

















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A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MINNESOTA CITIZENS CONCERNED FOR LIFE INC-EDUCATION FUND		D Employer identification number 51-0164086
Address change		Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 4249 NICOLLET AVE SOUTH		E Telephone number (612) 825-6831
Name change				
<input checked="" type="checkbox"/> Initial return		City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 55409		F Group Exemption Number 
Terminated				
Amended return				
Application pending				

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ MCCL.org		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 412,672			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	387,675
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	24,750
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here  		
	a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe  )	8	247
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	412,672
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	236,228
	13	Professional fees and other payments to independent contractors	13	38,343
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	31,485
	15	Printing, publications, postage, and shipping	15	71,915
	16	Other expenses (describe  )	16	152,411
	17	Total expenses. Add lines 10 through 16 	17	530,382
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-117,710
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	185,795
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 	21	68,085

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ		
(See the instructions for Part II)		
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	113,195	22 85,955
23 Land and buildings	75,181	23 68,106
24 Other assets (describe  )	319	24 0
25 Total assets	188,695	25 154,061
26 Total liabilities (describe  )	2,900	26 85,976
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	185,795	27 68,085

[illegible]

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed MN		
42a	The organization's books are in care of JELINEK METZ MCDONALD LTD Telephone no (952) 935-6868 33 10TH AVE S SUITE 200 Located at HOPKINS, MN ZIP + 4 553430507		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(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
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	***** Signature of officer	2010-06-15 Date
	GERRY CHAPDELAIN, SECRETARY/TREASURER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	WILLIAM R METZ, CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Jelinek Metz McDonald Ltd 33 Tenth Ave S Ste 200 Hopkins, MN 553430507			EIN
					Phone no (952) 935-6868

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization MINNESOTA CITIZENS CONCERNED FOR LIFE INC-EDUCATION FUND	Employer identification number 51-0164086
-----------------------------------------------------------------------------------------	--------------------------------------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% 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).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	257,966	363,672	556,377	355,947	387,675	1,921,637
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	257,966	363,672	556,377	355,947	387,675	1,921,637
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						235,669
6 Public Support. Subtract line 5 from line 4						1,685,968

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	257,966	29,250	556,377	355,947	387,675	1,921,637
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,932	29,250	25,775	31,500	24,750	136,207
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	6,955	112	79	107	247	7,500
11 Total support (Add lines 7 through 10)						2,065,344

12

Gross receipts from related activities, etc (See instructions)

12

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	81 630 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	84 210 %

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

☐

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a**33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

b**33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

20**Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

☐

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 51-0164086

Name: MINNESOTA CITIZENS CONCERNED FOR LIFE
INC-EDUCATION FUND

Form 990EZ, Part IV - List of 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	(E) Expense account and other allowances
LEO LALONDE 907 NW 20 STREET GRAND RAPIDS, MN 55744	PRESIDENT 1 00	0	0	
DIANE PAFFEL 16730 STANFORD ST FOREST LAKE, MN 55025	VICE PRESIDENT 1 00	0	0	
GERRY CHAPDELAINE 575 CHAPEL LANE EAGAN, MN 55121	SECRETARY / TREASURER 1 00	0	0	
MARY SCHMIT 5025 MORGAN AVE S MINNEAPOLIS, MN 55419	EXEC COMM 1 00	0	0	
SCOTT FISCHBACH 416 BURR STREET PAYNESVILLE, MN 56362	EXEC COMM 20 00	30,408	0	
JEAN SHIELDS 4832 EDGEWOOD AVE N CRYSTAL, MN 55428	EXEC COMM 1 00	0	0	
JOE WOITALLA RR4 BOX 55 PIERZ, MN 56364	EXEC COMM 1 00	0	0	
CATHY BLAESER 17247 IDLEWOOD WAY LAKEVILLE, MN 55044	EXEC COMM 1 00	0	0	
JACKIE MILLER 808 RUSHMORE DRIVE BURNSVILLE, MN 55306	EXEC COMM 1 00	0	0	
JOHN ANGELL 4358 COOLIDGE AVE ST LOUIS PARK, MN 55424	DIRECTOR 0 00	0	0	
EILEEN ANGELL 4358 COOLIDGE AVE ST LOUIS PARK, MN 55424	DIRECTOR 0 00	0	0	
DON CHAPDELAINE 575 CHAPEL LANE EAGAN, MN 55121	DIRECTOR 0 00	0	0	
THOMAS CLIFFORD 5840 HIGHWAY 61 SILVER BAY, MN 55614	DIRECTOR 0 00	0	0	
BEVERLY J COTTER 1905 TATUM ST FALCON HEIGHTS, MN 55113	DIRECTOR 0 00	0	0	
JOYCE T GAGNE 531 1ST ST PROCTOR, MN 55810	DIRECTOR 0 00	0	0	
LAURA JANE GESE 18717 RIDGEFIELD RD NW SHORELINE, WA 98177	DIRECTOR 0 00	0	0	
JUNE M HAMPTON 15551 POTASSIUM ST NW RAMSEY, MN 55303	DIRECTOR 0 00	0	0	
DONNA L HARRINGTON 2126 LAKE AUGUSTA DR MENDOTA Hts, MN 55120	DIRECTOR 0 00	0	0	
JULIE S KUBISTA 7049 BLUE RIDGE BLVD RAYTOWN, MO 64133	DIRECTOR 0 00	0	0	
LARRY LALONDE 404 ALAN ST SW HUTCHINSON, MN 55340	DIRECTOR 0 00	0	0	
MARY LOHRBACH 1109 7TH ST W MANTORVILLE, MN 55955	DIRECTOR 0 00	0	0	
NANCY MACHT 6670 NORTHWOOD LN APT 202 ST CLOUD, MN 56303	DIRECTOR 0 00	0	0	
RICHARD P MACHT 6670 NORTHWOOD LN APT 202 ST CLOUD, MN 56303	DIRECTOR 0 00	0	0	
ROSE M MEATH 14760 DELFT AVE W ROSEMOUNT, MN 55068	DIRECTOR 0 00	0	0	
CAROLYN L MINNIE 1419 COUNTY HWY 36 TWIN VALLEY, MN 56584	DIRECTOR 0 00	0	0	
DAVID N OSTEEN 512 10ST NW WASHINGTON, DC 20004	DIRECTOR 0 00	0	0	
JOHN J PAFFEL 16730 STANFORD ST FOREST LAKE, MN 55025	DIRECTOR 0 00	0	0	
PATRICIA L PALMER 3873 W LINDEN BLVD NISSWA, MN 56468	DIRECTOR 0 00	0	0	
TOM RINGDAL 4334 WELCOME AVE N CRYSTAL, MN 55422	DIRECTOR 0 00	0	0	
DARLA ST MARTIN 8929 ALLISTON HOLLOW WAY GAITHERSBURG, MD 20879	DIRECTOR 0 00	0	0	
THOMAS ST MARTIN 8965 THOMAS LN WOODBURY, MN 55125	DIRECTOR 0 00	0	0	
STACIE SUEDKAMP 2537 CEDAR AVE S MINNEAPOLIS, MN 55404	DIRECTOR 0 00	0	0	
FRAN WILSON 15722 WOODGATE RD N MINNETONKA, MN 55345	DIRECTOR 0 00	0	0	

TY 2009 Other Assets Schedule

Name: MINNESOTA CITIZENS CONCERNED FOR LIFE
INC-EDUCATION FUND

EIN: 51-0164086

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	319	0

TY 2009 Other Expenses Schedule

Name: MINNESOTA CITIZENS CONCERNED FOR LIFE
INC-EDUCATION FUND

EIN: 51-0164086

Description	Amount
PAYROLL TAXES	19,901
AUTO EXPENSE	2,013
COMPUTER EXPENSE	21,093
CONFERENCES AND TRAVEL	7,692
DEPRECIATION	7,394
EDUCATIONAL PROGRAMS	58,645
INSURANCE	14,533
OFFICE EXPENSE	5,084
TELEPHONE	3,607
MISCELLANEOUS	4,472
TELEMARKETING	7,977

TY 2009 Other Liabilities Schedule

Name: MINNESOTA CITIZENS CONCERNED FOR LIFE
INC-EDUCATION FUND

EIN: 51-0164086

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENESES	1,319	84,732
ACCRUED PAYROLL TAXES	1,581	1,244

TY 2009 Other Revenues Schedule

Name: MINNESOTA CITIZENS CONCERNED FOR LIFE
INC-EDUCATION FUND

EIN: 51-0164086

Description	Amount
MISCELLANEOUS INCOME	247

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: MINNESOTA CITIZENS CONCERNED FOR LIFE
INC-EDUCATION FUND

EIN: 51-0164086

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.