Form **990**

Department of the Treasury Internal Revenue

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

OMB No 1545-0047 Open to Public

Inspection

Ser	vice									
A F	or the 2	2007 calendar yea	r, or tax year beginning 0	7-01-2007 and ending (06-30-200	08				
В	heck if a	pplicable Please	C Name of organization Minnesota Center for Enviro	nmental Advocacy			D Emple	oyer iden	ntification num	ıber
┌╭	ddress ch	ange use IRS	Advocacy	minental Advocacy				412105		
Γ	lame char		Number and street (or P O 26 East Exchange Street No	box if mail is not delivered to	street addr	ess) Room/suite	E Telepi	none nur	mber	
Гι	nıtıal retur	type. See Specific	20 East Exchange Street No	. 200			(651	223-5	969	
F	inal retur	Instruc- tions.	City or town, state or count St Paul, MN 55101	ry, and ZIP + 4					od Cash ✓	Accrual
	mended i						J Oth	er (specif	fy) 🟲	
	pplication									
	ррпсасіот	, ,	501(c)(3) organizations ar	nd 4947(a)(1) nonexempt o	haritable	H and I are	not applica.	ble to sec	tion 527 organiza	ations
			nust attach a completed Sci			H(a) Is this	a group re	turn for a	affiliates? Ye	s 🔽 No
G 1	Web site	e: ► mncenter org				H(b) If "Ye				
			457			H(c) Are al			•	s No
<u> </u>	Organiza	tion type (check only	one) 🕨 🔽 🥵 501(c) (3) 🖪	(insert no)	or 5 27	· ·			: instructions)	
K	Check her	re 🕨 🦵 ıf the organiza	tion is not a 509(a)(3) support	ing organization and its gross i	receipts are		a separate ed by a gro		led by an organiz	zation s 🔽 No
		file a complete return	A return is not required, but if	the organization chooses to file	e a return,	I Grou	p Exemp	tion Nur	· · · · · · · · · · · · · · · · · · ·	
							•		ızatıon ıs not red	uıred to
			5b, 8b, 9b, and 10b to line			attach	Sch B (Fo	rm 990, 9	990-EZ, or 990-F	
P	art I		penses, and Change		und Ba	lances <i>(Se</i>	e the in	struct	tions.)	
	1	, 3	s, grants, and similar am	ounts received 	- I		22.450			
	a		lonor advised funds .		1a		32,450			
	b		oort (not included on line :	•	1b	9.	19,870			
	C	•	pport (not included on line ributions (grants) (not inc	•	1c 1d					
	d				1 (02,320				
	е	Total (add lines 1	-	1e						
	2	_	evenue including governr		from Part	: VII, line 93)	.	2	1	70,014
	3	•	and assessments				•	3		
	4_	·	gs and temporary cash in				. +	4		40,825
	5		erest from securities .		 c-		· · -	5		27,052
	6a	Gross rents .			6a 6b					
	b	•	nses		OD			6c		
ılı	7		income (describe ►) .				H	7		
Revenue	8a	Gross amount from		(A) Securities		(B) O ther	. +			
ω W			ory	199,580	8a	(B) O their				
	ь		sis and sales expenses	210,365						
	c		·	-10,785						
	d	, , ,	Combine line 8c, column					8d		-10,785
	9		d activities (attach sched				<u> </u>			
	a			_		-,	'			
		Gross revenue (no contributions repo	orted on line 1b)	of	9a					
	b	•	nses other than fundraisir		9b					
	С	Net income or (los	ss) from special events S	ا 2 ubtract line 9b from line	9a			9с		
	10a	Gross sales of inv	entory, less returns and a	allowances	10a					
	b	Less cost of good	ds sold		10b					
	С	Gross profit or (loss) f	rom sales of inventory (attach	schedule) Subtract line 10b fro	m line 10a			10c		
	11	Other revenue (fro	om Part VII, line 103) .					11		
	12	Total revenue Add	d lines 1e, 2, 3, 4, 5, 6c,	7,8d,9c,10c,and11 .				12	1,2	229,426
	13	Program services	(from line 44, column (B))				13	1,3	342,093
8	14		general (from line 44, col				· [14	1	74,955
Expenses	15		line 44, column (D)) .				L	15	1	68,344
ж	16		ates (attach schedule)					16		
	17		dd lines 16 and 44, colum					17	<u> </u>	85,392
S 10	18	•) for the year Subtract lin				-	18		155,966
Net Assets	19		d balances at beginning o	• •	_ ` ``		—	19		39,156
Zel.	20	=	net assets or fund balanc				_	20		-75,004
_	21	Net assets or fund	d balances at end of year	Combine lines 18, 19, ar	nd 20 .		.	21	2,2	208,186

Part II Statement of Functional Expenses

If "Yes," enter (i) the aggregate amount of these joint costs \$____

(iii) the amount allocated to Management and general \$

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 \$) If this amount includes foreign grants, check here					
		22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$25,000 noncash \$) If this amount includes foreign grants, check here	22b	25,000	25,000		
23	Specific assistance to individuals (attach schedule)	23	23,000	23,000		
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	96,400	24,100	24,100	48,20
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b		•		-
С	Compensation and other distributions not icluded above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	957,376	816,976	74,774	65,62
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	161,213	138,719	12,854	9,64
29	Payroll taxes	29	79,356	61,802	8,339	9,21
30	Professional fundraising fees	30				
31	Accounting fees	31	13,123		13,123	
32	Legal fees	32				
33	Supplies	33	10,327	7,439	1,980	90
34	Telephone	34	12,106	11,334	386	38
35	Postage and shipping	35	8,787	4,037	139	4,61
36	Occupancy	36	53,009	49,591	1,709	1,70
37	Equipment rental and maintenance	37	24,746	23,162	792	79
38	Printing and publications	38	54,769	44,183	1,518	9,06
39	Travel	39	24,442	13,467	188	10,78
40	Conferences, conventions, and meetings	40	13,712	10,288	177	3,24
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	16,737	13,026	3,711	
43	Other expenses not covered above (itemize)	42-				
a	See Additional Data Table	43a				
b		43b				
C 		43c				
d		43d				
e		43e				
f		43f				
g 44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals	43g	4 605 300	4 242 222	174.0	460.55
	to lines 13—15)	44	1,685,392	1,342,093	174,955	168,3

, (ii) the amount allocated to Program services \$_

, 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.

	t is the organization s primary exempt purpose		MCEA is the legal and scientific voice protecting and defending Minnesota's environment. It works in the courts, the legislature and state agencies using science and policy to develop, communicate and implement environmental change. MCEA fills a	Program Service
			science and policy to develop, communicate and	_
			mplement environmental change MCEA fills a	I .
				Expenses
			critical niche in Minnesota by combining legal action and legislative work with science and	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
			communications to hold government accountable and	trusts, but optional for
			enforce current environmental laws	others)
public		easura	in a clear and concise manner State the number of clients served, ble (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt is to others)	
	See Additional Data Table		,	
_				
_				
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
b _				
_				
7	Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
`	,			
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_				
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
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-				
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e (Other program services (attach schedule)			
(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
_f 1	Total of Program Service Expenses (should equ	ıal lır	ne 44, column (B), Program services) 🕨	1,342,093

-6	Lt TA	Balance Sheets (See the Instruc	tions	•)			
Not	e:	Where required, attached schedules and amount column should be for end-of-year amounts only		hin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			236,264	45	48,428
	46	Savings and temporary cash investments		[837,770	46	972,732
	47a	Accounts receivable	47a	79,441			
	b	Less allowance for doubtful accounts	47b		102,226	47c	79,441
				400 700			
	48a b	Pledges receivable	48a 48b	199,700	570,623	48c	199,700
	49	Grants receivable			07.0,020	49	100,700
	50a	Receivables from current and former officers	s, direc	tors, trustees, and			
	h	key employees (attach schedule)				50a	
		4958(c)(3)(B) (attach schedule)	•	1		50b	
	51a	Other notes and loans receivable (attach	l I				
.a		schedule)	51a			F4.	
ssets	ь 52	Less allowance for doubtful accounts Inventories for sale or use	51b			51c 52	
A.	53	Prepaid expenses and deferred charges .	· ·	· . · . · . · . · . · . · . · . · . · .	16,165	53	16,350
	54a	Investments—publicly-traded securities		Cost FMV	1,000,360		908,444
	Ь	Investments—other securities (attach sche		' ' ' F	22,852	54b	45,967
	55a	Investments—land, buildings, and	l	, '			
	ь	equipment basis	55a				
		schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment basis	57a	127,046			
	D	Less accumulated depreciation (attach schedule)	57b	121,765	22,018	57c	5,281
	58	Other assets, including program-related inv	estme	nts			
		(describe ►)		58	
	59	Total assets (must equal line 74) Add lines	45 th	rough 58	2,808,278	59	2,276,343
	60	Accounts payable and accrued expenses		-	69,122	60	68,157
	61	Grants payable				61	
	62	Deferred revenue		[62	
ري -	63	Loans from officers, directors, trustees, and	key e	mployees (attach			
'		schedule)		F		63	
<u>;;</u>	_	Tax-exempt bond liabilities (attach schedul	•			64a	
	ь 65	Mortgages and other notes payable (attach Other liablilities (describe ►	sched	lie)		64b	
	03)				65	
	66	Total liabilities Add lines 60 through 65 .			69,122	66	68,157
	Orga	nizations that follow SFAS 117, check here ▶ 67 through 69 and lines 73 and 74	► 🔽 aı	nd complete lines			
Ce S	67	Unrestricted			1,267,659		1,093,089
dan	68	Temporarily restricted			923,890	68	567,490
1 B.:	69	Permanently restricted		F	547,607	69	547,607
Fund Balanc	Orga	nizations that do not follow SFAS 117, check complete lines 70 through 74	(nere)	- and			
ō	70	Capital stock, trust principal, or current fund		70			
sets	71	Paid-in or capital surplus, or land, building,		·		71	
&	72 73	Retained earnings, endowment, accumulated Total net assets or fund balances Add lines	· '		72		
N et	73	through 72 (Column (A) must equal line 19		-	2 720 450	72	2 202 402
	74	Inne 21)	c 66 and 72	2,739,156		2,208,186 2,276,343	
	'	Total liabilities and net assets / fund balances	Auu IIIIE	3 UU aliu /3 • •	2,000,270	_ ′ →	Form 990 (2007)

Par	t IV-A Reconciliation of Reven	ue per Audited Finan	ncial Sta	tements V	Vith Reven	ue per	Return (See
	Total revenue, gains, and other suppo	ort per audited financial stat	tements			а	1,154,422
b	A mounts included on line a but not or						
1	Net unrealized gains on investments	·	Ь1	1	-75,004		
2	Donated services and use of facilities		b2		, 5,661	1	
3	Recoveries of prior year grants		b3			1	
4	Other (specify)					1	
	Add lines b1 through b4		. b4			 	-75,004
с	Subtract line b from line a					c	1,229,426
d	Amounts included on Part I, line 12, l						1,223,420
1	Investment expenses not included or	n Part I, line					
_	6b		d1			1 1	
2	Other (specify)		d2				
	Add lines d1 and d2			<u> </u>			-75,004
e	Total revenue (Part I, line 12) Add li					H +	1,229,426
-	d					e	1,229,420
Par	t IV-B Reconciliation of Expen		ncial St	atements	With Expe	nses pe	er Return
а	Total expenses and losses per audite					а	1,685,392
b	A mounts included on line a but not or	n Part I, line 17					
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on Pa	art I, line	b2			1	
3	Losses reported on Part I, line		b3			1	
4	Other (specify)		b 4			1	
	Add lines b1 through b4					Н ь	
_	<u>-</u>						1.605.303
с	Subtract line b from line a					c	1,685,392
d	A mounts included on Part I, line 17, l		1	ı			
1	Investment expenses not included or 6b	n Part I, line	d1				
2	Other (specify)		"-			1	
			d2				
	Add lines d1 and d2					d	
e	Total expenses (Part I, line 17) Add d					e	1,685,392
Par	t V-A Current Officers, Director director, trustee, or key en instructions.)	ors, Trustees, and Ke					
	(A) Name and address	(B) Title and average hours per week devoted to position		npensation d, enter -0)	(D) Contribi employee bendeferred com plans	efıt plans & pensatıon	(E) Expense account and other allowances
See A	dditional Data Table						

detailed statement of each change	ar	t V-A Current Officers, Director	s, Trustees, and Key	y Employees (cont	inued)		Yes	No
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II. A or highest compensated professional and other independent contractors listed in Schedule A, Part II. A or III. B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationships). Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or highest compensation from any other organizations, whether tax exempts or traxible, that are related to the organization of travellated organizations or travellations are related to the organization of travellations or travellations or travellations or travellations or travellations or travellations or travellations. Does the organization have a written conflict of interest policy? 756 No Yes 11 Y-Y-S, Tatsche A, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.) (A) Item and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (C) Compensation (C) Compensation (D) Compensation (D) Compensation (D) Combutures to compensation or other benefits of the properties of the compensation or other benefits or the properties of the compensation or other benefits or the compensation or other benefits or the compensation or other benefits or the compensation of the compensation or other benefits or the compensation or other benefits or the compensation or other benefit	5a	Enter the total number of officers, director	rs, and trustees permitted	to vote on organizatio	n business at board			
employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II - A or II - B, related to each other through family or business relationships: IT 'ves, "attach a statement that identifies the individuals and explains the relationships(s). Do any officers, directors, trustees, or, key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II - A or II - B, receive compensation from any other organizations, whether tax exempt or traxable, that are related to the organization? See the instructions from any other organizations, whether tax exempt or traxable, that are related to the organization? See the instructions from any other organizations, whether tax exempt or traxable, that are related to the organization? See the instructions from any other organizations, whether tax exempt or traxable, that are related to the organization? See the instructions from any other organizations or other benefits (If any former officer, director, trustee), or key employee received compensation or other benefits (Idescribed below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) frame and address (B) Loans and Advances (C) Compensation (A) frame and address (B) Loans and Advances (C) Compensation (B) Compensation from the compensation or other pentitions or other pentitions to employee benefits plan and defined domestic and other allowances of the organization of the pentitions of		meetings		. <u>▶</u> 20				
contractors listed in Schedule A, Part II - A or II - B, related to each other through family or business relationships: If "res," attach a statement that identifies the individuals and explains the relationship(s). C D can officers, directors, rustees, or key employees listed in Form 99.0, Part V-A, or highest compensated employees listed in Schedule A, Part II - A or II - B, receive compensation from any other arganizations, whether tax exempt or taxable, that are related to the regranization? See the instructions for the definition of related organization? If "Yes," attach a statement that includes the information described in the instructions for the definition of related organization? If "Yes," attach a statement that includes the information described in the instructions of the definition of related organization have a written conflict of interest policy? 75d	ь	Are any officers, directors, trustees, or ke	ey employees listed in For	m 990, Part V-A, or hi	ghest compensated			
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, in highest compensated professional and other independent contractors listed in Schedule A, Part III-A or III-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" as a statement that includes the information described in the instructions If "Yes," attach a statement that includes the information described in the instructions. The promer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See this instructions. (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (C) Compensation (C) Compensation (D) Continuons to employee benefit plans and defined entering the policy of the plant of the instructions. (D) Continuons to employee benefit plant and other allowed entering the plant of		employees listed in Schedule A, Part I, or	r highest compensated pro	ofessional and other inc	lependent			
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II. or highest compensated professional and other independent contractors listed in Schedule A, Part II. or of II. B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". If "Yes," attach a statement that includes the information described in the instructions. If "Other Information have a wintern conflict of interest policy? Total Ves Benefits (If any former officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (If not paid enter 0-) and defender compensation or other other defender compensation or other benefits pairs and defender compensation or other other described statement of each change (B) Loans and Advances (B) Loans and Advances (C) Compensation (If not paid enter 0-) and defender complementation of other allowances phase and address or methods of conducting activities? If "Yes," attach a determination of the pairs account of the changes and an interest policy of the changes A but the organization have unrelated bissness grass insome of \$1,000 or more during the year covered by this return? To No If "Yes," attach a conformed copy of the changes B but the organization have unrelated bissness grass insome of \$1,000 or more during the year covered by this return? To No If "Yes," attach a conformed copy of the changes B but the organization have unrelated bissness grass insome of \$1,000 or more during the year Covered by this return? To No If "Yes," attach a conformed copy of the changes B but the organization have unrelated b		contractors listed in Schedule A, Part II-	A or II-B, related to each	other through family oi	· business			
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees lated in Schedule A, Part II. or highest compensated professional and other independent contractors itsed in Schedule A, Part II. or ATI-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". 75c No organization have a written conflict of interest policy? 75d Yes Part VID Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officers, Directors, Trustees, and Key Employees received compensation or Other Benefits (If any former officers, Directors, Trustees, and Key Employees received compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (If not paid enter 0-) and defended compensation or other allowances of the organization and defended compensation or other place. (C) Compensation (If not paid enter 0-) and defended compensation or other allowances. (C) Compensation (D) Contributions to employee benefit plans and defended compensation or other place. (B) Loans and Advances (B) Loans and Advances (B) Loans and Advances (C) Compensation (C) Compensation (D) Contributions to employee benefit plans and defended compensation or other place. (B) Loans and Advances (C) Compensation (B) Loans and Advances (C) Compensation (B) Loans and Advances (C) Compensation (C) Compensation (D) Contributions to employee benefit plans and defended compensation or other benefits allowed defended compensation or other benefits and		relationships? If "Yes," attach a statemer	nt that identifies the indivi	duals and explains the	relationship(s) .	75b		No
employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or III-B, receive compensation from any other organizations, whether tax exempt or texable, that are related to the organization? If Yes, "attach a statement that includes the information described in the instructions of the definition of "related organization" in the organization of the organization or Other services. Trustees, and Key Employeer Sthat Received Compensation or Other Benefits (If any former officer, director, trustee, or key employeer serviced compensation or other benefits in the appropriate column. See the instructions. (A) Name and address (B) Loans and Advances (C) Compensation (If not paid enter 40-) (D) Contributions to employee benefits plans and definition of the organization or other benefits on the appropriate column. See the instructions. (A) Name and address (B) Loans and Advances (C) Compensation (If not paid enter 40-) (D) Contributions to employee benefit plans and definition of instructions. (D) Contributions to employee benefit plans and definition of instructions. (E) Expense account a other allowable plans of the instructions. (E) Expense account a other allowable plant of the instructions of conducting advances in the organization of conducting advances in the organization of conducting advances. (E) Expense account a other allowable plans are allowed by the changes and the organization of conducting advances in the organization of conducting advances. (E) Expense account a conducting advances in the organization of the changes and the organization of conducting advances in the organization organization in the organization organization organization in the organization organization organization in the organization organization in the organization organization in the organization in the organization organization in the organization organization in the organization in the organization in the organization in the organizatio	c							
contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". If "yes," attach a statement that includes the information described in the instructions of organization are written conflict of interest policy? Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions. (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation and deferred compensation or other allowances or the employee benefits plus other allowances or the employee benefits plus of the employee benefits and the employee benefits plus of the employee benefits and the employee benefits plus of the employee benefits and the employee benefits plus of the employee benefits and the employee benefits plus of the employee benefits and the empl								
tax exampt or taxable, that are related to the organization? See the instructions for the definition of "related organization". If "Yes," attach a statement that includes the information described in the instructions of Does the organization have a written conflict of interest policy? 75d Yes 75d					•			
organization"						75c		No.
Does the organization have a written conflict of interest policy?						/50		
Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (If not pad enter 4-) (If not		If "Yes," attach a statement that includes	the information described	d in the instructions				
Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (If not pad enter 4-) (If not	d	Does the organization have a written conf	lict of interest policy? .			75d	Yes	
(described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (IT not paid enter -0-) (IT not paid enter -0-) (D) Contributions to employee benefit plans and deferred compensation of the rallowances of the plans and deferred compensation of the rallowances of the plans. (E) Expense account a other allowances of the plans of the plans of the plans of the rallowances of the plans of the rallowances of the plans. (B) Loans and Advances (C) Compensation of the plans of th						satio	n or (Other
benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (I'n ot paid enter -0 -) plans (E) Expense account a other allowances of the		Benefits (If any former offi	cer, director, trustee,	or key employee red	ceived compensation	or ot	her be	nefits
(A) Name and address (B) Loans and Advances (C) Compensation (If not paid enter -0) (D) Contributions to employee benefit plans and deferred compensation plans (E) Expense account a combination of the instructions. (D) Contributions to employee benefit plans and deferred compensation plans (E) Expense account a combination of the instructions. (D) Contributions to employee benefit plans and deferred compensation plans (E) Expense account a combination of the instruction of					e amount of compens	sation	or oth	er
(A) Name and address (B) Loans and Advances (C) Compensation and defended compensation of the relative state of the plant and defended compensation of the relative state and defended compensation and defended compensation of the relative state and defended compensation and defended and and endersity and defended and endersity and defended and endersity and defended and endersity and defended compe		beliefits in the appropriate c	T	Luons.)	(D) Contributions to			
The state of the organization (See the instructions.) Yes No Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. Were any changes made in the organizing or governing documents but not reported to the IRS? Were any changes made in the organizing or governing documents but not reported to the IRS? To No If "Yes," attach a conformed copy of the changes a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Was there a liquidation, dissolution, termination, or substantial contraction during the year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? To No Is It be organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? Board of the organization organization of the organization of the organization of the organization of the organization organization organization organization organization organization organization organization organi		(A) Name and address	(B) Loans and Advances		employee benefit plans			
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		. ,	` '	(If not paid enter -U-)	l '	otr	ner allow	ances
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change								
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change			<u> </u>					
detailed statement of each change	ar	,					Yes	No
Were any changes made in the organizing or governing documents but not reported to the IRS?	5	Did the organization make a change in its activities	or methods of conducting activ	rities? If "Yes," attach a				
If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a No b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 15 the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? 16 If "Yes," enter the name of the organization and check whether it is exempt or nonexempt		detailed statement of each change				76		Νo
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a No 8b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 19a No 19a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? 19a No	7	Were any changes made in the organizing	or governing documents	but not reported to the	IRS?	77		No
b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization? Boa No If "Yes," enter the name of the organization and check whether it is exempt or nonexempt		If "Yes," attach a conformed copy of the c	changes					
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	8a	Did the organization have unrelated business gross	income of \$1,000 or more duri	ng the year covered by this	return? • • •	78a		No
a statement	b	If "Yes," has it filed a tax return on Form 990-T for this year?						
Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	•	Was there a liquidation, dissolution, termination, or	r substantial contraction during t	the year? If "Yes," attach				
Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		a statement				79		Νο
b If "Yes," enter the name of the organization ▶ and check whether it is revempt or ronexempt	0a							
b If "Yes," enter the name of the organization ▶ and check whether it is revempt or ronexempt				80a		N o		
and check whether it is exempt or nonexempt				- · ·				
	b	It "Yes," enter the name of the organization						
a Enter direct or indirect political expenditures (See line 81 instructions) 81a					onexempt			
	la	Enter direct or indirect political expenditu	ires (See line 81 instruct	ions) 81a				

D =	Title Other Information (continued)			- ugc y
	rt 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	Yes	
Ь	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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
		041		
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
ı	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	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 the prior year			
•	Dues assessments, and similar amounts from members			
•	Section 162(e) lobbying and political expenditures 85d			
(Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
1	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
	for If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85fto its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a	3311		
	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	_		
ı	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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		No
	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	88b		No
		000		N o
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 • 0 , section 4912 • 0 , section 4955 • C			
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		Νο
c	Enter A mount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
c	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
€	• All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		Νo
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		
90a	List the states with which a copy of this return is filed 🕨 MN			
Ь	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)			21
91a	The books are in care of 🛌 Jeri Lu Mattson Telephone no 📭 (651)	223-5	969	
	26 East Exchange St 206			
	Located at F St Paul, MN ZIP + 4 55101			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
ט	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	Νο
	account)?	91b		Νο
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and			

m 990 (2007) rt VI Other Information (co.	ntinued)						Yes	Page No
At any time during the calendar year		n maintain a	n office outside	of the United	States 2	91c	103	No
		iii iiiaiiitaiii a	ii oilice outside	of the officed.	States.	910		I NO
If "Yes," enter the name of the forei								_
Section 4947(a)(1) nonexempt charita	-				1 1	•	1	-
and enter the amount of tax-exemp					▶ 92			
t VIII Analysis of Income-P					. 512 512 5	4.4		
e: Enter gross amounts unless otherwi	se indicated.	(A)	business income	(C)	ection 512, 513, or 5	14	(E) Relate	
		Business	(B) Amount	Exclusion	(D) Amount	e:	xempt fu Incor	
Program service revenue	-	code		code		+	incor	110
a Earned Income								170,0
h						+		170,0
c								
_				+		+		
d						+		
e						+-		
f Medicare/Medicaid payments .	F							
g Fees and contracts from governme	F							
Membership dues and assessmen	l-			14	40.00	E .		
Interest on savings and temporary cash in	F			14	40,82			
Dividends and interest from secur	F			14	27,05	_		
Net rental income or (loss) from re	F					+		
a debt-financed property	F					+		
b non debt-financed property	F			+		+		
Net rental income or (loss) from personal	` `			-		+		
Other investment income	F			18	-10,78	5		
Gain or (loss) from sales of assets other tNet income or (loss) from special	·			10	-10,78	-		
! Gross profit or (loss) from sales of	F					+		
Other revenue a	F			+		+		
b						+		
c						+		
d								
Subtotal (add columns (B), (D), an	d (E))				57,09	2		170,0
Total (add line 104, columns (B), (I)					57,00		2	27,10
Line 105 plus line 1e, Part I, should e		ne 12 Part I						27,10
Relationship of Acti No. Explain how each activity for whof the organization's exempt pu Earned income consists of fees Energy and Water Quality	nich income is reporte rposes (other than by	ed in column / providing fu	(E) of Part VII Inds for such pu	contributed im irposes)	portantly to the a	accom	plishm	ent
rt IX Information Regardin	ng Taxable Subs	idiaries aı	nd Disregar	ded Entities	(See the ins	truct	ions.	<u> </u>
(A) Name, address, and EIN of corporation,	(B) Percentage of		(C)		(D)		(E) End-of-	
partnership, or disregarded entity	ownership interest		Nature of activitie	s	Total income		asse	
	%							
	%					_		
	%			-				
rt X Information Regardir		ociated w	ith Persona	I Benefit Co	ntracts (See	the		
instructions.)		Julia Cua Vi	C. 5011 a		(500			
Did the organization, during the year, recei	ve any funds, directly or i	indirectly, to pa	y premiums on a p	ersonal benefit co	ntract?	. Г	Yes	✓ No
Did the organization, during the yea	ır, pay premiums, dire	ectly or indire	ectly, on a pers	onal benefit co	ntract?	. г	Yes	√ No

Part 2		nformation Reg controlling organ				ed Enti	ities Comp	lete only	if the org	ganizati	on is
106		ne reporting organiza ode? if "Yes," comp				defined ir	n section 51	2(b)(13) of		Yes	No
		(A) Name and address o controlled enti		Employer I	B) dentification mber	D	(C) Description of transfer	f	(A mount	D) of transf	er
а											
b											
С		Totals									
										Yes	No
107		ne reporting organiza ode? if "Yes," comp				/ as defin	ied in sectioi	n 512(b)(13	3) of		
	(A) Name and address of each controlled entity		ame and address of each Employer Identification Description		escription of	ription of A moun		(D) nt of transfer			
a											
b											
С											
		Totals									
											L
108		ne organization have nes and annuities de			ct on August 17,	2006 co	overing the ir	nterests, re	nts,	Yes	No
		nder penalties of perjury d belief, it is true, correc									
Pleas		*****	or, and complete 2	osaranen er propare	(carer alan emesi,		2008-09	•	, , , , , , , , , , , , , , , , , , , ,	.,	-90
Sign Here	 	Signature of officer					Date				
		Martha Brand Executive Type or print name and									
Paid	ror's	Preparer's signature			Date 2008-09-14	sel	eck if f- npolyed F	Preparer's S	SN or PTIN	(See Gen	Inst W
Prepa Use Only	1161 3	Firm's name (or yours if self-employed), address, and ZIP + 4	Sherry D Hefferna	nn Ltd	I			EIN Þ			
			6650 Horseshoe E					Phone no	(763) 47	8-6518	

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DLN: 93490269001028

SCHEDULE A (Form 990 or 990EZ)

Department of the

Treasury Internal Revenue 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

Supplementary Information—(See separate instructions.)

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

2007

OMB No 1545-0047

Service

Employer identification number

Minnesota Center for Environmental Advocacy			Employer identifica	ation number
Advocacy			23-7412105	
Part I Compensation of the Five				nd Trustees
(See page 1 of the instruction (a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
David Bach 26 East Exchange Street 206 St Paul, MN 55105	Develop Director 40 00	68,525	11,720	0
Paul Aasen	<u> </u>			
26 East Exchange Street 206 St Paul, MN 55105	Advocacy Director 40 00	70,879	8,078	0
Kris Sigford 26 East Exchange Street 206 St Paul, MN 55105	Water Quality Dir 40 00	66,374	9,726	o
Janette Brimmer 26 East Exchange Street 206 St Paul, MN 55105	Legal Director 40 00	65,868	9,158	0
Allison Wolf 26 East Exchange Street 206 St Paul, MN 55105	Legis Dir 40 00	61,507	8,224	0
Total number of other employees paid over \$50,000	13			
	Five Highest Paid Indepeuctions. List each one (wheth			
(a) Name and address of each independent	contractor paid more than \$50,0	00 (b) Тур	e of service	(c) Compensation
None				
Total number of others receiving over \$50,0 professional services	00 for			
(List each contractor wh	Five Highest Paid Indepe o performed services other t enter "None". See page 2 fo	than professional se		
(a) Name and address of each independent			e of service	(c) Compensation
EBLDG				
6 West Fifth Street St Paul, MN 55102		Landlord		53,008
Total number of other contractors				

\$50,000 for other services

Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include 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 ► \$ 55,792 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)	_		l
а	Sale, exchange, or leasing property?	2a		No
Ь	Lending of money or other extension of credit?	2b		No
C	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	<u> </u>
е	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation		ļ	
	of how the organization determines that recipients qualify to receive payments)	3a		Νo
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		No
_	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3с		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
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			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Pa	art I	Reason for Non-Private	oundation Status	(See pages 4 th	rough 7 of the	instructions.)					
Icer	ify th	at the organization is not a private foun	dation because it is (PI	ease check only C	NE applicable be	ox)					
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)						
6	\vdash	A school Section 170(b)(1)(A)(II) (A	lso complete Part V)								
7	Γ	A hospital or a cooperative hospital s	ervice organization Sec	tion 170(b)(1)(A)	(111)						
8	Γ	A federal, state, or local government of	or governmental unit Se	ction 170(b)(1)(A)(v)						
9	Γ	A medical research organization oper and state	ated in conjunction with	a hospital Section	170(b)(1)(A)(ı	ιι) Enter the ho	spital's name, city,				
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp			ated by a govern	mental unit					
11a	▽	An organization that normally receive Section 170(b)(1)(A)(vi) (Also comp	•		overnmental uni	t or from the ge	neral public				
11b	Γ	A community trust Section 170(b)(1)(A)(vı) (Also complete	the Support Sched	lule ın Part IV-A)					
12	Γ	An organization that normally receives (1) more than 331/3% 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 331/3% 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	Γ	An organization that is not controlled requirements of section 509(a)(3) Cl		•	_	•	se meets the				
		Type I Type II Type	e III - Functionally Inte	grated \Box T	ype III - Other						
		Provide the following informa	tion about the supporte	d organizations. (s	see page 7 of the	e instructions.)					
P	lame((a) s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization li supporting org governing do	ported isted in the ganization's	(e) A mount of support?				
				IRC section)	Yes	No]				
							+				
	1					E.					
Total	l					<u> </u>	1				

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Schedule A (Fo	orm 990 or 990-EZ) 2007	Page 4
Part IV-A	Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of ac	counting.
Note: You may u	use the worksheet in the instructions for converting from the accrual to the cash method of accounting.	

Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2	.003	(e) Total
15	Gifts, grants, and contributions received (Do not	1,536,787	1,825,816	1,673,546		695,178	5,731,327
16	include unusual grants See line 28) Membership fees received						0
17						+	
17	sold or services performed, or furnishing of						
	facilities in any activity that is related to the	186,370	70,000	130,989		71,233	458,592
	organization's charitable, etc , purpose						
18	Gross income from interest, dividends, amounts						
	received from payments on securities loans (section 512(a)(5)), rents, royalties, and						
	unrelated business taxable income (less section	70,347	62,188	43,899		16,845	193,279
	511 taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business activities						0
20	not included in line 18 Tax revenues levied for the organization's benefit					+	
20	and either paid to it or expended on its						0
	behalf						
21	The value of services or facilities furnished to						
	the organization by a governmental unit without						_
	charge Do not include the value of services or facilities generally furnished to the public without						0
	charge						
22							
	gain or (loss) from sale of capital assets						0
23	Total of lines 15 through 22	1,793,504	1,958,004	1,848,434		783,256	6,383,198
24	Line 23 minus line 17	1,607,134	1,888,004	1,717,445		712,023	5,924,606
25	Enter 1% of line 23	17,935	19,580	18,484		7,833	
26	Organizations described on lines 10 or 11: a Er	nter 2% of amount	ın column (e), lın	e 24 📂	26a		118,492
Ŀ	Prepare a list for your records to show the name of	and amount contri	buted by each pe	erson (other			
	than a governmental unit or publicly supported org	anization) whose to	otal gifts for 200	2 through			
	2005 exceeded the amount shown in line 26a Do	not file this list wi	th your return. E	nter the total			
	of all these excess amounts			▶	26b		2,146,125
	Total support for section 509(a)(1) test Enter line	e 24, column (e)		▶	26c		5,924,606
	Add Amounts from column (e) for lines 18	193,279	19	0			<u> </u>
Ì		·	26b	2,146,125	26d		2,339,404
_	Public support (line 26c minus line 26d total)				26e		3,585,202
	Public support percentage (line 26e (numerator) d	livided by line 26c ('denominator\\		26f		6051 38 %
_	Organizations described on line 12: a For amou			7 + - - - - - - - - -			
27							
	prepare a list for your records to show the name of			ii year iroili, eacii	uisqua	illed perso	J11
	Do not file this list with your return. Enter the sun				(2002)		
	(2006) (2005)		(2004)		(2003)		<u> </u>
t	For any amount included in line 17 that was receiv						
	records to show the name of, and amount received						•
	or (2) \$5,000 (Include in the list organizations de						
	return. After computing the difference between the	amount received a	and the larger am	ount described in	1 (1) or (2) , enter t	he sum of
	these differences (the excess amounts) for each y						
	(2006)(2005)	([2004]		(2003)_		
c	Add Amounts from column (e) for lines 15		16				
	17 20		21		>	27с	
c	Add Line 27a total	and line 27b tota	1		▶	27d	
•	Public support (line 27c total minus line 27d total)			>	27e	
f	Total support for section 509(a)(2) test Enter am	ount from line 23,	column (e) 🕨 📗	27f			
	Public support percentage (line 27e (numerator) d		L	<u> </u>	27g		
	Investment income percentage (line 18, column (e			denominator)) 🕨	27h		
70 20	Unusual Grants: For an organization described in li					12 through	2005
28	Unusual Grants: For an organization described in II	ne 10, 11, or 12 tr	iat received any	unusuai grants di	aring ∠Ul	ı∠ tıırougr	12005,

Part V	Private School Questionnaire (See page 7 of the instructions.)			
29 Doe	(To be completed ONLY by schools that checked the box on line 6 in Part IV) es the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	er governing instrument, or in a resolution of its governing body?	29	res	140
		<u> </u>		
	es the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	chures, catalogues, and other written communications with the public dealing with student admissions,			
•	grams, and scholarships?	30		
	s 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			
tha	t 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)			
		1		
		1		
		1		
32 Do	es the organization maintain the following	┪		
	cords indicating the racial composition of the student body, faculty, and administrative staff?	32a		
		JZa		
_	cords documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	us?	32b		
c Col	pies of all catalogues, brochures, announcements, and other written communications to the public dealing			
with	h student admissions, programs, and scholarships?	32c		
d Col	pies of all material used by the organization or on its behalf to solicit contributions?	32d		
Ιfν	ou answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
,	ou anonorous tros any or the above, preudo explain (21 you need more space) attach a departure statement,			
		-		
22 -		4		
33 Doe	es the organization discriminate by race in any way with respect to			
		1		
a Stu	dents' rights or privileges?	33a		
b A dı	missions policies?	33b		
c Em	ployment of faculty or administrative staff?	33c		
a Sch	nolarships or other financial assistance?	33d		
ų os.				
F J.		122-		
e = at	ucational policies?	33e		
f Use	e of facilities?	33f		
g Ath	letic programs?	33g		
_				
ь Oth	ner extracurricular activities?	33h		
••				
Tfv	ou answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
11 y	ou allswelled Tes to any of the above, please explain (IT you need more space, attach a separate statement)			
		4		
		4		
		_		
34a Doo	es the organization receive any financial aid or assistance from a governmental agency?	34a		
ь Ная	s the organization's right to such aid ever been revoked or suspended?	34b		
Ify	ou answered "Yes" to either 34a or b, please explain using an attached statement			
,				
35 Do	es the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule A (Form 9			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eliquble organization that filed Form 5768)

Check 🕨 a	 the organi	zation belongs to	an affiliate	ed group	Check 🟲	ьГ	ıf you checked	"a" a	nd "limited	d control"	provisions	appl

		bbying Expenditures s" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)	36		0
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	37		55,792
38	Total lobbying expenditures (add line	es 36 and 37)	38		55,792
39	Other exempt purpose expenditures		39		1,629,600
40	Total exempt purpose expenditures	(add lines 38 and 39)	40		1,685,392
41	Lobbying nontaxable amount Enter t	the amount from the following table—			
	If the amount on line 40 is—	The lobbying nontaxable amount is—			
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		234,270
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
42	Grassroots nontaxable amount (ente	r 25% of line 41)	42		58,568
43	Subtract line 42 from line 36 Enter	-0- ıf lıne 42 ıs more than lıne 36	43		0
44	Subtract line 41 from line 38 Enter	-0- if line 41 is more than line 38	44		0

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

		Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in) 🏲	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total			
45	Lobbying nontaxable amount	234,270	240,050	241,732	233,137	949,189			
46	Lobbying ceiling amount (150% of line 45(e))					1,423,784			
47	Total lobbying expenditures	55,792	78,876	41,942	68,260	244,870			
48	Grassroots nontaxable amount	58,568	60,013	60,433	58,284	237,298			
49	Grassroots ceiling amount (150% of line 48(e))					355,947			
50	Grassroots lobbying expenditures	0	8,797	1,675	1,928	12,400			

Part VI-B Lobbying Activity by Nonelecting Public Charities

i Total lobbying expenditures (Add lines c through h.)

	(For reporting only by organizations that did not complete Part VI-A) (See page 1:	1 of th	e instr	uctions.)
	ng the year, did the organization attempt to influence national, state or local legislation, including any mpt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	A mount
а	V olunteers			
ь	Paid staff or management (Include compensation in expenses reported on lines ${f c}$ through ${f h.}$)			
c	Media advertisements			
d	Mailings to members, legislators, or the public			
е	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			

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

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

			age 12 of the instructions.)				
		•	, , , , ,	with any other organization descr		sectio	n
				7, relating to political organization	ns? r		
		g organization to a no	ncharitable exempt organization	ř	=4 (1)	Yes	No
• •	Cash				51a(i)		No
• •	O ther assets				a(ii)		N o
_	transactions	· 6 b					NI -
			naritable exempt organization		b(i)		N o
		from a noncharitable	· •		b(ii)		No No
	•	quipment, or other as	sets		b(iii)		N o N o
	Reimbursement arrai Loans or loan guaran	-		-	b(iv) b(v)		No
			r fundraising solicitations	-	b(vi)		No
			er assets, or paid employees	-	c C		No
] mn (b) should always show the faı		t vəlu	
				zation received less than fair man	Ket van	ue III a	iriy
transa	Ction or snaring arrar	igement, snow in colu T	imn (d) the value of the goods, of	her assets, or services received			
(a)	(b)		(c)	(d) Description of transfers, trans	actions	. and	sharına
Line no	A mount involved	Name of noncha	arıtable exempt organızatıon	arrangemen		,	
	-	•	with, or related to, one or more	· · · · · · · · · · · · · · · · · · ·	_	V	
			nan section 501(c)(3)) or in sect	ion 52//	ı	Yes	✓ N
D IT Yes	s," complete the follow	wing schedule	T				
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of relat	uonchin		
	Name of organiza	311011	Type of organization	Description of relati	.ionsinp		

Additional Data

Software ID:

Software Version:

EIN: 23-7412105

Name: Minnesota Center for Environmental Advocacy

Advocacy

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

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
a Legal disbursementlibrary	43a	14,546	14,546		
b Investment fees	43b	10,065		10,065	
c Legislative expenses	43c	2,673	2,673		
d Dues & subscriptions	43d	13,812	9,930	98	3,784
e Insurance	43e	10,740	1,273	9,467	
f Consultants	43f	59,319	52,538	6,432	349
g Miscellaneous	43g	2,822	957	1,843	22
h Marketing and branding	43h	20,312	17,052	3,260	

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
WATER QUALITY PROGRAMMCEA's water quality program is focused on protecting Minnesota's greatest natural resource and economic asset - its water. This program addresses threats to lakes and rivers, particularly in the Mississippi, Lake Superior, and Red River watersheds. Highlights of our work include Strengthening Protections. For the first time in seven years, the Minnesota Pollution Control Agency (MPCA) revised the state's water quality standards in 2008. MCEA played an active role in the rulemaking process, submitting comments and expert testimony. The standards ultimately adopted provide critical protections for lakes, but continue to leave Minnesota's rivers vulnerable to degradation by phosphorous and nitrogen pollution. MCEA met with the U.S. Environmental Protection Agency and called on the agency to require Minnesota to extend nutrient standards to Minnesota's 92,000 miles of rivers and streams. MCEA also petitioned for new anti-degradation rules to better protect lakes and rivers that are significantly cleaner than standards require. Water Quality Restoration. The Minnesota Court of Appeals agreed with MCEA that a water discharge permit issued by the state to Alexandria for an expanded sewage treatment plant would lead to increased phosphorus pollution in Lake Winona, which the state laready lists as severely impaired by excess phosphorus. MCEA argued the case before the state Supreme Court on an appeal from the Pollution Control Agency and is awaiting its decision. MCEA also worked to shape the state's Total Maximum Daily Load (TMDL) study and implementation plan for cutting statewide mercury emissions by 90 percent. MCEA is continuing its work on the state's TMDL for Lake Pepin. Collaborating with Mississippi River States. In an effort to improve water quality along the entire length of the Mississippi River. MCEA serves as a leader in the McKnight Foundation's Mississippi River Water Quality Collaborative. The effort, which includes participants from the river's main stem states, aims to achieve f	optional for others.) 374,665
TRANSPORTATION AND LAND USEMCEA's land use and transportation program advocates for public policy platforms and funding mechanisms that support an efficient mix of land uses and more compact forms of development, provide a broad set of choices for how we live and get around, protect the environment, and improve public health MCEA has been working to build business and public support for a balanced system of multimodal transportation and a dedicated source of funding for public transit. We also advocate for policies that will encourage more transit-oriented forms of development. Highlights of our work include Expanding Transit Options. MCEA has collaborated with government, business, and environmental and transit allies for many years to highlight Minnesota's transit needs and develop proposals to adequately fund them. During the 2008 legislative session, MCEA worked with a coalition of business, nonprofit, and government leaders to pass a substantial transportation funding package and then successfully override the governor's veto of the bill. The veto override was a historic victory for transit funding and one of the most important accomplishments of the 2008 session. The final transportation bill included a quarter-cent metro area sales tax dedicated to building out the Twin Cities' network of transitways, a five-cent per gallon gas tax, and a gas tax surcharge that will decrease over time as road construction debt is paid off. Researching Solutions. The tragic collapse of the 35W bridge spotlighted the fragile state of Minnesota's transportation infrastructure and the desperate need for secure transportation funding. When the state released its first plan for the new 35W bridge without light rail capacity, MCEA worked with the city of Minneapolis to provide the state with examples of bridges that accommodated light rail and gave the city the legal expertise to stop the state from moving forward with plans to build the bridge without light rail, if necessary. The state revised its plans to include light rail	236,214
PUBLIC HEALTHMCEA's public health program addresses the risks posed by toxic chemicals in our air, water, and soil. Our focus includes advocating for policies to protect children's health, identifying links between environmental pollutants and disease and removing the risk factors, and improving management and reducing the use of hazardous pesticides contaminating Minnesota's drinking and surface waters. Highlights of our work include. Precautionary Policy. MCEA works to develop and advance science-based precautionary policy to protect Minnesotans from diseases linked to environmental pollutants. MCEA conceived and advocated a cancer-risk reduction act during the 2008 legislative session designed to increase protections against carcinogenic chemicals in Minnesota's environment. While the bill passed policy committees, it was not funded. MCEA has also begun advocating better policy to protect young children from lead exposure, which can have harmful effects on their brain and nervous systems. Informing the Public and Policymakers. An educational op-ed about the effects of acetochlor published in the Minneapolis Star Tribune in February was among MCEA's efforts to communicate the findings of scientific studies and technical data in plain language to the public and policymakers to help guide their decisions on the acceptability of environmental health risks. Advisory Committees, including the Environmental Health Tracking & Biomonitoring Panel, Pesticide Management Plan Committees, including the Environmental Health Cancer. Work Group Scientific Support in Court. MCEA's public health program researched the health effects of asbestos fibers emitted by mining operations for a case being argued by MCEA's legal team. MCEA sought to prevent Northshore Mining Co. from gaining an air pollution permit that would allow their plant in Silver Bay, Minn. to emit more of the fibers. A. U.S. District Court judge agreed with MCEA that the mining company should continue to follow the standard in its current permit. Following that	266,261
WILDLIFE AND NATURAL RESOURCESMCEA's wildlife and natural resources program seeks to protect and enhance the many natural treasures Minnesotans enjoy and cherish. We are currently working to protect the sustainability of Minnesota's forests and environmentally sensitive lakes and rivers, and advocating for policies that protect wetlands and the species that depend upon them from damage and destruction. Some highlights of our work include. Securing Long-Term Water and Habitat Funding. Passage of dedicated funding early in the 2008 legislative session was a victory MCEA worked toward for nine-years, taking a lead role in a vital coalition of hunting, angling, arts, and conservation groups. If approved by voters, the constitutional amendment, which will be on the November ballot, will raise the state's sales tax 0.375 percent for 25 years. The money will go for clean water, wildlife habitat, and culture Defending Wetlands. MCEA flied suit against Kittson County and its contractor for illegal drainage and filling of rare wetlands in the Beaches Lake Wildlife Management Area, one of the largest public hunting grounds in the state and habitat for rare and threatened brid and plant species. The case is scheduled for train early November, 2008. MCEA continues its participation in the state's Wetland Conservation Act assessment process reviewing Minnesota's wetland laws and working toward potential changes. MCEA also participated in the state drainage work group established by the Legislature in 2007. This group reviews state drainage policy and has developed proposed changes for the next legislature is 2007. This group reviews state drainage policy and has development and other construction on Minnesota's lakes, rivers, and streams. The department refused, but the Legislature took up the cause and ordered the DNR to begin statewide rulemaking MCEA will sit on the Statewide External Advisory Committee for the rulemaking process, new rules are expected accommendations to the DNR on rules governing dock construction. Con	233,319
CLEAN ENERGY & CLIMATE CHANGEMCEA's clean energy program focuses on long-term development of modern and sustainable energy sources for Minnesota and the replacement of out-dated, environmentally harmful energy sources. The program provides legal representation to clean energy advocacy organizations in Minnesota, and lobbies for a variety of clean energy and energy efficiency measures at the Capitol Combating climate change is central to the clean energy and energy efficiency measures at the Capitol Combating climate change is central to the clean energy program and plays an increasingly influential role in MCEA's legal and legislative work. MCEA's work in these areas includes. Challenging Coal Plants MCEA and its partners oppose the proposed Big Stone II coal-fired power plant in Milbank, S.D., primarily based on its projected huge carbon dioxide emissions. The Big Stone II utilities need a certificate of need from the Minnesota Public Utilities. Commission (MPUC) to construct power lines through Minnesota In May, two administrative law judges recommended the certificate of need be denied. The judges ended their recommendation with a strongly-worded finding that the five utilities repeatedly failed to live up to Minnesota's utility regulation laws on finding that the five utilities repeatedly failed to live up to Minnesota's utility regulation laws on finding the least-cost options and including renewable energy and energy-efficiency in their cost calculations. After MCEA presented its arguments before the MPUC in June, the commission decided to hire its sown experts to look at the data before making a final decision. Representing Renewable Energy MCEA is representing several renewable energy groups in support of the CapX 2020 plan, which will expand Minnesota's high-voltage transmission system through some of the state's most wind-rich regions. In contrast to the Big Stone II transmission lines, with the right conditions the CapX 2020 power lines will facilitate delivery of renewable energy to consumers and p	231,634

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Martha Brand 26 East Exchange Street 206 St Paul, MN 55105	Executive Director 40 00	89,436	6,964	0
Vanya S Hogen 26 East Exchange Street 206 St Paul, MN 55105	Chair 707 - 1207 2 00	0	0	0
Kent White 26 East Exchange Street 206 St Paul, MN 55105	Treasurer 2 00	0	0	0
Cecily Hines 26 East Exchange Street 206 St Paul, MN 55105	Chair 108 - 608 2 00	0	0	0
Sandra Tauferner 26 East Exchange Street 206 St Paul, MN 55105	Secretary Nonvoting 1 00	0	0	0
Mary Horak Binger 26 East Exchange Street 206 St Paul, MN 55105	Director 2 00	0	0	0
Roy House 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0
Bridget Hust 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0
Merritt Clapp-Smith 26 East Exchange Street 206 St Paul, MN 55105	Director 2 00	0	0	0
Charles Dayton 26 East Exchange Street 206 St Paul, MN 55105	Director 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Robert Dunn 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0
Janet Green 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0
Roger Holmes 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0
Douglas Kelley 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0
Michael Kleber-Diggs 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0
Dee Long 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0
Steve Piragis 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0
Nancy Speer 26 East Exchange Street 206 St Paul, MN 55105	Director Vice Chair 2 00	0	0	0
Byron Starns 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0
John Helland 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Kım Carlson 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0
Gene Merriam 26 East Exchange Street 206 St Paul, MN 55105	Director 1 00	0	0	0

TY 2007 Cash Grants Paid Schedule

Name: Minnesota Center for Environmental Advocacy

Advocacy

Class of Activity	Recipient's name	Address	Amount	Relationship
Grant	Vote Yes Minnesota	2334 University Ave West 3150 St Paul, MN 55114	25,000	None

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etile GRAPHIC brint - DO NOT PROCESS	i As Filed Data -	DLN: 93490269001028

TY 2007 Depreciation and Depletion Schedule

Name: Minnesota Center for Environmental Advocacy

Advocacy

Asset	Amount
Office improvements	1,447
2 laptop workstations	569
Computer system	14,721

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TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: Minnesota Center for Environmental Advocacy

Advocacy

EIN: 23-7412105

Gross Sales Price: 199,580

Basis: 210,365

Sales Expenses: 0

Total (net): -10,785

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490269001028

TY 2007 Investments - Securities Schedule

Name: Minnesota Center for Environmental Advocacy

Advocacy

Description	Book Value	Cost/FMV
Money market funds	45,967	F

TY 2007 Land etc. Schedule

Name: Minnesota Center for Environmental Advocacy

Advocacy

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Office equipment	52,340	52,340	0
Computer	1,960	1,960	0
Office improvements	14,471	9,406	5,065
Hardwaresoftware	5,215	5,215	0
2 laptop workstations	3,765	3,765	0
Computer	1,885	1,885	0
IBM PC computer	2,599	2,599	0
Computer system	44,811	44,595	216

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TY 2007 Other Changes in Net Assets Schedule

Name: Minnesota Center for Environmental Advocacy

Advocacy

Description	Amount	
Unrealized gain on investments	-75,004	