



Education and Housing Equity Project Records.

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offer to stat.
75% of 1000
1000

E.H.P. after
11/2/12

email to Gavin
email to Charlie
Jay (M/W best)

\$ owed.

IRS \$300+

penalties 940 late
\$3,300 990 late
missing

Bank statements

* -1 pd.

-2 outstanding

\$1,900 balance

\$ State - taxes owed. checks

c. IRS - taxes owed. checks

* -700

3. Someone to help us.

4. Bankruptcy.

5. Legal help.

spending 200



Joy Sorensen Navarre

From: Charley Ravine [cravine@mapnp.org]

Sent: Tuesday, June 25, 2002 2:45 PM

To: joysn@micah.org

Subject: RE: Dissolution

From what you indicate, then you really aren't dissolving so there will be nothing that needs to be done in that regard. Depending on the situation with the IRS, if there is any "good cause" for not filing, then those can be abated; we can assist with that.

In the mean time if you have other debts, you can work with creditors on payments or to work out forgiveness for the debts. Also be sure to maintain your yearly filing with the Secretary of State.

If you do want further assistance, let me know and then I think what might be best is for me to find one of our volunteer attorneys to work with you. The fee would be \$200.

-----Original Message-----

From: Joy Sorensen Navarre [mailto:joysn@micah.org]

Sent: Tuesday, June 25, 2002 2:42 PM

To: Charley Ravine

Subject: RE: Dissolution

Hi Charlie,

Thanks for the follow up information. To respond to your questions:

1. Yes. "mothball" the organization means we want to keep it around, but not operate until some decision can be made to start up again, or to then dissolve.
2. Fees owed to the IRS are for fines that have been levied.
3. The organization had over \$25,000 in revenue for the years in question.
4. There may be debts to vendors and to the government.

Yesterday a board member received more documents from the widow of the ED showing potential other debts. We plan to discuss them on Friday morning.

--Joy

-----Original Message-----

From: Charley Ravine [mailto:cravine@mapnp.org]

Sent: Tuesday, June 18, 2002 10:20 AM

To: joysn@micah.org

Subject: RE: Dissolution

Joy,

* Auditor go thru
books. (acct.)

* I.R.S.
publications

* Board Source.org
202.452.6262

In an effort to start this, here is some information based on the questions you ask. We can determine whether I help you directly or we get a volunteer attorney and what the fee will be.

You also mention that some fees or something is owed to the IRS. What do you mean by that? Normally there are no fees associated with any annual filings except to the Attorney General. I suppose the other possibility is for any fines that may have been levied.

Unless the organization had over \$25,000 in revenue for any of the years in question, there is no filing requirement for IRS or state.

As for dissolution, the process is basically pretty easy. You file a Notice of Intent to Dissolve first with the Secretary of State and then with the Attorney General. The later includes a plan for dissolution if there are any assets to dispose of. The other potential sticky issue is debts. Do you know if there are any debtors that won't be paid?

Assuming no debtors, then at the end there is Articles of Dissolution to file with the Secretary of State office and then you are done.

If this is pretty straight forward I can guide you through the process and the fee would be \$150. If there is more to it, then we can get an attorney to work with you, and the fee would be \$200.

Let me know.

-----Original Message-----

From: Joy Sorensen Navarre [mailto:joysn@micah.org]
Sent: Tuesday, June 11, 2002 2:12 PM
To: Charley Ravine
Subject: RE: Dissolution

Hi Charlie,
Ambiguous, I agree. It would be great to get answers to the questions I sent. On our end, we need to get going on this again. Yes. We will need assistance. --Joy

-----Original Message-----

From: Charley Ravine [mailto:cravine@mapnp.org]
Sent: Tuesday, June 11, 2002 1:34 PM
To: joysn@micah.org
Subject: RE: Dissolution

Joy,

I don't know if you have been waiting for me to do something or not, but in my mind, I was waiting to hear back from you about whether you wanted more or any assistance. In re-reading the message below, maybe I was supposed to get back to you and I didn't. If so, I apologize.

Regardless, let me know if you are wanting assistance with the dissolution.

-----Original Message-----

From: Joy Sorensen Navarre [mailto:joysn@micah.org]
Sent: Monday, April 29, 2002 9:00 AM
To: Charley Ravine
Cc: Gavin Kearney (E-mail)
Subject: RE: Dissolution

Hi Charlie,

Thanks for starting the dialog this way.

EHEP, Education and Housing Equity Project, is no longer active. For the past year or so, no program activities have taken place, as the exec dir, Dick Little, (only staff person) was seriously ill. He passed away a few weeks ago.

The most active board members are trying to figure out what needs to be done. (Gavin Kearney, Barbara Bearman and I) We could use some help: 1) some specific legal questions, and 2) guidance thru the process. Are you willing?

Goal: To 'moth ball' the organization and retain the 501c3 status.

Reviewing the files we found a number of issues. I don't have the list with me, but from memory, here's the scoop:

1. \$0 balance in the bank..we think. We are in process of accruing copies of recent bank statements.
2. Owe money (fines and fees) to the state and the feds.
3. Need to file 990's for the past 2-3 years
4. Need to file sec of state forms past 2-3 years.
5. United Way, East Metro, was holding \$2,500 until they received a grant report. 'Found out last week that their books are closed, so no money for us.

Plus, we need to find out how to officially close down the organization. Is there a checklist somewhere?? What is the definition of dissolution? Is that what our goal is?

Thanks for your help. --Joy

-----Original Message-----

From: Charley Ravine [mailto:cravine@mapnp.org]
Sent: Thursday, April 25, 2002 3:39 PM
To: joysn@micah.org
Subject: Dissolution

I am leaving for a short trip and will be back in the office on May 1. But I will be checking my e-mail and messages, so if you want to start a conversation on this issue, feel free to respond to this e-mail and I will get back to you.

Charley Ravine
Director of Legal and HR Services
MAP for Nonprofits
651.632.7228
651.647.1369 (fax)

Final Report to:

Task X

• Debra Stone
GTE United Way.
166 4th St E #100
STP 55101

- final accting.
how \$ were used.
- to whom to direct the
response (address)

Call Jerry T. ✓

~~NO - Books are
closed!
\$ gone!~~

METROPOLITAN INTERFAITH COUNCIL ON AFFORDABLE HOUSING

"Do justice, love mercy, walk humbly with your God." Micah 6:8





612.340.7400
fax: 612.340.7675
www.unitedwaytwincities.org

EAST OFFICE
166 Fourth Street East
Suite 100
Saint Paul, MN 55101-1448

WEST OFFICE
404 South Eighth Street
Minneapolis, MN 55404-1084

March 18, 2002

Ms Joy Sorensen Navarre
MICAH
122 West Franklin Avenue Suite 310
Minneapolis, MN 55404

Dear Ms Navarre:

I was sorry to hear of Richard Little's passing. I am in the process of clearing the balances of all outstanding Community Investment Fund projects.

The balance of the Education and Housing Equity Project of \$2,500 has been returned to the Community Investment Fund pool. This grant was received in 1998 and grant dollars must be spent in one year.

If you have any questions please call (651-291-8427) or contact me by email, stoned@unitedwaytwincities.org.

Sincerely,

Debra J. Stone
Manager
Community Investment Fund

m. 4/20/02
- 4/23/02 -
Debra says: ① send narrative.
② send accounting of how \$ spent.
③ where to send check?
- Called Barbara to report. He will write the reports + send them in. Will get financials from Barb.
- Called Jerry Timia.

S:\CIF\1998\ACCEPT\education & equity housing project.doc



612.340.7400
fax: 612.340.7675
www.unitedwaytwincities.org

EAST OFFICE
166 Fourth Street East
Suite 100
Saint Paul, MN 55101-1448

WEST OFFICE
404 South Eighth Street
Minneapolis, MN 55404-1084

December 7, 2001

Richard Little
Education & Housing Equity Project
Augsburg College
2211 Riverside Avenue, CB 185
Minneapolis, MN 55454

Dear Mr. Little:

After a number of letters, emails and phone calls, your organization has not responded to our request for the final report for your Community Investment Fund Project. In order for your project to receive the balance of your grant dollars this must take place one year from notification of your grant award.

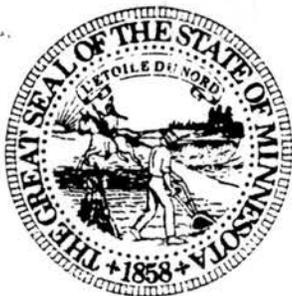
The outstanding balance of your grant request has been returned to the Community Investment Fund pool.

If you have any questions please contact me by phone or email,
stoned@unitedwaytwincities.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Debra J. Stone".

Debra J. Stone
Manager
Community Investment Fund



STATE OF MINNESOTA
OFFICE OF THE ATTORNEY GENERAL

OFFICE USE ONLY	
<input type="checkbox"/>	\$25 _____
<input type="checkbox"/>	\$50 _____
<input type="checkbox"/>	\$75 _____
<input type="checkbox"/>	Other _____

HUBERT H. HUMPHREY III
Attorney General

CHARITIES DIVISION
Suite 1200, NCL Tower
445 Minnesota Street
St. Paul, MN 55101-2130

(612) 296-6172
(612) 296-1410 (TTY)

Upon request this material can be made available in alternate formats.

CHARITABLE ORGANIZATION ANNUAL REPORT

INSTRUCTIONS:

File items A-D at one time, not in separate mailings.

- A. Complete and sign this annual report form.
- B. Attach a copy of the IRS form 990 or 990-EZ (see question 7 of this form) along with all attachments and schedules, including Schedule A. (If one was not filed, complete question 6 of this form.)
- C. Attach a \$25.00 registration fee made payable to State of Minnesota.
- D. Attach a copy of the organization's audited financial statement if it received \$350,000 or more in total revenue.

FOR YEAR ENDING:

FEDERAL EIN NUMBER:

1. _____
Legally Established Name of Organization

Address of Principal Office Contact Person
 City _____ State _____ Zip _____ Telephone # _____
2. Has the name, address and/or telephone number changed in the last year? Yes No
 If name has changed, please provide former name:

3. Has the organization's accounting year changed since the last report or registration statement was filed?
 Yes No If yes, provide new date _____
4. Identify the name and address of any outside professional fund-raiser (includes solicitors and/or consultants within or outside Minnesota) employed by the organization and the total amount of compensation the outside fund-raiser received during the year. ***If more than one, attach schedule.***

 Name _____
 Street and Number _____
 City _____ State _____ Zip _____ Compensation _____

5. If the answer to any of the following is yes, attach a detailed explanation. All questions relate to the period since the filing of the organization's last annual report or registration statement.

- (a) Has there been any change in the organization's tax status with the Internal Revenue Service?
Yes No
- (b) Has there been a significant change in the purposes of the organization? Yes No
- (c) Has the organization's right to solicit funds been denied, suspended, revoked or enjoined by any state agency or court, or are proceedings pending? Yes No

6. **FINANCIAL SECTION** Complete this section **only if** you received less than \$25,000 in total revenue and have not attached a completed IRS Form 990 or 990-EZ.

INCOME

Contributions from the public	\$ _____	
Government Grants	\$ _____	
Fees for program service	\$ _____	
Other Revenue	\$ _____	
TOTAL INCOME		\$ _____

EXPENSES

Amount spent for program or charitable purposes	\$ _____	
Management/general expense	\$ _____	
Fund-raising expense	\$ _____	
Amounts paid to affiliated organizations	\$ _____	
TOTAL EXPENSES		\$ _____

EXCESS or Deficit	\$ _____
TOTAL Assets	\$ _____
TOTAL Liabilities	\$ _____

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ _____

7. If you file an IRS Form 990EZ, Minnesota Statutes chapter 309 requires that you also file a functional expense statement and a schedule of contributions showing total direct public support and government grants as separate figures. The following section is provided for your convenience. If you prefer, you may file the same information as a separate attachment.

SCHEDULE OF CONTRIBUTIONS RECEIVED

1a. Direct Public Support:	1a.	
b. Indirect Public Support:	b.	
c. Government Grants:	c.	
d. Total (add lines 1a, b & c)		1d.

(Complete all columns below ↓)

STATEMENT OF FUNCTIONAL EXPENSES		(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
22. Grants and Allocations	22				
23. Specific Assistance to Individuals	23				
24. Benefits Paid to/for Members	24				
25. Compensation Officers/Directors	25				
26. Other Salaries and Wages	26				
27. Pension Plan Contributions	27				
28. Other Employee Benefits	28				
29. Payroll Taxes	29				
30. Professional Fundraising Fees	30				
31. Accounting Fees	31				
32. Legal Fees	32				
33. Supplies	33				
34. Telephone	34				
35. Postage and Shipping	35				
36. Occupancy	36				
37. Equipment Rental & Maintenance	37				
38. Printing and Publications	38				
39. Travel	39				
40. Conferences, Meetings	40				
41. Interest	41				
42. Depreciation, Depletion	42				
43a. Other Expenses (Itemize):	43a				
b.	43b				
c.	43c				
44 Total Functional Expenses	44				

* Add lines 22 through 43 to equal the total on line 44.

* Add lines 44B, 44C and 44D should equal the total on line 44A.

8. Describe any funds or properties transferred out of this state, such as those funds paid to affiliated organizations located out of Minnesota. Include an explanation as to recipient and amount.

9. Unless provided in the Form 990, describe the program services delivered by your organization:

Description: _____

10. Unless provided in the Form 990, **file a list of current board members and** state the compensation of the five highest paid directors, officers and employees of your organization that receive \$50,000 or more (**compensation includes salary, fees, bonuses, fringe benefits, severance payments and deferred compensation**).

	Name	Title	Compensation
1			
2			
3			
4			
5			

11. Does your organization control or is it controlled by or is under common control with a related organization(s) either because of stock ownership or membership interests, by authority to appoint members, or by contract or voting authority? Yes No

(a) If yes, identify the related organization(s):

	Name	Address
1		
2		
3		

(Attach schedule if more space needed.)

- (b) If yes, state the compensation (compensation includes salary, fees, bonuses, fringe benefits, severance payments and deferred compensation) of \$50,000 or more to the five highest paid directors, officers and employees of related organizations:

	Name	Organization	Compensation
1			
2			
3			
4			
5			

SIGNATURES AND ACKNOWLEDGMENT

We hereby state and acknowledge that we are duly constituted officers of the organization named in this Annual Report, being the _____ (Title) _____ (Title) thereof, respectively, that this Annual Report is executed on behalf of the organization pursuant to resolution of the _____ (Board of Directors or Trustees, or if none, other Managing Group) duly adopted on the _____ day of _____, 19 ____, approving the content of this Annual Report and all its attachments.

TWO SIGNATURES REQUIRED

RICHARD C. LITTLE
Name (Print)

Richard C. Little
Signature

Title

Date

Name (Print)

Signature

Title

Date

*** NOTICES:** *This report and all attachments are due six months after an organization's year end. An organization which fails to file the annual report on or before the date required or allowed under Minnesota Statutes section 309.53, subd. 2 (1996) will be required to pay a late fee of \$50.*

All information and documentation provided as part of this registration, including this form, shall be public records. **A CHARITABLE ORGANIZATION IS NOT REQUIRED TO FILE A LIST OF ITS DONORS. IF THIS LIST IS FILED, IT WILL BECOME PART OF THE ORGANIZATION'S REGISTRATION AND WILL BE TREATED AS A PUBLIC RECORD.**



STATE OF MINNESOTA
OFFICE OF THE ATTORNEY GENERAL

For Office Use

\$25
Other

HUBERT H. HUMPHREY III
Attorney General

CHARITIES DIVISION
Suite 1200, NCL Tower
445 Minnesota Street
St. Paul, MN 55101-2130

(612) 296-6172 (Voice)
(612) 296-1410 (TDD)

Upon request this material can be made available in alternate formats.

CHARITABLE ORGANIZATION REGISTRATION STATEMENT

Minnesota law requires a charitable organization soliciting or intending to solicit contributions in excess of \$25,000 a year, or having paid officers or staff, or using a professional fund raiser, to file a Registration Statement. For definitions and exemptions, see Minnesota Statutes §§ 309.50 and 309.515 (1994 and Supp. 1995).

INSTRUCTIONS:

- A. Complete each section on this registration statement, including date of board approval and two signatures.
B. Attach a copy of the Articles of Incorporation.
C. Attach a copy of the IRS determination letter (tax exempt status).
D. Attach a copy of the most recent IRS form 990 or financial statement.
E. Attach a \$25.00 filing fee made payable to the State of Minnesota.

FEDERAL EIN NUMBER:

1. Legal Name of Organization
Address of Principal Office Contact Person
City State Zip Telephone #

2. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.
Name
Street and Number
City State Zip Telephone #

3. List the name or names under which the organization solicits contributions:

4. Type of legal entity (if the organization is a trust or foundation, attach the creating document):

non-profit corporation trust unincorporated association

5. Place and date the organization was established: _____

6. Is the organization exempt from federal income taxes? If yes, **attach** a copy of your IRS determination letter. If the application is pending, **attach** a copy of the first page of the application.

Yes No Application Pending Status: 501(c)(____)

7. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name and address:

8. Has your organization been denied the right to solicit contributions?

a. By any government agency. Yes No If yes, attach explanation

b. By any Court: Yes No If yes, attach explanation

9. **Attach** list of names and addresses of all officers and employees having executive level responsibilities.

10. Do you intend to use the services of a professional fund-raiser* (outside solicitor or consultant)?

Yes No Name and address of Professional Fund-Raiser _____

Attach copies of all contracts with professional fund-raiser(s). If additional contracts are entered into after filing this registration statement, submit a new contract at that time.

* **Definition:** A professional fund raiser is any person (including a corporation or other entity) who, for compensation or profit, performs any service for a charitable organization by which contributions are solicited or who plans, manages, advises or consults or prepares materials for, or with respect to, the solicitation of contributions.

10. Explain in detail the charitable purposes of the organization, including major program activities.

11. Please mark all items that describe your charitable mission:

- Arts & Culture Human Services Civic/Lobbying International
 Environment Mental Health Education Religious
 Health Other _____

12. Which of the above two best describes your primary purpose(s)?

1. _____ 2. _____

13. State the total contributions the organization received during the last ended accounting year:
\$ _____

14. Month and day accounting year ends: _____

15. Check one or more methods of solicitation the organization anticipates using:

- Telephone appeals Sale of goods or services Door-to-door solicitation
 Grant writing Bingo, raffles or pull-tabs Combined appeals (United Way)
 Direct mail Special Events Other _____

If "Other" is checked, list all other fund-raising methods which will be used.

16. **Attach** list of names and addresses of all directors and trustees:

17. Provide names and addresses of, and total annual compensation paid to five highest paid officers, directors, trustees, and chief executive officer of your organization:

	Name & Address	Title	Compensation
1			
2			
3			
4			
5			

BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the _____(Title) and _____(Title) respectively, and that this Registration Statement is executed on behalf of the organization by us pursuant to resolutions of the _____(Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____, 19____, approving the contents of the Registration Statement, and do hereby certify that the _____(Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization, and we, the undersigned, state that the information supplied is true, correct and complete to the best of our knowledge.

RICHARD C. LITTLE
Name (Print)

Richard C. Little
Signature

Title

Date

Name (Print)

Signature

Title

Date

All information and documentation provided as part of this registration, including this form, is a public record.

CHARITABLE ORGANIZATION ANNUAL REPORTING INSTRUCTIONS

A charitable organization registered with the Attorney General to solicit contributions pursuant to Minnesota Statutes chapter 309 must file an annual report within six months of the close of its fiscal year end. Failure to timely file an annual report means the organizations does not maintain its registration to solicit contributions in this state. The following is a summary of the requirements. For a full description, please refer to Minnesota Statutes section 309.53 (1996). **A \$50.00 late fee will be assessed if an organization fails to file an annual report on or before the date required or allowed.**

WHAT TO FILE:

1. **\$25.00 Re-registration Fee.** Please make the check payable to the State of Minnesota.
2. **Annual Report Form.** TWO signatures are required. Please file your report on forms prepared by the Office of the Attorney General.
3. **IRS Form 990 and all required attachments including Part V (page 4) of the 990 and Schedule A.** NOTE: The federal form 990-EZ does not satisfy all requirements for the annual financial statement described in Minnesota Statutes section 309.53 (1996). If an organization files the form 990-EZ, it must also attach a statement of functional expenses and a schedule of total contributions received which specifically itemizes and distinguishes (total) government grants from direct and indirect public support. A form for this purpose is available by calling our office. If you do not file a federal return, submit a separate set of financial statements or complete the financial section of the Annual Report Form.
4. **Audited Financial Statement.** An audit prepared in accordance with generally accepted accounting principles ("GAAP") is required if total revenue exceeds \$350,000. A review, compilation, cash basis audit or gambling audit does not satisfy the requirement of state law.

EXTENSIONS

Registered charitable organizations are entitled to an extension of time of up to three months in which to file their annual report. To receive an extension, please submit a request in writing. You may mail us either a copy of your federal extension form or, if you prefer, a letter. You may assume that the three month extension is granted unless we advise otherwise.

QUESTIONS:

Call the Charities Division at 296-6172 or 297-4613.

Telecommunications Device for the Deaf ("TTY"): (612) 296-1410

Upon request, forms can be made available in alternate formats.



STATE OF MINNESOTA

OFFICE OF THE ATTORNEY GENERAL

HUBERT H. HUMPHREY III
ATTORNEY GENERAL

July 23, 1997

BUSINESS REGULATION SECTION
SUITE 1200
445 MINNESOTA STREET
ST. PAUL, MN 55101-2130
TELEPHONE: (612) 296-9412

[REDACTED]

Sample

Dear Sir or Madam:

This office has received the annual report which was recently filed for the above referenced charitable organization. Your organization's registration has been continued pursuant to Minnesota Statutes chapter 309, the Charitable Solicitations Act.

We wish to remind you that registration is not an endorsement of the organization and that Minnesota law prohibits any person from misrepresenting the meaning of registration.

Since many grant making organizations and foundations require evidence of registration with this office, we suggest that you **retain this letter in your files.**

Your next annual report and financial statement will be due six months after the close of your organization's fiscal year.

Very truly yours,

CYNDI H.H. NELSON
Charities Division

Telephone: (612) 297-4613

Call if you have questions

416008926
AMH:arltr.doc
AG:15798



4/16/02

If we ever want to become active, we need to clear up old filing requirements

Attach letter -

- "going out of business"
- "filing to bring register up to date"
- "no fees required"
- ^{intend to} remain withdrawn

Cyndi Nelson
(651) 296-0172



Check w/ IRS, re: need to do anything for notuballs.

② When we decide to
become resume business
we can register w/
Attorney General.

Phone conversation 4/16/02
(651) 297-4613 Cyndi

> Need to file:

Years '99, '20, '2001

• Will send AnnRep form for
each year end.

• 990's first.

\$25 +
\$50
late
fee

Moth ball?

• If we don't solicit in excess
of \$25,000, employee →



STATE OF MINNESOTA

OFFICE OF THE ATTORNEY GENERAL

HUBERT H. HUMPHREY III
ATTORNEY GENERAL

November 23, 1998

NCL TOWER, SUITE 1200
445 MINNESOTA STREET
ST. PAUL, MN 55101-2130
TELEPHONE: (612) 296-9412

EDUCATION AND HOUSING EQUITY PROJECT
ATTN DICK LITTLE
2211 RIVERSIDE AVE CB 185
MINNEAPOLIS, MN 55454-

Re: Initial Registration With The Attorney General's Office

Dear Sir or Madam:

This office has received and reviewed the registration materials filed by the above charitable organization. All materials have been properly filed as required. Consequently, your organization is currently registered with the Attorney General pursuant to Minn. Stat. ch. 309.

We wish to remind you that registration is not an endorsement of the organization and that Minnesota law prohibits any person from misrepresenting the meaning of registration.

Since many grant making organizations and foundations require evidence of registration with this office, we suggest that you **retain this letter in your files.**

Six months after the close of the organization's fiscal year, the charity's annual report and financial statement will be due.

Very truly yours,

A handwritten signature in black ink, appearing to read "Cyndi H. H. Nelson".

CYNDI H. H. NELSON
Charities Division
Telephone: (612)296-6172

411842393

AMH:regltr.doc
AG:15826





STATE OF MINNESOTA

OFFICE OF THE ATTORNEY GENERAL

For Office Use	
<input type="checkbox"/> \$25	_____
Other	_____

HUBERT H. HUMPHREY III
Attorney General

CHARITIES DIVISION
Suite 1200, NCL Tower
445 Minnesota Street
St. Paul, MN 55101-2130

(612) 296-6172 (Voice)
(612) 296-1410 (TDD)

Upon request this material can be made available in alternate formats.

CHARITABLE ORGANIZATION REGISTRATION STATEMENT

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INSTRUCTIONS:

- A. Complete each section on this registration statement, including date of board approval and two signatures.
- B. Attach a copy of the Articles of Incorporation.
- C. Attach a copy of the IRS determination letter (tax exempt status).
- D. Attach a copy of the most recent IRS form 990 or financial statement.
- E. Attach a \$25.00 filing fee made payable to the State of Minnesota.

FEDERAL EIN NUMBER: 41-1842393

1. EDUCATION AND HOUSING EQUITY PROJECT
 Legal Name of Organization Richard C. Little, AICP
2211 RIVERSIDE AVENUE, CB 185 DICK LITTLE
 Address of Principal Office Contact Person
 City MINNEAPOLIS State MN Zip 55454 Telephone # (612) 330-1505

2. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office *
 Name DICK LITTLE, EDUCATION AND HOUSING EQUITY PROJECT
 Street and Number 2211 RIVERSIDE AVE, CB 185
 City MINNEAPOLIS State MN Zip 55454 Telephone # (612) 330-1505

*NOTE: WE ARE ARRANGING FOR MANAGEMENT OF OUR BOOK KEEPING & FISCAL AFFAIRS WITH AN ACCOUNTANT AT AUGSBURG COLLEGE IN 1999; JEFF SWENSON, ACCOUNTANT, AUGSBURG COLLEGE, 2211 RIVERSIDE AVE., MINNEAPOLIS, MN 55454. (612) 330-1333. MICAH (METROPOLITAN INTERFAITH COUNCIL ON AFFORDABLE HOUSING) HAD THIS RESPONSIBILITY IN 1997 & PART OF 1998.

3. List the name or names under which the organization solicits contributions:

NONE

4. Type of legal entity (if the organization is a trust or foundation, attach the creating document):

non-profit corporation trust unincorporated association

5. Place and date the organization was established: FEBRUARY 1995, STATE OF MINNESOTA

6. Is the organization exempt from federal income taxes? If yes, **attach** a copy of your IRS determination letter. If the application is pending, **attach** a copy of the first page of the application.

Yes No Application Pending Status: 501(c)(3)

7. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name and address:

N/A

8. Has your organization been denied the right to solicit contributions?

a. By any government agency. Yes No If yes, attach explanation

b. By any Court: Yes No If yes, attach explanation

9. **Attach** list of names and addresses of all officers and employees having executive level responsibilities.

10. Do you intend to use the services of a professional fund-raiser* (outside solicitor or consultant)?

Yes No Name and address of Professional Fund-Raiser _____

Attach copies of all contracts with professional fund-raiser(s). If additional contracts are entered into after filing this registration statement, submit a new contract at that time.

* **Definition:** A professional fund raiser is any person (including a corporation or other entity) who, for compensation or profit, performs any service for a charitable organization by which contributions are solicited or who plans, manages, advises or consults or prepares materials for, or with respect to, the solicitation of contributions.

10. Explain in detail the charitable purposes of the organization, including major program activities.

SEE FORM 990

11. Please mark all items that describe your charitable mission: SEE FORM 990

- Arts & Culture Human Services Civic/Lobbying International
- Environment Mental Health Education Religious
- Health Other CIVIC ENGAGEMENT

12. Which of the above two best describes your primary purpose(s)? SEE FORM 990

1. _____ 2. _____

13. State the total contributions the organization received during the last ended accounting year:

\$ SEE FORM 990

14. Month and day accounting year ends: DECEMBER 31st (1997) ← FORM 990
-etc.-

15. Check one or more methods of solicitation the organization anticipates using:

- Telephone appeals Sale of goods or services Door-to-door solicitation
- Grant writing Bingo, raffles or pull-tabs Combined appeals (United Way)
- Direct mail Special Events Other _____

If "Other" is checked, list all other fund-raising methods which will be used.

16. Attach list of names and addresses of all directors and trustees: SEE 990 ATTACHMENT

17. Provide names and addresses of, and total annual compensation paid to five highest paid officers, directors, trustees, and chief executive officer of your organization: SEE 990

	Name & Address	Title	Compensation
1	RICHARD C. LITTLE	EXECUTIVE DIRECTOR	
2			
3			
4			
5			

**BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT**

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the PRESIDENT (Title) and SECRETARY (Title) respectively, and that this Registration Statement is executed on behalf of the organization by us pursuant to resolutions of the BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) adopted on the ___ day of NOVEMBER 20, 1998, approving the contents of the Registration Statement, and do hereby certify that the BOARD OF DIRECTORS (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization, and we, the undersigned, state that the information supplied is true, correct and complete to the best of our knowledge.

MATTHEW LITTLE
Name (Print)

Matthew Little
Signature

PRESIDENT
Title

Nov. 20, 1998
Date

BARBARA BEARMAN
Name (Print)

Barbara Bearman
Signature

SECRETARY
Title

Nov. 20, 1998
Date

All information and documentation provided as part of this registration, including this form, is a public record.

RICHARD C. LITTLE
THERESA KILLEEN LITTLE

L-340-738-119-184
4909 - 29TH AVE., S. PH. 612-724-5662
MINNEAPOLIS, MN 55417

17-2-100
910
120228305054

1559

DATE Nov. 20, 1998

PAY TO THE ORDER OF STATE OF MINNESOTA \$ 25.00

TWENTY-FIVE and no/100 DOLLARS  Security features included. Details on back.

USbank.
24-Hour Banking
1-612-244-4646

MEMO FILING FEE FOR
FHEP REG. IN STATE

Richard C. Little

OF MN ATTORNEY
GENERAL, TBR.

© DELIVER WALLET OR DUPLICATE

SAFETY PAPER



STATE OF MINNESOTA

OFFICE OF THE ATTORNEY GENERAL

For Office Use	
<input type="checkbox"/> \$25	_____
Other	_____

HUBERT H. HUMPHREY III
Attorney General

CHARITIES DIVISION
Suite 1200, NCL Tower
445 Minnesota Street
St. Paul, MN 55101-2130

(612) 296-6172 (Voice)
(612) 296-1410 (TDD)

AUG 25 1998

Upon request this material can be made available in alternate formats.

CHARITABLE ORGANIZATION REGISTRATION STATEMENT

Minnesota law requires a charitable organization soliciting or intending to solicit contributions in excess of \$25,000 a year, or having paid officers or staff, or using a professional fund raiser, to file a Registration Statement. For definitions and exemptions, see Minnesota Statutes §§ 309.50 and 309.515 (1994 and Supp. 1995).

INSTRUCTIONS:

- A. Complete each section on this registration statement, including date of board approval and two signatures.
- B. Attach a copy of the Articles of Incorporation.
- C. Attach a copy of the IRS determination letter (tax exempt status).
- D. Attach a copy of the most recent IRS form 990 or financial statement.
- E. Attach a \$25.00 filing fee made payable to the State of Minnesota.

FEDERAL EIN NUMBER:

1. _____
Legal Name of Organization

_____ Contact Person

Address of Principal Office
City _____ State _____ Zip _____ Telephone # _____

2. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.

Name _____

Street and Number _____

City _____ State _____ Zip _____ Telephone # _____

3. List the name or names under which the organization solicits contributions:

4. Type of legal entity (if the organization is a trust or foundation, attach the creating document):

non-profit corporation trust unincorporated association

5. Place and date the organization was established: _____

6. Is the organization exempt from federal income taxes? If yes, **attach** a copy of your IRS determination letter. If the application is pending, **attach** a copy of the first page of the application.

Yes No Application Pending Status: 501(c)(____)

7. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name and address:

8. Has your organization been denied the right to solicit contributions?

a. By any government agency. Yes No If yes, attach explanation

b. By any Court: Yes No If yes, attach explanation

9. **Attach** list of names and addresses of all officers and employees having executive level responsibilities.

10. Do you intend to use the services of a professional fund-raiser* (outside solicitor or consultant)?

Yes No Name and address of Professional Fund-Raiser _____

Attach copies of all contracts with professional fund-raiser(s). If additional contracts are entered into after filing this registration statement, submit a new contract at that time.

* **Definition:** A professional fund raiser is any person (including a corporation or other entity) who, for compensation or profit, performs any service for a charitable organization by which contributions are solicited or who plans, manages, advises or consults or prepares materials for, or with respect to, the solicitation of contributions.

10. Explain in detail the charitable purposes of the organization, including major program activities.

11. Please mark all items that describe your charitable mission:

- Arts & Culture Human Services Civic/Lobbying International
- Environment Mental Health Education Religious
- Health Other _____

12. Which of the above two best describes your primary purpose(s)?

1. _____ 2. _____

13. State the total contributions the organization received during the last ended accounting year:
\$ _____

14. Month and day accounting year ends: _____

15. Check one or more methods of solicitation the organization anticipates using:

- Telephone appeals Sale of goods or services Door-to-door solicitation
- Grant writing Bingo, raffles or pull-tabs Combined appeals (United Way)
- Direct mail Special Events Other _____

If "Other" is checked, list all other fund-raising methods which will be used.

16. **Attach** list of names and addresses of all directors and trustees:

17. Provide names and addresses of, and total annual compensation paid to five highest paid officers, directors, trustees, and chief executive officer of your organization:

	Name & Address	Title	Compensation
1			
2			
3			
4			
5			

AUG 25 1998

BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the _____ (Title) and _____ (Title) respectively, and that this Registration Statement is executed on behalf of the organization by us pursuant to resolutions of the _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____, 19____, approving the contents of the Registration Statement, and do hereby certify that the _____ (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization, and we, the undersigned, state that the information supplied is true, correct and complete to the best of our knowledge.

Name (Print)

Name (Print)

Signature

Signature

Title

Title

Date

Date

All information and documentation provided as part of this registration, including this form, is a public record.



AUG 25 1998

STATE OF MINNESOTA
OFFICE OF THE ATTORNEY GENERAL

HUBERT H. HUMPHREY III
Attorney General

OFFICE USE ONLY
\$25
\$50
\$75
Other

CHARITIES DIVISION
Suite 1200, NCL Tower
445 Minnesota Street
St. Paul, MN 55101-2130

(612) 296-6172
(612) 296-1410 (TTY)

Upon request this material can be made available in alternate formats.

CHARITABLE ORGANIZATION ANNUAL REPORT

INSTRUCTIONS:

File items A-D at one time, not in separate mailings.

- A. Complete and sign this annual report form.
B. Attach a copy of the IRS form 990 or 990-EZ...
C. Attach a \$25.00 registration fee...
D. Attach a copy of the organization's audited financial statement...

FOR YEAR ENDING:

FEDERAL EIN NUMBER:

1. Legally Established Name of Organization

Address of Principal Office Contact Person

City State Zip Telephone #

2. Has the name, address and/or telephone number changed in the last year? Yes No
If name has changed, please provide former name:

3. Has the organization's accounting year changed since the last report or registration statement was filed?
Yes No If yes, provide new date

4. Identify the name and address of any outside professional fund-raiser (includes solicitors and/or consultants within or outside Minnesota) employed by the organization and the total amount of compensation the outside fund-raiser received during the year. If more than one, attach schedule.

Name

Street and Number

City State Zip Compensation

5. If the answer to any of the following is yes, attach a detailed explanation. All questions relate to the period since the filing of the organization's last annual report or registration statement.

- (a) Has there been any change in the organization's tax status with the Internal Revenue Service?
Yes No
- (b) Has there been a significant change in the purposes of the organization? Yes No
- (c) Has the organization's right to solicit funds been denied, suspended, revoked or enjoined by any state agency or court, or are proceedings pending? Yes No

6. **FINANCIAL SECTION** Complete this section **only if** you received less than \$25,000 in total revenue and have not attached a completed IRS Form 990 or 990-EZ.

INCOME

Contributions from the public	\$ _____	
Government Grants	\$ _____	
Fees for program service	\$ _____	
Other Revenue	\$ _____	
TOTAL INCOME		\$ _____

EXPENSES

Amount spent for program or charitable purposes	\$ _____	
Management/general expense	\$ _____	
Fund-raising expense	\$ _____	
Amounts paid to affiliated organizations	\$ _____	
TOTAL EXPENSES		\$ _____

EXCESS or Deficit	\$ _____
TOTAL Assets	\$ _____
TOTAL Liabilities	\$ _____

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ _____

7. If you file an IRS Form 990EZ, Minnesota Statutes chapter 309 requires that you also file a functional expense statement and a schedule of contributions showing total direct public support and government grants as separate figures. The following section is provided for your convenience. If you prefer, you may file the same information as a separate attachment.

SCHEDULE OF CONTRIBUTIONS RECEIVED

1a. Direct Public Support:	1a.	
b. Indirect Public Support:	b.	
c. Government Grants:	c.	
d. Total (add lines 1a, b & c)		1d.

(Complete all columns below ↓)

STATEMENT OF FUNCTIONAL EXPENSES		(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
22. Grants and Allocations	22				
23. Specific Assistance to Individuals	23				
24. Benefits Paid to/for Members	24				
25. Compensation Officers/Directors	25				
26. Other Salaries and Wages	26				
27. Pension Plan Contributions	27				
28. Other Employee Benefits	28				
29. Payroll Taxes	29				
30. Professional Fundraising Fees	30				
31. Accounting Fees	31				
32. Legal Fees	32				
33. Supplies	33				
34. Telephone	34				
35. Postage and Shipping	35				
36. Occupancy	36				
37. Equipment Rental & Maintenance	37				
38. Printing and Publications	38				
39. Travel	39				
40. Conferences, Meetings	40				
41. Interest	41				
42. Depreciation, Depletion	42				
43a. Other Expenses (Itemize):	43a				
b.	43b				
c.	43c				
44 Total Functional Expenses	44				

- * Add lines 22 through 43 to equal the total on line 44.
- * Add lines 44B, 44C and 44D should equal the total on line 44A.

8. Describe any funds or properties transferred out of this state, such as those funds paid to affiliated organizations located out of Minnesota. Include an explanation as to recipient and amount.

9. Unless provided in the Form 990, describe the program services delivered by your organization:

Description: _____

10. Unless provided in the Form 990, **file a list of current board members and** state the compensation of the five highest paid directors, officers and employees of your organization that receive \$50,000 or more (**compensation includes salary, fees, bonuses, fringe benefits, severance payments and deferred compensation**).

	Name	Title	Compensation
1			
2			
3			
4			
5			

11. Does your organization control or is it controlled by or is under common control with a related organization(s) either because of stock ownership or membership interests, by authority to appoint members, or by contract or voting authority? Yes No

(a) If yes, identify the related organization(s):

	Name	Address
1		
2		
3		

(Attach schedule if more space needed.)

(b) If yes, state the compensation (compensation includes salary, fees, bonuses, fringe benefits, severance payments and deferred compensation) of \$50,000 or more to the five highest paid directors, officers and employees of related organizations:

	Name	Organization	Compensation
1			
2			
3			
4			
5			

SIGNATURES AND ACKNOWLEDGMENT

We hereby state and acknowledge that we are duly constituted officers of the organization named in this Annual Report, being the _____ (Title) _____ (Title) thereof, respectively, that this Annual Report is executed on behalf of the organization pursuant to resolution of the _____ (Board of Directors or Trustees, or if none, other Managing Group) duly adopted on the _____ day of _____, 19 ____, approving the content of this Annual Report and all its attachments.

TWO SIGNATURES REQUIRED

Name (Print)

Name (Print)

Signature

Signature

Title

Title

Date

Date

*** NOTICES:** *This report and all attachments are due six months after an organization's year end. An organization which fails to file the annual report on or before the date required or allowed under Minnesota Statutes section 309.53, subd. 2 (1996) will be required to pay a late fee of \$50.*

All information and documentation provided as part of this registration, including this form, shall be public records. **A CHARITABLE ORGANIZATION IS NOT REQUIRED TO FILE A LIST OF ITS DONORS. IF THIS LIST IS FILED, IT WILL BECOME PART OF THE ORGANIZATION'S REGISTRATION AND WILL BE TREATED AS A PUBLIC RECORD.**

CHARITABLE ORGANIZATION ANNUAL REPORTING INSTRUCTIONS

A charitable organization registered with the Attorney General to solicit contributions pursuant to Minnesota Statutes chapter 309 must file an annual report within six months of the close of its fiscal year end. Failure to timely file an annual report means the organizations does not maintain its registration to solicit contributions in this state. The following is a summary of the requirements. For a full description, please refer to Minnesota Statutes section 309.53 (1996). **A \$50.00 late fee will be assessed if an organization fails to file an annual report on or before the date required or allowed.**

WHAT TO FILE:

1. **\$25.00 Re-registration Fee.** Please make the check payable to the State of Minnesota.
2. **Annual Report Form.** TWO signatures are required. Please file your report on forms prepared by the Office of the Attorney General.
3. **IRS Form 990 and all required attachments including Part V (page 4) of the 990 and Schedule A.** NOTE: The federal form 990-EZ does not satisfy all requirements for the annual financial statement described in Minnesota Statutes section 309.53 (1996). If an organization files the form 990-EZ, it must also attach a statement of functional expenses and a schedule of total contributions received which specifically itemizes and distinguishes (total) government grants from direct and indirect public support. A form for this purpose is available by calling our office. If you do not file a federal return, submit a separate set of financial statements or complete the financial section of the Annual Report Form.
4. **Audited Financial Statement.** An audit prepared in accordance with generally accepted accounting principles ("GAAP") is required if total revenue exceeds \$350,000. A review, compilation, cash basis audit or gambling audit does not satisfy the requirement of state law.

EXTENSIONS

Registered charitable organizations are entitled to an extension of time of up to three months in which to file their annual report. To receive an extension, please submit a request in writing. You may mail us either a copy of your federal extension form or, if you prefer, a letter. You may assume that the three month extension is granted unless we advise otherwise.

QUESTIONS:

Call the Charities Division at 296-6172 or 297-4613.

Telecommunications Device for the Deaf ("TTY"): (612) 296-1410

Upon request, forms can be made available in alternate formats.