

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM**

ATTORNEY GENERAL LORI SWANSON

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Annual Reporting Initial Registration

FEDERAL EIN NUMBER: 41-1524088

FOR YEAR ENDING: December 31, 2008

SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. *Legal Name of Organization:* COMMUNITY ACTION PARTNERSHIP OF SUBURBAN HENNEPIN

If annual reporting, is this a new name since the organization's last filing? Yes No

If so, please state former name: _____

2. List all names under which the organization solicits contributions:

Community Action Partnership of Suburban Hennepin

3. *Mailing Address*

33 10TH AVE SOUTH

HOPKINS, MN 55343

Physical Address

33 10th Ave South

Hopkins, MN 55343

4. *Contact Person* Richard Zierdt

Tel. No. 952-933-9639

E-mail rzierdt@capsh.org

Fax No. 952-933-8016

5. Complete the following for the most recent twelve-month accounting year. *This information is required to be completed even if the organization is required to attach an IRS Form 990.*

INCOME

Contributions from the public

Government Grants

Other Revenue

TOTAL REVENUE

For Year Ending: 12-31-08

\$ 24,050

\$ 2,846,878

\$ 0

\$ 2,870,928

EXPENSES

Amount spent for program or charitable purposes

Management/general expense

Fund-raising expense

Amounts paid to affiliated organizations

TOTAL EXPENSES

\$ 2,308,592

\$ 554,787

\$ 20,172

\$ _____

\$ 2,883,551

EXCESS or DEFICIT \$ -12,623

TOTAL Assets \$ 829,211

TOTAL Liabilities \$ 237,137

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 592,074

6. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?

Yes No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. **Attach schedule if more than one.**

Name _____
City _____ State _____ Zip _____ Compensation _____

7. Does this professional fund-raiser solicit or consult in Minnesota? Yes No

8. Month and day accounting year ends: December 31

9. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? Yes No

SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY

ALL organizations MUST complete questions 1-5.

1. Has the organization's accounting year changed since the last report was filed? Yes No
If yes, provide the new year-end date: _____

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. None Attached

3. List the **five** highest paid directors, officers and employees of the organization and its related organization(s) who receive total compensation of **\$50,000** or more, indicating their titles and total compensation paid to each. Total compensation includes salaries, fees, bonuses, fringe benefits, severance payments and deferred compensation paid by the organization and all related organizations. A "related organization" is an organization that controls, is controlled by or is under common control with another corporation. "Control" can exist through stock ownership or membership interests, the authority to appoint members, or the ability to direct the policies and management of other corporations. See Minn. Stat. § 317A.011, subd. 18.

	Name/Title	Compensation
1	Richard Zierdt, Executive Director	92,125
2	Winslow Grandstrand	70,744
3	Scott Zemke, Director of Operations	65,950
4	Marcy Harris, Planning/Development Director	77,270
5	William O'Meara, Housing Rehabilitation Counselor	52,175

4. **Attach** a list of organization's board of directors. Attached Included in IRS Return

5. **Attach a GAAP audit** if total revenue exceeds \$750,000. Attached
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).

6. **Complete the Statement of Functional Expenses on the next page if NOT filing an IRS Form 990 that contains a Completed Statement of Functional Expenses.**

Complete this table only if **NOT** filing an IRS return that contains a completed Statement of Functional Expenses.

Statement of Functional Expenses				
	(A) Total expenses	(B) Program Service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S.				
2 Grants and other assistance to individuals in the U.S.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(K) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a				
b				
c				
d All other expenses				
25 Total functional expenses. Add lines 1 through 24d				
26 Joint costs. Check here <input type="checkbox"/> if following SOP 9 8-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Must be prepared in accordance with generally accepted accounting principles.

SECTION FOUR: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the Chairman _____ (Title) and Treasurer _____ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the Community Action Partnership of Suburban Hennepin (Board of Directors, Trustees, or Managing Group) adopted on the _____ day of August 27 2009, approving the contents of the document, and do hereby certify that the Community Action Partnership of Suburban Hennepin (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. We further state that the information supplied is true, correct and complete to the best of our knowledge.

MARTY Kirsch
Name (Print)
Marty Kirsch
Signature
Chairman
Title
August 27, 2009
Date

John Helling
Name (Print)
John Helling
Signature
Treasurer
Title
August 27, 2009
Date

*** NOTICE ***

Documents required to be filed are public records. Please do not include *social security numbers, driver's license numbers or bank account numbers* on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.