

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

A For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
MINNESOTA ENVIRONMENTAL PARTNERSHIP

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
546 RICE STREET 100

City or town, state or country, and ZIP + 4
SAINT PAUL MN 55103

D Employer identification number
41-1986433

E Telephone number
651-290-0154

F Accounting method: Cash
 Accrual 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).

G Website: j WWW.MEPARTNERSHIP.ORG

J Organization type
 (check only one) 501(c) (3) 4947(a)(1) or 527

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

- 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 u
- 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 u

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 u 1,850,681

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	1,736,896	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ <u>1,736,896</u> noncash \$ _____)	1e		1,736,896
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		70,273
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		43,371
	6a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe <u>u</u>)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a			
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a 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	10c		
11 Other revenue (from Part VII, line 103)	11		141	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,850,681	
Expenses	13 Program services (from line 44, column (B))	13		1,461,014
	14 Management and general (from line 44, column (C))	14		172,709
	15 Fundraising (from line 44, column (D))	15		128,136
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses. Add lines 16 and 44, column (A)	17		1,761,859
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		88,822
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,145,849
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,234,671

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 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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> u <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> u <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 1	25a 125,464	78,101	29,961	17,402
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 367,458	228,714	87,771	50,973
27 Pension plan contributions not included on lines 25a, b, and c	27 14,739	6,818	5,024	2,897
28 Employee benefits not included on lines 25a - 27	28 42,384	19,607	14,444	8,333
29 Payroll taxes	29 40,350	18,666	13,751	7,933
30 Professional fundraising fees	30			
31 Accounting fees	31 17,138	17,138		
32 Legal fees	32 2,025	2,025		
33 Supplies	33 9,298	7,524	1,774	
34 Telephone	34 15,436	12,948	2,322	166
35 Postage and shipping	35 5,374	2,876	496	2,002
36 Occupancy	36 37,106	26,730	6,173	4,203
37 Equipment rental and maintenance	37 9,248	5,226	1,187	2,835
38 Printing and publications	38 43,861	35,512	1,188	7,161
39 Travel	39 41,503	36,092	1,472	3,939
40 Conferences, conventions, and meetings	40 32,374	29,691	2,208	475
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 9,328	6,099	1,921	1,308
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 2	43a 948,773	927,247	3,017	18,509
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,761,859	1,461,014	172,709	128,136

Joint Costs. Check **u** if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? **u** Yes **X** 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 (See the instructions.)

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

What is the organization's primary exempt purpose? u SEE STATEMENT 3 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT DETAILING ACCOMPLISHMENTS AND ACTIVITIES. (Grants and allocations \$ _____) If this amount includes foreign grants, check here u <input type="checkbox"/>	1,461,014
b (Grants and allocations \$ _____) If this amount includes foreign grants, check here u <input type="checkbox"/>	
c (Grants and allocations \$ _____) If this amount includes foreign grants, check here u <input type="checkbox"/>	
d (Grants and allocations \$ _____) If this amount includes foreign grants, check here u <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here u <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) u	1,461,014

Part IV Balance Sheets (See 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		8,959	45		
	46	Savings and temporary cash investments		643,246	46	782,091	
	47a	Accounts receivable	47a	5,044			
	b	Less: allowance for doubtful accounts	47b		2,063	47c	5,044
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable		520,000	49	624,000	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)			50b		
	51a	Other notes and loans receivable (attach schedule)			51a		
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		4,964	53	9,048	
	54a	Investments—publicly-traded securities	<input type="checkbox"/> Cost	<input type="checkbox"/> FMV		54a	
	b	Investments—other securities (attach schedule)	<input type="checkbox"/> Cost	<input type="checkbox"/> FMV		54b	
	55a	Investments—land, buildings, and equipment: basis			55a		
	b	Less: accumulated depreciation (attach schedule)			55b	55c	
	56	Investments—other (attach schedule)			56		
	57a	Land, buildings, and equipment: basis		38,257	57a		
b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 4		24,765	57b	57c	13,492	
58	Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 5)		45,174	58	68,877		
59	Total assets (must equal line 74). Add lines 45 through 58		1,239,150	59	1,502,552		
Liabilities	60	Accounts payable and accrued expenses		48,127	60	212,504	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 6)		45,174	65	55,377	
	66	Total liabilities. Add lines 60 through 65		93,301	66	267,881	
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		1,013,203	67	1,075,876	
	68	Temporarily restricted		132,646	68	158,795	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,145,849	73	1,234,671	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		1,239,150	74	1,502,552	

Part VI Other Information (continued)		Yes	No
82a	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		
83a	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	
84a	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? N/A 84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A 85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c		
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		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 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? N/A 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		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI u 88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 u 0 ; section 4912 u 0 ; section 4955 u 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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization u 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g		X
90a	List the states with which a copy of this return is filed u MN		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b		12
91a	The books are in care of u RON RENGEL Telephone no. u 612-722-6377 821 E 35TH STREET Located at u MINNEAPOLIS, MN ZIP + 4 u 55407		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b		X
	If "Yes," enter the name of the foreign country u		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country **u** _____
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here **u**
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a SERVICES					39,268
b CONTRACT REVENUE					4,687
c PROGRAM REVENUE					26,318
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					
96 Dividends and interest from securities			14	43,371	
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 OTHER INCOME			1	41	
c HONORARIA			1	100	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		43,512	70,273
105 Total (add line 104, columns (B), (D), and (E)) u					113,785

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
q	SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

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

Yes	No

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 of which preparer has any knowledge.

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) P00039976
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no.
JOHNSON, WEST & CO., PLC 332 MINNESOTA ST STE E-1100 SAINT PAUL, MN 55101	u 41-0909934		u 651-227-9431

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **MINNESOTA ENVIRONMENTAL PARTNERSHIP** Employer identification number **41-1986433**

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 empl. benefit plans & deferred comp.	(e) Expense account and other allowances
SHANNON BRUMBAUGH ST. PAUL 546 RICE STREET MN 55103	DEVELOP. MGR 40	60,000	9,481	0
JENNIFER LYNCH ST. PAUL 546 RICE STREET MN 55103	OFFICE MGR 41	52,186	8,320	0
.....				
.....				
.....				
.....				
Total number of other employees paid over \$50,000 ▶	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services ▶		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MACWILLIAMS, ROBINSON & PTRS WASHINGTON 1660 L ST NW DC 20036	COMMUNICATIONS	175,067
CLEAN WATER FUND MINNEAPOLIS 308 EAST HENNEPIN AVE. MN 55414	COMMUNITY OUTREACH	99,999
MN CENTER OF ENVIRONMENTAL ADVOCACY ST. PAUL 26 E. EXCHANGE ST. MN 55101	CONSULTING	60,333
CATHY KENNEDY, LTD. BLOOMINGTON 8310 W 110TH ST MN 55438	COMMUNICATIONS	58,000
TREMELO CORP SAINT PAUL 458 OTIS AVE MN 55104	PROJECT MGT	57,500
Total number of other contractors receiving over \$50,000 for other services ▶	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

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

Yes No

<p>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>109,202</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p>	1	<input checked="" type="checkbox"/>	
<p>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.</p>			
<p>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.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		<input checked="" type="checkbox"/>
<p>b Lending of money or other extension of credit?</p>	2b		<input checked="" type="checkbox"/>
<p>c Furnishing of goods, services, or facilities?</p>	2c		<input checked="" type="checkbox"/>
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 SEE STATEMENT 9</p>	2d	<input checked="" type="checkbox"/>	
<p>e Transfer of any part of its income or assets?</p>	2e		<input checked="" type="checkbox"/>
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a		<input checked="" type="checkbox"/>
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	<input checked="" type="checkbox"/>	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		<input checked="" type="checkbox"/>
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		<input checked="" type="checkbox"/>
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		<input checked="" type="checkbox"/>
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year u _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year u _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts u _____ 0</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year u _____ 0</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	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?	29		
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?	30		
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?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
.....				
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
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?	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?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
34a	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?	34b		
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	35		

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

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	34,916
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	74,286
38	Total lobbying expenditures (add lines 36 and 37)	38	109,202
39	Other exempt purpose expenditures	39	1,430,360
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,539,562
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000	41	226,978
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	56,745
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	226,978	226,977	171,609	172,306	797,870
46 Lobbying ceiling amount (150% of line 45(e))					1,196,805
47 Total lobbying expenditures	109,202	118,738	53,349	101,533	382,822
48 Grassroots nontaxable amount	56,745	56,744	42,902	43,077	199,468
49 Grassroots ceiling amount (150% of line 48(e))					299,202
50 Grassroots lobbying expenditures	34,916	52,798	18,354	37,337	143,405

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) 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:	Yes	No	Amount
	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.)			

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

Name of organization

Employer identification number

MINNESOTA ENVIRONMENTAL PARTNERSHIP

41-1986433

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Federal Statements**Statement 1 - Form 990, Part II, Line 25a - Compensation of Current Officers**

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
STEVE MORSE COMPENSATION	78,101	29,961	17,402
TOTAL	<u>\$ 78,101</u>	<u>\$ 29,961</u>	<u>\$ 17,402</u>

Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
CONSULTING SERVICES	619,541	598,709	2,462	18,370
CONTRACTS WITH MEMBER ORGANIZ	248,288	248,288		
ELECTRONIC OUTREACH	48,784	48,784		
MISCELLANEOUS	1,353	1,028	325	
OFFICER/DIRECTOR INSURANCE	939	800		139
WEB CENTER	13,420	13,420		
MEDIA	11,352	11,352		
PAYROLL SERVICE/RETIREMENT	2,896	2,896		
EVENTS/SPONSORSHIPS	1,300	1,300		
SUBSCRIPTION/DUES	900	670	230	
TOTAL	<u>\$ 948,773</u>	<u>\$ 927,247</u>	<u>\$ 3,017</u>	<u>\$ 18,509</u>

Statement 3 - Form 990, Part III - Organization's Primary Exempt PurposeDescription

THE ORGANIZATION IS A PARTNERSHIP OF CONSERVATION AND ENVIRONMENTAL ORGANIZATIONS WITH SHARED GOALS OF PROTECTION AND ENHANCEMENT OF THE QUALITY OF THE NATURAL ENVIRONMENT IN THE STATE OF MINNESOTA, AND THE PROTECTION OF ITS RESOURCES. IT PROVIDES A FORUM FOR COMMUNICATION AMONG THESE PARTNER ORGANIZATIONS, AND ASSISTS IN COORDINATING THEIR WORK ON ISSUES OF COMMON CONCERN.

MORE THAN 90 ENVIRONMENTAL ORGANIZATIONS, WITH A COMBINED MEMBERSHIP OF MORE THAN 500,000 MINNESOTA RESIDENTS, ARE PARTNERS IN THE ORGANIZATION.

Federal Statements

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
FURNITURE & EQUIPMENT	\$ 25,180	\$ 12,690	\$ 33,257	\$ 19,765
WEB SITE	66,900	64,646	5,000	5,000
TOTAL	<u>\$ 92,080</u>	<u>\$ 77,336</u>	<u>\$ 38,257</u>	<u>\$ 24,765</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
RESTRICTED CASH "50-YEAR VISIONING"	\$ 45,174	\$ 68,877
TOTAL	<u>\$ 45,174</u>	<u>\$ 68,877</u>

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
AMOUNT DUE SUB-RECIPIENTS	\$ 45,174	\$ 55,377
TOTAL	<u>\$ 45,174</u>	<u>\$ 55,377</u>

Federal Statements

Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
STEVE MORSE 546 RICE STREET ST. PAUL MN 55103	EXECUTIVE	43	125,464	20,010	0
GEORGE BOODY 546 RICE STREET ST. PAUL MN 55103	SECRETARY	1	0	0	0
MARTHA BRAND 546 RICE STREET ST. PAUL MN 55103	VICE CHAIR	1	0	0	0
MARTY BROAN 546 RICE STREET ST. PAUL MN 55103	TREASURER	1	0	0	0
STEVE CHAPLIN 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0
COLLIE GRADDICK 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0
DALE HENNEN 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0
JANE KRENTZ 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0
RON MEADOR 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0
LANCE NESS 546 RICE STREET	DIRECTOR	1	0	0	0

Federal Statements

Statement 7 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ST. PAUL MN 55103					
CYNTHIA PANSING 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0
MARK PETERS 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0
CATHY PODESZWA 546 RICE STREET ST. PAUL MN 55103	CHAIR	1	0	0	0
DAVID WILLIAMS 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0
KATHRYN FERNHOLZ 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0
WILLIAM GRANT 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0
GLEN HILL 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0
LEA SCHUSTER 546 RICE STREET ST. PAUL MN 55103	DIRECTOR	1	0	0	0

Statement 8 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93A	FEEs CHARGED TO MEMBER ORGANIZATIONS FOR COMMUNICATIONS SERVICES, SEMINARS AND OTHER RESOURCES
93B	FEEs CHARGED TO MEMBER ORGANIZATIONS FOR COMMUNICATIONS SERVICES, SEMINARS AND OTHER RESOURCES
93C	FEEs CHARGED TO MEMBER ORGANIZATIONS FOR COMMUNICATIONS SERVICES, SEMINARS AND OTHER RESOURCES

Statement 9 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

Description

SEE PART V, FORM 990

Federal Statements**Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
OTHER REVENUE	\$ <u>5,210</u>	\$ <u>3,085</u>	\$ <u> </u>	\$ <u> </u>
TOTAL	\$ <u><u>5,210</u></u>	\$ <u><u>3,085</u></u>	\$ <u><u> 0</u></u>	\$ <u><u> 0</u></u>