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	372,973.	60 241,549.
	61 Grants payable		61
	62 Deferred revenue	82,840.	62 70,298.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 4 )	156,233.	65 151,449.
66 <b>Total liabilities</b> (add lines 60 through 65)	612,046.	66 463,296.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,319,427.	67 1,430,584.
	68 Temporarily restricted	9,330.	68 4,838.
	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)	1,328,757.	73 1,435,422.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,940,803.	74 1,898,718.

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 VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes rows 76 through 92 with various organizational details and financial information.

**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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a MATERIAL SALES					225,173.
b TRAINING REVENUE					466,778.
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	384.	
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			16	20,896.	
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 OTHER REVENUE					9,576.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		21,280.	701,527.
105 Total (add line 104, columns (B), (D), and (E))					722,807.

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).
93A	PROVIDING EDUCATIONAL SERVICES AND TRAINING ON THE PREVENTION OF DOMESTIC ABUSE
93B	SEE ABOVE
103	SEE ABOVE

**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
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a
- 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, 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 furnished to him.

Signature of officer: *[Signature]* Date: *1/5*

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4:  
 EIKILL & SCHILLING LTD.  
 SUITE 600 230 W SUPERIOR  
 DULUTH, MN 55802

423161 01-13-05



**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> 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 <b>▶</b> \$ _____ \$ _____ (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
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3 a</b> 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>b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See 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 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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	3,680,619.	3,164,802.	3,080,124.	3,716,837.	13,642,382.
<b>16</b> Membership fees received					
<b>17</b> 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	563,490.	718,377.	604,987.	619,201.	2,506,055.
<b>18</b> 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	20,563.	8,799.	20,225.	32,247.	81,834.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	1,278.	31,468.	5,235.	48,957.	86,938.
<b>23</b> Total of lines 15 through 22	4,265,950.	3,923,446.	3,710,571.	4,417,242.	16,317,209.
<b>24</b> Line 23 minus line 17	3,702,460.	3,205,069.	3,105,584.	3,798,041.	13,811,154.
<b>25</b> Enter 1% of line 23	42,660.	39,234.	37,106.	44,172.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					<b>26a</b> 276,223.
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					<b>26b</b> 0.
c Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 13,811,154.
d Add: Amounts from column (e) for lines: 18 <u>81,834.</u> 19 _____ 22 <u>86,938.</u> 26b _____					<b>26d</b> 168,772.
e Public support (line 26c minus line 26d total)					<b>26e</b> 13,642,382.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 98.7780%
<b>27</b> 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 <b>N/A</b>	(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 <b>N/A</b>	(2003)	(2002)	(2001)	(2000)	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
d Add Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

**Part V Private School Questionnaire** (See page 7 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 )		
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
<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	
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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- 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.)

	Yes	No	Amount
a			
b			
c			
d			
e			
f			
g			
h			
i			0.

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



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FORM 990	RENTAL INCOME	STATEMENT	1
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<u>KIND AND LOCATION OF PROPERTY</u>	<u>ACTIVITY NUMBER</u>	<u>GROSS RENTAL INCOME</u>
	1	20,896.
TOTAL TO FORM 990, PART I, LINE 6A		20,896.

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FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	2
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<u>CLASSIFICATION</u>	<u>DONEE'S NAME</u>	<u>DONEE'S ADDRESS</u>	<u>DONEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
	BATTERED WOMEN'S JUSTICE		NONE	1024079.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1024079.

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FORM 990	OTHER PROGRAM SERVICES	STATEMENT	3
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<u>DESCRIPTION</u>	<u>GRANTS AND ALLOCATIONS</u>	<u>EXPENSES</u>
CUSTODY AND VISITATION CENTER		277,736.
MENDING THE SACRED HOOP TECHNICAL ASSISTANCE PROJECT		536,146.
TOTAL TO FORM 990, PART III, LINE E		813,882.

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FORM 990	OTHER LIABILITIES	STATEMENT	4
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<u>DESCRIPTION</u>	<u>AMOUNT</u>	
ACCRUED SALARIES & WAGES	64,297.	
ACCRUED VACATION	60,493.	
ACCRUED PAYROLL TAXES & W/H	26,659.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		151,449.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JERRY OSTENSOE 202 EAST SUPERIOR STREET DULUTH, MN 55812	CHAIRPERSON 1	0.	0.	807.
DICK DIVER 202 EAST SUPERIOR STREET DULUTH, MN 55812	VICE CHAIRPERSON 1	0.	0.	307.
CEIL SMITH 202 EAST SUPERIOR STREET DULUTH, MN 55812	SECRETARY/TREASURER 1	0.	0.	208.
ANNE BERGMAN 202 EAST SUPERIOR STREET DULUTH, MN 55812	BOARD MEMBER 1	0.	0.	238.
BROOKS ANDERSON 202 EAST SUPERIOR STREET DULUTH, MN 55812	BOARD MEMBER 1	0.	0.	61.
MARY ANN WALT 202 EAST SUPERIOR STREET DULUTH, MN 55812	BOARD MEMBER 1	0.	0.	98.
ELLEN PENCE 202 EAST SUPERIOR STREET DULUTH, MN 55812	BOARD MEMBER 1	0.	0.	366.
MARY LOUISE KLAS 202 EAST SUPERIOR STREET DULUTH, MN 55812	BOARD MEMBER 1	0.	0.	84.
DENISE GAMACHE 202 EAST SUPERIOR STREET DULUTH, MN 55812	CO-DIRECTOR 40	68,363.	9,479.	19,166.
SCOTT MILLER 202 EAST SUPERIOR STREET DULUTH, MN 55812	CO-DIRECTOR 40	44,070.	14,763.	582.
PHIL BEADLE 202 EAST SUPERIOR STREET DULUTH, MN 55812	CO-DIRECTOR 40	27,210.	5,138.	314.



MINNESOTA PROGRAM DEVELOPMENT  
EIN: 41-1382134  
ATTACHMENT TO 2003 FORM 990, PART IV, LINE 57  
9/30/2005

	COST	ACCUMULATED DEPRECIATION	NET
BUILDING	1,439,758	(226,814)	1,212,944
EQUIPMENT	403,923	(324,326)	79,597
	<hr/>	<hr/>	<hr/>
	1,843,681	(551,140)	1,292,541

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>MINNESOTA PROGRAM DEVELOPMENT, INC.</b>	Employer identification number <b>41-1382134</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>202 E SUPERIOR ST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DULUTH, MN 55812</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **SUZANNE OLSEN**  
 Telephone No. ▶ **218-722-2781** FAX No. ▶ \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year \_\_\_\_\_ or
  - ▶  tax year beginning **OCT 1, 2004**, and ending **SEP 30, 2005**.
- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.