Form 8868

(Rev. April 2008)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

a If you are f	filing for on Automotic 6			1111		
• If you are f	filing for an Automatic 3	-Month Extension, complete	only Part I and che	ck this box		→ x
Do not comple	e te Part II uniess you hav	Not Automatic) 3-Month Exte e already been granted an au	itomatic 3-month ex	xtension on a pre	viously filed Form 8868	i.
		nsion of Time. Only submit				
A corporation Part I only • •	required to file Form 99	0-T and requesting an autom	atic 6-month extens	sion - check this b	oox and complete	>
All other corpo	orations (including 1120 ome tax returns.)-C filers), partnerships, REMIC	Cs, and trusts must ι	use Form 7004 to	request an extension o	f
Electronic Fili	ng <i>(e-file</i>). Generally, vo	u can electronically file For	n 8868 if you war	nt a 3-month aut	omatic extension of t	ime to filo
electronically i	turns noted below (6 if (1) you want the add	months for a corporation re ditional (not automatic) 3-mo	quired to file Form nth extension or (2	n 990-T). Howev 2) vou file Forms	er, you cannot file F 990-BL 6069 or 88	orm 8868 370 group
8868. For mor	omposite or consolidate re details on the electron	ed From 990-T. Instead, you nic filing of this form, visit www.	must submit the fu	lly completed and	d sinned name 2 (Part	II) of Form
Type or	Name of Exempt Organia	zation			Employer identificatio	n number
print	MINNESOTA FA	IR PLAN	· .	2.42	41-0950742	
File by the	Number, street, and roo	m or suite no. If a P.O. box, see ins	structions.	1 1		
due date for filing your	1201 MARQUET	TE AVENUE, SUITE 31	0			•
return. See	City, town or post office	, state, and ZIP code. For a foreigr	n address, see instructi	ons.	·	
instructions.	MINNEAPOLIS,	MN 55403-4425				
Check type o		a separate application for eac	ch return):			
X Form 990	נ	Form 990-T (corporation)		For	rm 4720	
Form 990)-BL	Form 990-T (sec. 401(a) of	or 408(a) trust)	Foi	rm 5227	
Form 990	-EZ	Form 990-T (trust other th	an above)	Fo	rm 6069	
Form 990	-PF	Form 1041-A		Fo	rm 8870	
 If the organ If this is for for the whole g names and EIN 	a Group Return, enter to group, check this box Ns of all members the e	n office or place of business he organization's four digit Gi If it is for part of th xtension will cover.	oup Exemption Nun	nber (GEN) box ▶	and attach a list with	nis is
until	an automatic 3-month (08/15 ,200 ganization's return for:	6 months for a corporation re 8 ,to file the exempt orga	quired to file Form to the state of the stat	990-T) extension the organization r	of time named above. The ext	ension is
▶ x	calendar year 2007	nr	•			
	tax year beginning	∽ i	, and ending			
2 If this tax	year is for less than 12	months, check reason:	Initial return	Final return	Change in account	ng period
3a If this ap	plication is for Form 9	90-BL, 990-PF, 990-T, 4720	, or 6069, enter t	he tentative tax,	less any	
	dable credits. See instru				3a \$	NONE
b If this app	plication is for Form 99	0-PF or 990-T, enter any ref	undable credits and	d estimated tax p	payments	
made, Inc	nude any prior year over	payment allowed as a credit.			3b \$	NONE
) coupon or, if requir	om line 3a. Include your pay ed, by using EFTPS (Elec			em). See	
Caution. If you	are going to make an e	lectronic fund withdrawal with	this Form 8868, s	ee Form 8453-E	3c \$ O and Form 8879-EO	NONE
for payment ins		· · · · · · · · · · · · · · · · · · ·				
ror Privacy Ac	t and Paperwork Redu	ction Act Notice, see Instruc	tions.		Form 8868	(Rev. 4-2008)

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

Department of the Treasury Internal Revenue Service

A F	or the	200 <mark>7 calendar year, or tax year beginning , 2007, and er</mark>	iding 🕬 🦮 2001	For the particular to the second of the particular to the second of the
Bo	eck if app Addres		Control of the second second	D Employer identification number
	change	label or MINNESOTA FAIR PLAN	1.77	41-0950742
L	.Name o	hange print or type. Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
ļ	Initial,r	etts See 1201 MARQUETTE AVENUE SUITE 310	A PARA TOLE	(612) 338-7584
<u> </u>	Termina		1.92.3	F Accounting Cash X Accrual
	Amenda return	tlons. MINNEAPOLIS, MN 55403-4425		Other (specify)
Ŀ	Applica pending	tion - C - 4: FOA4 ()(a)	H and Lare not an	plicable to section 527 organizations.
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	1	p return for affiliates? Yes X No
G	Website	E ► WWW.MNFAIRPLAN.ORG		number of affiliates
		ation type (check only one) ▶ X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527	H(c) Are all affiliate	
	Check h			h.a list. See instructions.)
. I	receipts	are normally not more than \$25,000. A return is not required, but if the organization chooses	H(d) is this a separa	te return filed by an vered by a group ruling? Yes X No
a Hi	o file a	return, be sure to file a complete return.		otion Number
: —	· : .			X if the organization is not required
Long	Gross re	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12 7,076,487.		B (Form 990, 990-EZ, or 990-PF).
Pai		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the in-	efructione)	EB (1 GHI 990, 990-EZ, 01 990-PF).
	1	Contributions, gifts, grants, and similar amounts received:	su acuonis,	
	a		•	
	l b			1
	c			-
	d			-
	e			
	2	Program service revenue including government fees and contracts (from Part VII, line 93	/	1e
	3	Morphorphia dura and account		2 6,504,728.
	4	Interest on savings and temporary cash investments	• • • • • • • • •	3
	5	Dividends and interest from securities	• • • • • • • • •	<u>4</u> 541,078.
	6 a	Gross rents 6 a	• • • • • • • • • •	5
	b			-
	C	Net rental income or (loss). Subtract line 6b from line 6a		
Ľ.	7	Other investment income (describe		60
Revenue	8 a		<u>)</u>	7
e.		than inventory	Other	-
	Ь	Less: cost or other basis and sales expenses 8b	·	-
	C			-
	d			
	9	Special events and activities (attach schedule). If any amount is from gaming, check her		8d
			e ▶ [
	1 7			
	b	contributions reported on line 1b) 9a Less: direct expenses other than fundraising expenses 9b	· · · · · · · · · · · · · · · · · · ·	-
			***-1	-
	10 =	Net income or (loss) from special events. Subtract line 9b from line 9a		90
	ь	Gross sales of inventory, less returns and allowances Less: cost of goods sold		
	.c			4
	11	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line	e 10a	10c
	12	Other revenue (from Part VII, line 103)		
	13	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		7,076,487.
Ŋ	14	Program services (from line 44, column (B))	• • • • • • • • •	13
Š	15	Management and general (from line 44, column (C))		14
Expenses	16	Fundraising (from line 44, column (D))		15
Ш	17	Payments to affiliates (attach schedule) Total expenses Add lines 16 and 44 column (4)		I :
<u> </u>	18	Total expenses. Add lines 16 and 44, column (A)		
sei	19	Excess or (deficit) for the year. Subtract line 17 from line 12.	• • • • • • • • • •	
Net Assets	20	Net assets or fund balances at beginning of year (from line 73, column (A))	• • • • • • • • •	
Ne	21	Other changes in net assets or fund balances (attach explanation)		
For P		Net assets or fund balances at end of year. Combine lines 18, 19, and 20 Act and Paperwork Reduction Act Notice, see the separate instructions.		
	•			Form 990 (2007)

<u></u>	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program	(C) Management	s. (See the instruc
22a	Grants paid from donor advised funds (attach schedule)			services	and general	(-)
i i	(cash \$ noncash \$)				
	If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule)		. :			
100	(cash \$noncash \$, .		1		
	If this amount includes foreign grants, check here	22b	*			
23	Specific assistance to individuals				_	
	(attach schedule)	23	entra de la compansión de	and the second second		
24	Benefits paid to or for members	7.7	<u></u>		-	
	(attach schedule)	24	·			
25a	Compensation of current officers,					
	directors, key employees, etc. listed in	+			History enviolence of	erit ili avanti evanti.
	Part V-A	0.5-			The Autoria of Section 1997	
h	Compensation of former officers	25a	108,924.	<u> </u>	10 T 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					The KD I messer in the primitive soft in	1114 T
	directors, key employees, etc. listed in					
	Part V-B	25b	*			<u> </u>
; ; ;; (i €	Compensation and other distributions, not included above, to disqualified persons (as defined		•			
l,	under section 4958(f)(1)) and persons described			,		
ì	n section 4958(c)(3)(B)	25c				
	Salaries and wages of employees not				1	
	ncluded on lines 25a, b, and c	26	608,177.			
	Pension plan contributions not					
ا 	ncluded on lines 25a, b, and c	27	92,271.			
	Employee benefits not included on					
	ines 25a - 27	28	116,559.			
29 F	Payroll taxes	29	54,290.			
30 F	Professional fundraising fees	30				
31 /	Accounting fees	31	16,765.			******
32 _. L	_egal fees	32	28,068.			
33 5	Supplies	33	25,194.	<u> </u>		
34 7	Telephone	34	1,938.			<u>,</u>
35 F	Postage and shipping	35	57,467.			
6 (Occupancy	36	74,562.			
37 E	Equipment rental and maintenance	37	78,995.			•
	Printing and publications	38	5,764.			
	ravel	39	12,309.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
10 C	Conferences, conventions, and meetings	40				
	nterest	41	· · · · · · · · · · · · · · · · · · ·			·
2	Depreciation, depletion, etc. (attach schedule)		22,854.			
	Other expenses not covered above (itemize):		22,004.	· · · · · · · · · · · · · · · · · · ·		
	STMT 2	43a	5,255,551.			
b		43b		-		
c		43c				
ď		43d				·
~ _ e		` 			· · · · · · · · · · · · · · · · · · ·	
f -		43e 43f				
. Ч _ .4 Т	otal functional expenses. Add lines 22a	43g				
th	orough 43g. (Organizations completing olumns (B)-(D), carry these totals to lines					
1:	3-15)	44	6,559,688.			
	Costs. Check ▶ if you are follow	wina S	OP 98-2.	****		•
re ar	ny joint costs from a combined educational	camp	aign and fundraising soli	citation reported in (R) F	Program services?	► Yes X
f "Yes	s," enter (i) the aggregate amount of these j	oint co	sts \$; (ii) the amount allo	cated to Program services	
						-

Part III Statement of Program Service Accomplish	ments (See the instructions)	
Form 990 is available for public inspection and, for particular organization. How the public perceives an	r some people, serves as the primary or sole source or	intormotion procented
on its return. Therefore, please make sure the return programs and accomplishments.	rn is complete and accurate and fully describes, in Par	t III, the organization's
What is the organization's primary exempt purpose?	SEE STATEMENT 3	Program Service Expenses
of clients served, publications issued etc. Discuss achieve	evements in a clear and concise manner. State the number ements that are not measurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
organizations and 4947(a)(1) nonexempt charitable trusts m	ust also enter the amount of grants and allocations to others.)	trusts; but optional for others.)
4 MFP ISSUED 2,500 NEW POLICIES OF I	NSURANCE DURING 2007 AND	
5,800 RENEWAL POLICIES FOR INDIVID	DUALS UNABLE TO OBTAIN	-
PROPERTY_INSURANCE_FROM_A_PRIVATE_	INDUKSK.	www.tongwiles.gati
(Grants and allocations \$) If this amount includes foreign grants, check here	, e v
b		
(Grants and allocations \$) If this amount includes foreign grants, check here	
C		
· · · · · · · · · · · · · · · · · · ·		
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
4	W	
(Grants and allocations \$		
e Other program services (attach schedule)) If this amount includes foreign grants, check here >	
(Grants and allocations \$) If this amount includes foreign grants, check here	
f Total of Program Service Expenses (should equal		<u> </u>

Form 990 (2007)

E	art I\	Balance Sheets (See the instructions.)	11-0930/42	,m	. Faye -
_	1 . 2 .	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	1,750.	45	3,185.
J.	46	Savings and temporary cash investments			10,441,981.
100					
٠.		Accounts receivable 47a			
. • .	b	Less: allowance for doubtful accounts 47b	Maria Carlos de Carlos	47c	<u>Arrania</u> de la prof
٠.					
	48a	Pledges receivable 48.a	45 y 1 25		
. 3		Less: allowance for doubtful accounts	enter Service Service (1)	48c	CONTRACTOR NOT STATE
	49		91 100 11 1		
	50a	Receivables from current and former officers, directors, trustees, and l	. Alta Aucelia	111	di di kalendari
		key employees (attach schedule).	কাল্য কাল্য কাল্য		
3 7 4) b	Receivables from other disqualified persons (as defined under section)	All the Resolution		
٠.		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	···	50b	<u> </u>
ţ.	51a	Other notes and loans receivable (attach	ista Director		and the second of the second
Assets	_	schedule) 51a			
Ą	E 2	Less: allowance for doubtful accounts	<u>i i dag ele</u>	51c	
	53	Inventories for sale or use		52	1177
		Prepaid expenses and deferred charges		53	
	54a	Investments - publicly-traded securities Cost FMV		54a	
	5.50	Investments - other securities (attach schedule) Cost FMV		54b	
	55a	Investments - land, buildings, and			
		equipment: basis			
	, D	Less: accumulated depreciation (attach			
	56	schedule) 55b		55c	
		Investments - other (attach schedule)		56	
		Land, buildings, and equipment: basis 57a 655, 517.			
	U	Less: accumulated depreciation (attach			
	58	schedule)	2,161.	57c	230
	30	Other assets, including program-related investments (describe STMT 4)	•		
	59	(describe ► STMT 4) Total assets (must equal line 74). Add lines 45 through 58	335,852.		373,564.
_	60		10,823,172.	59	10,818,960.
	61	Accounts payable and accrued expenses	284,341.	60	269,057.
	62	Grants payable Deferred revenue		61	
10		Loans from officers, directors, trustees, and key employees (attach	2,577,444.		2,348,563.
Liabilities		schedule)			
≣	64a	schedule) Tax-exempt bond liabilities (attach schedule)		63	
2	b	Mortgages and other notes payable (attach schedule)		64a	<u> </u>
	65	Other liabilities (describe >	7 740 570	64b	1 41 - 0 - 0
		<u>SIMI 3</u>)	1,743,572.	ชอ	1,417,253.
	66	Total liabilities. Add lines 60 through 65	4 605 257		4 004 070
	Orga	nizations that follow SFAS 117, check here ▶ and complete lines	4,605,357.	66	4,034,873.
		67 through 69 and lines 73 and 74.			
es		Unrestricted		67	
ā		Temporarily restricted		68	
á	69	Permanently restricted	· · · · · · · · · · · · · · · · · · ·	69	
Ę.	Orga	nizations that do not follow SFAS 117, check here ▶ X and			
들		complete lines 70 through 74.			
or Fund Balances		Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			
Assets	72	Retained earnings, endowment, accumulated income, or other funds	6 017 015	71	6 704 007
¥	73	Total net assets or fund balances. Add lines 67 through 69 or lines	6,217,815.	72	6,784,087.
ള		70 through 72. (Column (A) must equal line 19 and column (B) must			
-		equal line 21)	6 017 01F	79	6 704 005
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	6,217,815.		6,784,087.
_		The first additional palatices. Add lines of all discounting to the first additional palatices.	10,823,172.	14	10,818,960.

	instructions.)	ed Fin	ancial Statemen	its With F	levenu	e per Returi	n (Se	ee the
а	Total revenue, gains, and other support per audited f	inancia	l statements			<u>- 198</u> 기상원 원리 1981	а	7,045,806.
b	Amounts included on line a but not on Part I, line 12:		v andra a vija a postava i s			ats receptor		7,043,000
1	Net unrealized gains on investments					Pébiéna a s		
2	Donated services and use of facilities					<u>in a service de la come</u> La compaña de la come		ly difference est for the content. Second of the content of the co
3	Recoveries of prior year grants	• • • •		h3		estable of Aug.		
4	Recoveries of prior year grants	,		100		Tales Articles		•
•					** **	e e toes.		
	Add lines b1 through b4				·			
.c.₂	Subtract line b from line a 12 101 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • • •				erike eriki eriye eri Santanan karan	b	7 045 006
d	Amounts included on Part I, line 12, but not on line a:					word and by pro-	6	7,045,806.
1	Investment expenses not included on Part I, line 6b.			أمدا		erine and the second		unio (Provincio de Alberta V
. 2				,				
-	Surface Control of the Control of th				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#ы ж.ф.; 20. со 1		
	Add lines d1 and d2			[02]	<u>* *</u>	30,68I.		
е	Total revenue (Part I line 12) Add lines c and d	• • • •			a a la	gan waa ya ja	a	30,681.
P	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audit	od Fir	ancial Statemer	ote Mith I	- Vnone	oc par Botu	<u> e </u>	7,076,487.
	Total average and least a secretarial secretarial	<u>ca i ii</u>	ianciai Statemei	IF2 AAIRLI	-yheiiz	es per Kett	1 1	
a	Total expenses and losses per audited financial stater						а	6,529,007.
b	Amounts included on line a but not on Part I, line 17:			i1				The state of the s
1	Donated services and use of facilities				<u> </u>	 .		
2	Prior year adjustments reported on Part I, line 20				<u> </u>	<u>i</u>		4 - 1
3	Losses reported on Part I, line 20				-			
4	Other (specify):							
	Add lines b1 through b4					<i></i>	ь	
C	Subtract line b from line a						C	6,529,007.
d	Amounts included on Part I, line 17, but not on line a:			1 1				
1	Investment expenses not included on Part I, line 6b .			d1				
2	Other (specify): SEE STATEMENT 7							
				d2		30,681.		
^	Add lines d1 and d2. Total expenses (Part I, line 17). Add lines c and d						d	30,681.
ο.	art V-A Current Officers, Directors, Trustees,				• • • •	· · · · · • <u>></u>	е	6,559,688.
1 6	• , = = = = = ; • : = = = ; • : = = = ; • : = = = ; • : = = = ; • : = = = ; • : = ; • : = = ; • : = ; • : = ; • : = = ; • : = ; •	and N	ey Employees (List each p	erson v	vho was an o	office	r, director, trustee,
_	or key employee at any time during the year	even i		(C) Compa				
	(A) Name and address	ŀ	(B) Title and average hours per	(C) Compe (If not paid		(D) Contributions to benefit plans & de		(E) Expense account and other allowances
-			week devoted to position	-0)	-	compensation p	lans	· · · · · · · · · · · · · · · · · · ·
	TE OWN WENGER O		ļ					
<u>DE</u>	E STATEMENT 8			108	<u>,924.</u>	19,	<u>743</u>	-0-
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						144		
			-					
								
,								
						l		Form 990 (2007)
								Form 330 (2007)

Form **990** (2007)

x

exempt or L

nonexempt

NONE

_____ and check whether it is

b Did the organization file Form 1120-POL for this year?

Form 990 (2007)	41-0950742	F	Page 7
Part VI Other Information (continued)		Yes	
82 a Did the organization receive donated services or t	he use of materials, equipment, or facilities at no charge	1	1, 1,
or at substantially less than fair rental value?	82a		x
b If "Yes," you may indicate the value of these items here. Do no	ot include this amount		
as revenue in Part I or as an expense in Part II. (See instructions	s in Part III.)		
a Did the organization comply with the public inspection require	ements for returns and exemption applications?	x	
b Did the organization comply with the disclosure requirements	relating to quid pro quo contributions?	1	A
84a Did the organization solicit any contributions or gifts that were	e not tax deductible?		х
b If "Yes," did the organization include with every	solicitation an express statement that such contributions or		
gifts were not tax deductible?	*	N/	A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible	by members?		х
b Did the organization make only in-house lobbying expenditures	s of \$2,000 or less?	х	2 82
If "Yes" was answered to either 85a or 85b, do r	not complete 85c through 85h below unless the organization		
received a waiver for proxy tax owed for the prior year.	The control of the co		
C Dues, assessments, and similar amounts from members	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
d Section 162(e) lobbying and political expenditures	85d *** \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
e Aggregate nondeductible amount of section 6033(e)(1)(A) due	s notices 85e had a data a laboration of the second of the		
f Taxable amount of lobbying and political expenditures (line 85	d less 85e) 1. 85f + constrat Gottyng and gr		
g Does the organization elect to pay the section 6033(e) tax on	the amount on line 85f?		
h If section 6033(e)(1)(A) dues notices were sent, do	es the organization agree to add the amount on line 85f		
to its reasonable estimate of dues allocable to nondeductible	lobbying and political expenditures for the following tax year?	1	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions	included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilit	ies 86b N/A		
87 501(c)(12) orgs. Enter: a Gross income from members or share	holders N/A		
b Gross income from other sources. (Do not net amounts due or	paid to other		
sources against amounts due or received from them.)	N/A		
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 organ	nization under Regulations sections		
301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		х
b At any time during the year, did the organization	, directly or indirectly, own a controlled entity within the		
meaning of section 512(b)(13)? If "Yes," complete Part XI			x
a 501(c)(3) organizations. Enter: Amount of tax imposed on the	organization during the year under:		
section 4911 ► N/A ; section 4912 ►	N/A ; section 4955 ▶N/A		
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 e	ccess benefit transaction from a prior year? If "Yes," attach		
a statement explaining each transaction		N/	A
c Enter: Amount of tax imposed on the organization managers of	or disqualified persons during the year under		
sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the org	anization N/A		
e All organizations. At any time during the tax year,	was the organization a party to a prohibited tax shelter		
transaction?			x
i All organizations. Did the organization acquire a dire	ect or indirect interest in any applicable insurance contract? 89f		Х
	ganizations maintaining donor advised funds. Did the		
	a sponsoring organization, have excess business holdings		
at any time during the year?	, 89g	N/	A
90 a List the states with which a copy of this return is filed NON			
b Number of employees employed in the pay period that include	s March 12, 2007 (See instructions.)	16	
91 a The books are in care of THE ORGANIZATION		584	
Located at ▶ 1201 MARQUETTE AV STE 310 MIN	NEAPOLIS, MN ZIP+4 ► 55403-4425		
b At any time during the calendar year, did the organization have	e an interest in or a signature or other authority over	Yes	No
a financial account in a foreign country (such as a bank accou	nt, securities account, or other financial account)?		Х
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for F	orm TD F 90-22.1, Report of Foreign Bank		
and Financial Accounts.			

Form 990 (20)	Other Information (continu	ed)			4	1-0950742		I.	Page 8
	time during the calendar year,		ronization wain				-1	\rightarrow	s No
. If "Yes	s," enter the name of the foreign	Country :	Janization main	tain an oi	TICE OUTSIDE	of the United States?		91c	X
	on 4947(a)(1) nonexempt charit			in lieu of	Form 1011	<u>. A. 750 S. Group In.</u>	<u>de la decembración de la compa</u> nsión de la compansión de	200	
and e	nter the amount of tax-exempt i	nterest rec	eived or accrue	d durina:	the tay vear	- Check here: " " " " " " " " " " " " " " " " " " "			
Part VII	Analysis of Income-Produc	ing Activi	ties (See the	instructio	ons.)	Les de La La Arraya de	and on the second	N/A	A.
Note: Enter g	ross amounts unless otherwise	Unre	elated business in	come	Excluded I	oy section 512, 513, or 514		(E)	***************************************
indicated.	The second of the second	(A)	(B)		(C)	(D)	Rela	ated or	
93 Progra	m service revenue:	Business code	Amoun	t	Exclusion code			f function come	n
a PREM	IIUMS EARNED					1979/1970		5,504,	.728
	Later to the second of the sec		A 4.5		7 	4 3 . 1			
	<u>Company of the last of the la</u>	13. A. A.				- 1-1-1			
	Walter Charles Comment								
	Carried to the Control of the Contro		1 1 2 2 2 2 8 M.		19 14 24 1	German Gagariana			
	e/Medicaid payments								
	d contracts from government agencies		<u> </u>		***	in the mests was a contact of			
	rship dues and assessments		ļ			and distinguishing documents	opera i v		
	n savings and temporary cash investments		1 1 1/2		14	541,078.	1		
	ds and interest from securities					The Charles and a conser-			************
	tal income or (loss) from real estate: canced property		T				Τ		
	t-financed property					thuiste s			
	I income or (loss) from personal property	ļ				No. 1			
	nvestment income		· · · · · · · · · · · · · · · · · · ·						
	oss) from sales of assets other than inventory					*****	1		·
	ome or (loss) from special events .		- · · · · · · · · · · · · · · · · · · ·						·
	ofit or (loss) from sales of inventory			~					
	evenue: a								
b INST	ALLMENT								
c SERV	ICE FEES						1	30	,681,
d									, , , , , , , , , , , , , , , , , , ,
e									
	(add columns (B), (D), and (E))					541,078.	6	,535,	409.
105 Total (a	dd line 104, columns (B), (D), and (E))				· · · · · · · >		,076,	
Bort VIII	5 plus line 1e, Part I, should equal th	e amount or	line 12, Part I.						
HIV HIS-	Relationship of Activities t	o the Acc	omplishment	of Exem	pt Purpos	ses (See the instruction	ons.)		
Line No.	Explain how each activity for whi organization's exempt purposes (oti	ch income i herthan by i	is reported in co	lumn (E) o	of Part VII c	ontributed importantly to	the accompli	ishment	of the
	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·			
	PREMIUMS FOR THE MINN	ESOTA E	TAIR PLAN F	ROVIDE	INSURA	NCE FOR	-		
	THOSE UNABLE TO OBTAI MARKET.	N SUCH	COVERAGE T	HROUGH	THE VO	LUNTARY			
	FEES FOR PAYMENTS MAI	ודי ראו אא	I TNCMATTAG	NT					
	Information Regarding Taxa	ble Subsi	idiaries and D	NT BAS	lad Entitic	e (See the instruction	no.)		
	(4)		(B)	isi ega i	(C)			/ =\	
iNai	me, address, and EIN of corporation, partnership, or disregarded entity		Percentage of ownership interest	Nature	of activities	(D) Total income	End	(E) -of-year	
	N/A		%	~~			a	ssets	
			%						
		'-	%						
			%	*					
Part X l	nformation Regarding Tran	sfers Ass	ociated with i	ersona	Benefit C	Contracts (See the in	structions)		
(a) Did the o	rganization, during the year, receive	any funds,	directly or indirec	tly, to pay	premiums o	n a personal benefit contra	ct? Yes	s x	₹ No
(b) Did the	organization, during the year,	pay prem	iums, directly of	or indired	ctly, on a r	personal benefit contra	ct? Yes		Σ No
Note: If "Ye	s" to (b), file Form 8870 and Fo	rm 4720 (s	ee instructions)	<u>. </u>			٠- ٠- س	_4:	

Form **990** (2007)

		and the second s	1	12(b)(13).	130
106	Die	d the reporting organizatio	n make any transfers to a	controlled entity as defined in sec	Yes N
	the	Code? If "Yes," complete t	he schedule below for each	ch controlled entity	and the second s
	72.	(A)	(B)	(C)	N/A
		Name, address, of each controlled entity	Employer Identification Number	Description of transfer	(D) Amount of transfer
	<u> </u>			Astronomic State of the Control of t	
а					·
ь					
					4
·					
С					
00 J	<u> </u>			<u> </u>	
\$ 50 G 2013 1		Totals			
i iliyan	93.7			No.	Yes N
07	Dic	the reporting organization	receive any transfers fror	n a controlled entity as defined in se	ection
1	512		es," complete the schedul	e below for each controlled entity.	N/A
		(A) Name, address, of each	(B) Employer Identification	(C)	(D)
1		controlled entity	Number	Description of transfer	Amount of transfer
				······································	· · · · · · · · · · · · · · · · · · ·
а					
а					
a b					
b					
b		Totals			
b					Yes No
b	Did	the organization have a b	inding written contract in e	ffect on August 17, 2006, covering	the interest,
b c	Did	the organization have a b	described in question 107	above?	the interest,
b	ren	the organization have a b ts, royalties, and annuities Under penalties of perjury, I de	described in question 107 clare that I have examined this re	above? turn, including accompanying schedules and	the interest, N/A statements and to the best of my knowled
b c c leas	ren	the organization have a b ts, royalties, and annuities Under penalties of perjury, I de	described in question 107 clare that I have examined this re	above?	the interest, N/A statements and to the best of my knowler
b c	reni S C	the organization have a b ts, royalties, and annuities Under penalties of perjury, I de	described in question 107 clare that I have examined this re	above? turn, including accompanying schedules and	the interest, N/A statements and to the best of my knowler
b c c see see see see see see see see see	reni S C	the organization have a b ts, royalties, and annuities Under penalties of perjury, I de and belief, it is true, correct, ar Signature of officer	described in question 107 clare that I have examined this rend complete. Declaration of preparation of preparat	above? turn, including accompanying schedules and arer (other than officer) is based on all inform	the interest, N/A statements and to the best of my knowler
b	reni S C	the organization have a b ts, royalties, and annuities Under penalties of perjury, i de and belief, it is true, correct, ar	described in question 107 clare that I have examined this rend complete. Declaration of preparation of preparat	above? turn, including accompanying schedules and arer (other than officer) is based on all inform	the interest, N/A statements and to the best of my knowled
c 08 Pleas	reni S C	the organization have a b ts, royalties, and annuities Under penalties of perjury, I de and belief, it is true, correct, ar Signature of officer	described in question 107 clare that I have examined this rend complete. Declaration of preparation of preparat	above? turn, including accompanying schedules and arer (other than officer) is based on all informate. Date Date Check if	the interest, N/A statements, and to the best of my knowled nation of which preparer has any knowled
c 08 Pleasign lere	ren	the organization have a b ts, royalties, and annuities Under penalties of perjury, I de and belief, it is true, correct, ar Signature of officer Type or print name and title Preparer's signature Mult	described in question 107 clare that I have examined this rend complete. Declaration of preparation of preparat	above? Inturn, including accompanying schedules and larger (other than officer) is based on all information. Date Date Check if self-employed Check if self-employ	the interest, N/A statements and to the best of my knowled
c c c c c c c c c c c c c c c c c c c	ren	the organization have a b ts, royalties, and annuities Under penalties of perjury, I de and belief, it is true, correct, ar Signature of officer Type or print name and title Preparer's signature Firm's name (or yours if self-employed),	described in question 107 clare that I have examined this rend complete. Declaration of preparation of preparat	above? eturn, including accompanying schedules and arer (other than officer) is based on all information. Date Date Check if self-employed T//5/08 EIN	the interest, N/A statements, and to the best of my knowled, nation of which preparer has any knowled, Preparer's SSN or PTIN (See Gen. Inst. P00020475

				BALANCES	
. /					
N +		the figure 1	eng af ut tit e		* *
DESCRIPTION	N	A 2 4 5 5 5	(x,y) = (x,y) + (xy) + (xy)	$(A,b) = (A,b) A^{-1}$	AMOUNT

CHANGE IN NONADMITTED ASSETS

49,473.

49,473.

41-0950742

EXPENSES
- OTHER
H
PART I
,066
 FORM

PTION TOTAL	& LOSS ADJ EXPENSE 3,778,535.		SEES			ION 112,135.	FEES 7,	WELFARE & PARKING 19,	COMPUTER MAINTENANCE/PROGRAMS 541,189.	•	40,		TING FEES 25,977,		138,	MJUA/MISC EXPENSES 36,000.			
DESCRIPTION	 LOSSES & LO	COMMISSIONS	DUES AND FEI	SURVEYS EXPENSE	INSURANCE	EDUCATION	DIRECTOR FEI	EMPLOYEE WE	COMPUTER MA.	SUBSCRIPTIONS	MISCELLANEOUS	BANK CHARGES	CONSULTING FEES	BAD DEBT	PREMIUM TAXES	MJUA/MISC EX	PAYROLL SERVICES	RECRUITING EXP	T + 4 E (E

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE EXEMPT ORGANIZATION WAS ESTABLISHED BY THE LEGISLATURE OF THE STATE OF MINNESOTA IN ACCORDANCE WITH THE PROVISIONS OF THE MINNESOTA FAIR PLAN ACT OF 1969. IT'S PURPOSE IS TO PROVIDE BASIC INSURANCE COVERAGE FOR ELIGIBLE PROPERTY OWNERS WHEN SUCH INSURANCE IS NOT AVAILABLE THROUGH THE VOLUNTARY MARKET. THE FACILITY'S GOVERNING BOARD HAS THE AUTHORITY TO ASSESS ALL PROPERTY INSURANCE COMPANIES LICENSED AND WRITING PREMIUMS IN THE STATE OF MINNESOTA.

FORM 990, PART IV - OTHER ASSETS

	ank i suka sekara gabi s	
ACCRUED INTEREST	e Transport (1926) (1974) (1974) Transport (1984) (1974) (1974)	373,564.
	TOTALS	373,564.

FORM 990, PART IV - OTHER LIABILITIES

ESCRIPTION

ENDING BOOK VALUE

UNPAID LOSS & LOSS ADJ EXPENSE

1,417,253.

TOTALS

1,417,253.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION		er die februarie	en. Minden i	AMOUNT
				····
INSTALLMENT SERVICE FEES			. No. 4	30,681.
And Control of the Co	TOTAL			30,681.

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

D	E	SC	RI	PΊ	Ŧ	ON	

INDOMA

INSTALLMENT SERVICE FEES

155 Taking 18 30,6812 11 3

TOTAL

30,681.

EXPENSE ACCT AND OTHER ALLOWANCES						Mark Market	·
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS		19,743.				10 214 8149/80 112/20/383 00 12/20/383 00	
COMPENSATION	NONE	101,924.	NONE	3,000.	1,400.	2,000.	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TREASURER 1.00	EXECUTIVE DIRECTOR 45.00	BOARD MEMEBER 1.00	VICE-CHAIRMAN 1.00	BOARD MEMBER 1.00	SECRETARY 1.00	CHAIR 1.00
NAME AND ADDRESS	DANIEL JOHNSON 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	DANIEL JOHNSON 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	VICKY RIZZOLO 1201 MARQUETTE AVENUE, SULTE 310 MINNEAPOLLS, MN 55403-4425	ALEXANDER MCKINNEY III 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	DAN SCHNEEMAN 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	RENEE TOMATZ 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	JAMES MELCHIOR

TRUSTEES
AND
DIRECTORS,
OFFICERS,
CURRENT
V-A
PART
FORM 990,

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425					٠
ROBERT BOYCE 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLLS, MN 55403-4425	BOARD MEMBER 1.00	NONE			
ROGER COMS 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	BOARD MEMBER 1.00	NONE			
EDWARD PRIESTER 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	BOARD MEMBER 1.00	NONE			
TERREL MADSEN 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	BOARD MEMBER 1.00	NONE			
JON FARRIS 1201 MARQUETTE AVENUE, SUITE 310 MINNEAPOLIS, MN 55403-4425	BOARD MEMBER 1.00	.009			
	GRAND TOTALS	108,924.	35.67.7.(3) 93.743.		

FORM 990, PART VI - CHANGES TO ORGANIZING OR GOVERNING DOCUMENT

UPDATED PLAN OF OPERATIONS EFFECTIVE 2-15-07.

MINNESOTA PROPERTY INSURANCE PLACEMENT FACILITY
Part II, Line 42 - Depreciation Expense
Part IV, Line 57a and 57b - Land, Buildings, Equipment, and Accumulated Depreciation
December 31, 2007

Net Book Value		8,119	230	8,700	5,069		22,119	(21,889)	230
Net Bo		€	₩	⇔	€		₩	↔	8
·	Balance 12/31/07	47,271	655,287	84,356	17,385		804,299		
		↔	↔ `	↔	€9	€	↔		
Accumulated Depreciation	Reductions	,	5,263				5,263	e Equipment)	Il Statements
Accumulated	Additions	8,358	1,931	9,407	3,158	1	22,854	ures, and Office	Value of Assets per Financial Statements
	Balance 12/31/06	38,913	658,619	74,949	14,227		786,709	, Furn & Fix	/alue of Ass
	, ,	.€	↔	↔	↔	↔	₩	dml k	
	Balance 12/31/07	\$ 55,391	\$ 655,517	\$ 93,056	\$ 22,454	ν ο	\$ 826,418	Total Customary Non-admitted Assets (Leasehold Imp, Furn & Fixtures, and Office Equipment)	
ets	Reductions		5,263		1 .	1	5,263	y Non-admitted	
Assets	Additions				1	•	1	Total Customa	
	Balance 12/31/06	\$ 55,391	\$ 660,780	\$ 93,056	\$ 22,454		831,681		
					0,	∨	↔		
	Description	Leasehold Imp.	Computer Equip.	Furn. & Fixtures	Office Equip.	Automobiles	TOTALS		