

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	HOPE FOR THE CITY	37-1441658
	Number, street, and room or suite no. If a P.O. box, see instructions.	
File by the due date for filing your return. See instructions.	4350 BAKER ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MINNETONKA, MN 55343	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ BRENDA KILBER

Telephone No. ▶ 952 897-7712 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2007 or
- ▶ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Instructions for filing
HOPE FOR THE CITY
Form 990 with Sch. A - Exempt Under 501(c)(3)
for the period ended December 31, 2007

Signature...

The original return should be signed (using full name and title)
and dated by an authorized officer of the organization.

Filing...

The signed return should be filed on or before August 15, 2008
with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Payment of tax...

No payment of tax is required.

on the check.

The return should be sent certified mail, return receipt requested.

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)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

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

B Check if applicable: X Address change
C Name of organization: HOPE FOR THE CITY
D Employer identification number: 37-1441658
E Telephone number: (952) 897-7712
F Accounting method: X Accrual

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? No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? No

H(d) Is this a separate return filed by an organization covered by a group ruling? No

G Website: WWW.HOPE4THECITY.COM

J Organization type (check only one) X 501(c)(3) 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.

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 23,305,603.

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ 21,949,448.) If this amount includes foreign grants, check here <input type="checkbox"/>	21,949,448.	21,949,448.	STMT 4	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	NONE			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B				
c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	480,582.	207,540.	91,176.	181,866.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	72,621.	31,364.	13,776.	27,481.
29 Payroll taxes	32,013.	13,826.	6,073.	12,114.
30 Professional fundraising fees				
31 Accounting fees	14,005.		14,005.	
32 Legal fees				
33 Supplies				
34 Telephone	8,129.	5,648.	2,481.	
35 Postage and shipping				
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	31,014.	21,549.	9,465.	
40 Conferences, conventions, and meetings	4,859.			4,859.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	21,764.	17,640.	4,124.	
43 Other expenses not covered above (itemize):				
a STMT 5	557,036.	279,761.	7,043.	270,232.
b _____				
c _____				
d _____				
e _____				
f _____				
g _____				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	23,171,471.	22,526,776.	148,143.	496,552.

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 \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; 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.

What is the organization's primary exempt purpose? SEE STATEMENT 6 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 optional for others.)
a REDISTRIBUTION OF FOOD, MEDICAL SUPPLIES, AND OTHER RESOURCES TO NONPROFIT ORGANIZATIONS SERVING THE POOR LOCATED IN THE TWIN CITIES, THE UNITED STATES, AND WORLDWIDE. DURING 2007 MEDICAL SUPPLIES WERE SENT TO PERU, ARMENIA, UGANDA, INDIA, IRAQ, AND JAMAICA. (Grants and allocations \$ 21,949,448.) If this amount includes foreign grants, check here <input type="checkbox"/>	22,526,776.
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	22,526,776.

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash - non-interest-bearing	100,190.	45	138,244.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	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	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	564,534.	52	1,172,896.
	53 Prepaid expenses and deferred charges	16,859.	53	13,094.
	54a Investments - publicly-traded securities		54a	
	b Investments - other securities (attach schedule)		54b	
	55a Investments - land, buildings, and equipment: basis	172,539.		
	b Less: accumulated depreciation (attach schedule)	111,534.	55c	61,005.
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule)		57c		
58 Other assets, including program-related investments (describe)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	764,352.	59	1,385,239.	
Liabilities	60 Accounts payable and accrued expenses	15,928.	60	16,519.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	STMT. 7	63	337,000.
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe)	NONE	65	274,999.
66 Total liabilities. Add lines 60 through 65	15,928.	66	628,518.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	727,343.	67	661,474.
	68 Temporarily restricted	21,081.	68	95,247.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <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 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	748,424.	73	756,721.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	764,352.	74	1,385,239.	

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

Table with 3 columns: Question, Yes, No. Rows include 75a (19), 75b (X), 75c (X), and 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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1 shows -0- in all columns.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b (N/A), 79, 80a, 81a, and 81b (X).

Part VI Other Information (continued)

Form 990 (2007) Part VI Other Information (continued) table with columns for question ID, question text, and Yes/No columns. Includes questions 82a through 91b regarding organization activities, dues, lobbying, and foreign accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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 _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00173745
Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	BOULAY HEUTMAKER ZIBELL & CO PLLP 7500 FLYING CLOUD DRIVE, SUITE 800 MINNEAPOLIS, MN 55344		EIN <input type="checkbox"/> 41-0887288 Phone no. <input type="checkbox"/> 952-893-9320

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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**

OMB No. 1545-0047

2007

Name of the organization

HOPE FOR THE CITY

Employer identification number

37-1441658

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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
SEE STATEMENT 16				

Total number of other employees paid over \$50,000 . . ▶ NONE

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities; 2. Substantial contributors; 2a-e. Other acts; 3a-d. Grants and other services; 4a-c. Donor advised funds; 4d-f. Assets and distributions.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year; c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has 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 that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Table with 3 columns: Line number, Description, and Amount. Section: Limits on Lobbying Expenditures. Includes lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Section: Lobbying Expenditures During 4-Year Averaging Period. Includes lines 45-50 for nontaxable amounts, ceilings, and total expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) NOT APPLICABLE

Table with 3 columns: Description, Yes, No, Amount. Section: Lobbying Activity by Nonelecting Public Charities. Includes lines a-i for various lobbying activities.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

HOPE FOR THE CITY

Employer identification number

37-1441658

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization HOPE FOR THE CITY	Employer identification number 37-1441658
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRING PRODUCE 2870 CENTERVILLE ROAD ST. PAUL, MN 55117	\$ 584,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GENERAL MILLS 1 GENERAL MILLS BLVD MINNEAPOLIS, MN 55426	\$ 691,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MICHAEL'S FOODS 301 CARLSON PKWY MINNETONKA, MN 55305	\$ 965,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PREMIUM WATERS 2520 BROADWAY ST NE MINNEAPOLIS, MN 55413	\$ 818,970.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SSI FULFILLMENT SYSTEMS 4350 BAKER ROAD, SUITE 400 MINNETONKA, MN 55343	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HOPE FOR THE CITY

Employer identification number
37-1441658

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD _____ _____ _____	\$ 584,082.	_____
2	FOOD _____ _____ _____	\$ 691,550.	_____
3	FOOD _____ _____ _____	\$ 965,078.	_____
4	DRINKING WATER _____ _____ _____	\$ 818,970.	_____
5	BOOKS _____ _____ _____	\$ 500,000.	_____
_____	_____ _____ _____	\$ _____	_____

FORM 990, PART I - LIST OF CONTRIBUTORS

=====

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
-----	----	-----
MISC. CASH CONTRIBUTIONS LESS THAN 2%		892,924.
MISC. NONCASH CONTRIBUTIONS		18,723,132.
BRING PRODUCE 2870 CENTERVILLE ROAD ST. PAUL, MN 55117		584,082.
GENERAL MILLS 1 GENERAL MILLS BLVD MINNEAPOLIS, MN 55426		691,550.
MICHAEL'S FOODS 301 CARLSON PKWY MINNETONKA, MN 55305		965,078.
PREMIUM WATERS 2520 BROADWAY ST NE MINNEAPOLIS, MN 55413		818,970.
SSI FULFILLMENT SYSTEMS 4350 BAKER ROAD, SUITE 400 MINNETONKA, MN 55343		500,000.
TOTAL CONTRIBUTION AMOUNTS		----- 23,175,736. =====

FORM 990, PART I - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION -----	AMOUNT -----
BANQUET AND AUCTION	239,498.
GOLF FUNDRAISER	55,117.
ASK EVENT	24,622.

TOTAL	319,237.
	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----
BANQUET AND AUCTION	78,592.	78,592.
GOLF FUNDRAISER	38,681.	38,681.
ASK EVENT	8,562.	8,562.
	-----	-----
TOTALS	125,835.	125,835.
	=====	=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GRANTS PAID =====			
PERU	NONE NON PROFIT	PROVIDE MEDICAL SUPPLIES AND VACCINATIONS	483,275.
ARMENIA	NONE NON PROFIT	PROVIDE MEDICAL SUPPLIES AND FOOD TO THE NEEDY	12,653,053.
UGANDA	NONE NON PROFIT	PROVIDE BOOKS AND OTHER READING MATERIAL	843,965.
JAMAICA	NONE NON-PROFIT	PROVIDE BOOKS AND OTHER READING MATERIAL	484,605.
DISTRIBUTED TO NON-PROFIT BENEFICIARIES IN U.S.			7,484,550.
		TOTAL CONTRIBUTIONS PAID	21,949,448. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
BANK FEES	3,186.		3,186.	
MISCELLANEOUS	1,359.	588.	258.	513.
INSURANCE	1,436.	619.	273.	544.
SHIPPING EXPENSE	6,885.	6,885.		
TRUCK EXPENSE	105,908.	105,908.		
WAREHOUSE RENT AND EXPENSE	158,188.	158,188.		
OFFICE EXPENSE	17,534.	7,573.	3,326.	6,635.
MARKETING	5,966.			5,966.
OTHER FUNDRAISING EXPENSE	256,574.			256,574.
TOTALS	557,036.	279,761.	7,043.	270,232.

=====

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

THE PURPOSE OF THE ORGANIZATION IS TO REDISTRIBUTE FOOD, MEDICAL
SUPPLIES, AND OTHER RESOURCES TO NONPROFIT ORGANIZATIONS THAT SERVE
THE POOR.

FORM 990, PART IV - LOANS FROM OFFICERS, DIRECTORS, ETC

=====

LENDER:	DENNIS J. DOYLE	
INTEREST RATE:	NONE	
DATE OF NOTE:	08/16/2007	
REPAYMENT TERMS:	DEMAND NOTE TO BE PAID AT DISCRETION OF LENDER.	
ENDING BALANCE DUE		337,000.

 TOTAL ENDING LOANS FROM OFFICERS, DIRECTORS, ETC.		 337,000.
		=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
INVENTORIES HELD FOR OTHERS	274,999.
TOTALS	----- 274,999. =====

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

=====

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENTS EXPENSE	69,238.
DONATED INTEREST INCOME	17,039.

TOTAL	86,277.
	=====

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

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	69,238.
DONATED INTEREST	17,039.
TOTAL	86,277.

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
DENNIS DOYLE 4350 BAKER ROAD 400 MINNETONKA, MN 55343	PRESIDENT	NONE	NONE	NONE
MEGAN DOYLE 4350 BAKER ROAD 400 MINNETONKA, MN 55343	VICE PRESIDENT	NONE	NONE	NONE
STUART ACKERBERG 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
ALICIA BELTON 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
STEVE BREHM 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
BRYAN DEJEWSKI	BOARD MEMBER	NONE	NONE	NONE

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

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
4350 BAKER ROAD 400 MINNETONKA, MN 55343				
PATRICK DOYLE 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
JULIE FLAHERTY 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
DAVE GIBSON 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
BOB LONG 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
BRYANT LOVING 4350 BAKER ROAD 400	BOARD MEMBER	NONE	NONE	NONE

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

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
MINNETONKA, MN 55343				
CRAIG SULENTIC 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
BRIAN SULLIVAN 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
RONALD HAVE 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
MARY KIFFMEYER 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
KAY SHIMEK 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE

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

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
JACKIE CHERRYHOLMES 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
JAY BENNETT 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
MICHELLE T. CULLIGAN 4350 BAKER ROAD 400 MINNETONKA, MN 55343	BOARD MEMBER	NONE	NONE	NONE
GRAND TOTALS	----- NONE =====	----- NONE =====	----- NONE =====	

FORM 990, PART V-A RELATIONSHIP SCHEDULE

=====

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	DENNIS DOYLE
NAME OF RELATED ENTITY:	MEGAN DOYLE
TITLE OR ROLE:	VICE PRESIDENT
RELATIONSHIP:	SPOUSE

NAME OF OFFICER, DIRECTOR, ETC:	MEGAN DOYLE
NAME OF RELATED ENTITY:	DENNIS DOYLE
TITLE OR ROLE:	PRESIDENT
RELATIONSHIP:	SPOUSE

NAME OF OFFICER, DIRECTOR, ETC:	PATRICK DOYLE
NAME OF RELATED ENTITY:	DENNIS DOYLE
TITLE OR ROLE:	PRESIDENT
RELATIONSHIP:	SIBLING

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----
CLAIRE A BRUMBACK 4350 BAKER ROAD SUITE 400 MINNETONKA, MN 55343	EXECUTIVE DIRECTOR	76,692.
BRENDA KILBER 4350 BAKER ROAD SUITE 400 MINNETONKA, MN 55343	MANAGING DIRECTOR	55,150.
MAUREEN WHALEY 4350 BAKER ROAD SUITE 400 MINNETONKA, MN 55343	CORPORATE RELATIONS	75,029.
PAUL GIFFORD 4350 BAKER ROAD SUITE 400 MINNETONKA, MN 55343	CORPORATE RELATIONS	66,950.
TRENT L. ROLFZEN 4350 BAKER ROAD SUITE 400 MINNETONKA, MN 55343	CORPORATE RELATIONS	55,057.
	TOTAL COMPENSATION	----- 328,878. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

=====

AN OPERATING LOAN WAS PROVIDED TO THE ORGANIZATION FROM ONE OF ITS BOARD OF DIRECTORS. THE NOTE WAS UNSECURED, NON-INTEREST BEARING, AND DUE UPON DEMAND. NO REPAYMENTS WERE MADE DURING THE 2007 TAX YEAR. A PORTION OF THE LOAN (\$150,000) WAS PAID OFF IN FEBRUARY 2008.

SCH. A, PART IV - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2004

=====

NAME OF CONTRIBUTOR	DATE	AMOUNT	EXPLANATION
-----	----	-----	-----
SANTE FE, SUWANEE & TAMPA	VAR	56,620,000.	MEDICAL SUPPLIES
TOTAL		----- 56,620,000. =====	

SCH. A, PART IV - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2003

=====

NAME OF CONTRIBUTOR	DATE	AMOUNT	EXPLANATION
-----	----	-----	-----
SANTE FE, SUWANEE & TAMPA	VAR	98,268,853.	MEDICAL SUPPLIES
TOTAL		----- 98,268,853.	
		=====	