

# Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

**A For the 2007 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

Please use IRS label or print or type. See Specific Instructions.

<b>C Name of organization</b> INTERFAITH HOSPITALITY NETWORK OF GREATER ROCHESTER			<b>D Employer identification number</b> 41-1953191	
Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
811 7TH ST NW				
<b>E Telephone number</b> (507) 281-3122				
City or town	State or country	ZIP + 4		
ROCHESTER	MN	55901		
		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
		<input type="checkbox"/> Other (specify) ▶		

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

H and I are not applicable to section 527 organizations.

- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates ▶ \_\_\_\_\_
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶ \_\_\_\_\_

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

**G Website:** ▶ N/A

**J Organization type** (check only one) ▶  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 171,730

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:					
	<b>a</b> Contributions to donor advised funds	<b>1a</b>		0		
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		76,132		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		24,750		
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		31,440		
	<b>e Total</b> (add lines 1a through 1d) (cash \$ 132,322 noncash \$ 0)	<b>1e</b>			132,322	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			0	
	<b>3</b> Membership dues and assessments	<b>3</b>			0	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			152	
	<b>5</b> Dividends and interest from securities	<b>5</b>			0	
	<b>6 a</b> Gross rents	<b>6a</b>		2,544		
	<b>b</b> Less: rental expenses	<b>6b</b>		2,496		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			48		
<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>			0		
Revenue	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		0	<b>8a</b>	0		
		0	<b>8b</b>	0		
		0	<b>8c</b>	0		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>			0		
Revenue	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1b)	<b>9a</b>		36,411	
		<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		8,887	
		<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			27,524
Revenue	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		0		
		<b>b</b> Less: cost of goods sold	<b>10b</b>		0	
		<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			0
Expenses	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			301	
	<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			160,347	
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			118,434	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			21,315	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			5,071	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			0	
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>			144,820	
	Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>			15,527
		<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			105,576
		<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			0
		<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			121,103

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	0	0		
<b>25 a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	44,698	37,993	4,470	2,235
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	37,395	27,681	8,665	1,049
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	0			
<b>28</b>	Employee benefits not included on lines 25a - 27	0			
<b>29</b>	Payroll taxes	8,548	6,838	1,368	342
<b>30</b>	Professional fundraising fees	0			
<b>31</b>	Accounting fees	4,674		4,674	
<b>32</b>	Legal fees	0			
<b>33</b>	Supplies	10,451	9,283	1,168	
<b>34</b>	Telephone	2,689	2,429	180	80
<b>35</b>	Postage and shipping	1,649	1,484	115	50
<b>36</b>	Occupancy	2,280	2,280		
<b>37</b>	Equipment rental and maintenance	495	495		
<b>38</b>	Printing and publications	2,207	2,207		
<b>39</b>	Travel	2,643	2,643		
<b>40</b>	Conferences, conventions, and meetings	915	915		
<b>41</b>	Interest	3,813	3,546	267	
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	5,518	5,518	0	0
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	Guest costs	2,121	2,121	0	0
<b>b</b>	Transportation	2,287	2,287	0	0
<b>c</b>	Licenses & permits	137	137	0	0
<b>d</b>	Storage	1,300	1,300	0	0
<b>e</b>	Misc	2,389	666	408	1,315
<b>f</b>	Insurance	7,244	7,244	0	0
<b>g</b>	Dues & subscriptions	1,367	1,367	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	144,820	118,434	21,315	5,071

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets** (See the instructions.)

		(A)		(B)		
		Beginning of year		End of year		
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
<b>Assets</b>	45 Cash—non-interest-bearing		28,367	45	42,852	
	46 Savings and temporary cash investments			46		
	47 a Accounts receivable	47a	2,781			
	b Less: allowance for doubtful accounts	47b	0	950	47c	2,781
	48 a Pledges receivable	48a	0			
	b Less: allowance for doubtful accounts	48b	0	0	48c	0
	49 Grants receivable				49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51 a Other notes and loans receivable (attach schedule)	51a	0			
	b Less: allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			2,855	53	1,884
	54 a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54a	0
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b	0
	55 a Investments—land, buildings, and equipment: basis	55a	0			
	b Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
	56 Investments—other (attach schedule)			0	56	0
	57 a Land, buildings, and equipment: basis	57a	144,709			
b Less: accumulated depreciation (attach schedule)	57b	25,800	124,426	57c	118,909	
58 Other assets, including program-related investments (describe _____)			0	58	0	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58			156,598	59	166,426	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		5,023	60	5,236	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			45,999	64b	40,087
	65 Other liabilities (describe _____)			0	65	0
66 <b>Total liabilities.</b> Add lines 60 through 65			51,022	66	45,323	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted		104,091	67	119,919	
	68 Temporarily restricted		1,485	68	1,184	
	69 Permanently restricted			69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			105,576	73	121,103	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.			156,598	74	166,426	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	162,843
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	162,843
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	162,843

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	147,316
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	147,316
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	147,316

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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
Name Joanne Markee Str 811 7th St NW City Rochester ST MN ZIP 55901	Title Ex Dir Hr/WK 40	44,698	0	0
Name Travis Dynes Str 1316 22nd St NW City Rochester ST MN ZIP 55901	Title Pres Hr/WK 2	0	0	0
Name Rev. Paul Bauch Str 1503 2nd Ave NE City Rochester ST MN ZIP 55906	Title Vice Pres Hr/WK 2	0	0	0
Name Deborah Palmer Str 915 16 1/2 St SE City Rochester ST MN ZIP 55901	Title Sec Hr/WK 2	0	0	0
Name Michael Adkins Str 1324 29th St NW City Rochester ST MN ZIP 55901	Title Treas Hr/WK 2	0	0	0
Name Brad Erath Str 304 12th Ave NW City Stewartville ST MN ZIP 55976	Title Board Member Hr/WK 1	0	0	0
Name Mike Hemmingson Str 5249 King Arthur Dr N City Rochester ST MN ZIP 55901	Title Board Member Hr/WK 1	0	0	0
Name Kent Hensley Str 2220 Telemark Lane City Rochester ST MN ZIP 55901	Title Board Member Hr/WK 1	0	0	0
Name Rev. Peter Nyckler Str 1418 City View Ct NE City Rochester ST MN ZIP 55906	Title Board member Hr/WK 1	0	0	0
Name Mike O'Hara Str 1053 19th Ave NE City Rochester ST MN ZIP 55906	Title Board Member Hr/WK 1	0	0	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .		
	13		
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 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? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	75b	X
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 I, or highest compensated professional and other independent 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.	75c	X
d	Does the organization have a written conflict of interest policy? . . . . .	75d	X

**Part V-B 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	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				
Name <u>N/A</u> Str City ST ZIP				

**Part VI Other Information (See the instructions.)**

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	X
80 a	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? . . . . .	80a	X
b	If "Yes," enter the name of the organization ▶ . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	n/a
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . .	81b	X
b	Did the organization file Form 1120-POL for this year? . . . . .		

