

STATE OF MINNESOTA
CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON
 SUITE 1200, BREMER TOWER
 445 MINNESOTA STREET
 ST. PAUL, MN 55101-2130
 (651) 296-6172
 (651) 296-1410 (TTY)
 www.ag.state.mn.us

Annual Reporting Initial Registration

FEDERAL EIN NUMBER: 41-1796971

FOR YEAR ENDING: 12/31/08

SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. *Legal Name of Organization:* Mano A Mano International Partners
 If annual reporting, is this a new name since the organization's last filing? Yes No

If so, please state former name: _____

2. List all names under which the organization solicits contributions:
Mano A Mano International Partners

3. <i>Mailing Address</i> <u>774 Sibley Memorial Highway</u> <u>Mendota Heights, MN 55118</u>	<i>Physical Address</i> <u>774 Sibley Memorial Highway</u> <u>Mendota Heights, MN 55118</u>
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4. <i>Contact Person</i> <u>Dan Narr</u> <i>Tel. No.</i> <u>651-457-3141</u>	<i>E-mail</i> _____ <i>Fax No.</i> <u>651-450-9935</u>
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5. Complete the following for the most recent twelve-month accounting year. *This information is required to be completed even if the organization is required to attach an IRS Form 990.*

INCOME	For Year Ending: <u>December 31, 2008</u>
Contributions from the public	\$ <u>2215741</u>
Government Grants	\$ _____
Other revenue	\$ <u>104692</u>
TOTAL REVENUE	\$ <u>2320433</u>

EXPENSES	
Amount spent for program or charitable purposes	\$ <u>2084542</u>
Management/general expense	\$ <u>73113</u>
Fund-raising expense	\$ <u>50597</u>
Amounts paid to affiliated organizations	\$ _____
TOTAL EXPENSES	\$ <u>2208252</u>

EXCESS or DEFICIT	\$ <u>31181</u>
TOTAL Assets	\$ <u>3367672</u>
TOTAL Liabilities	\$ <u>265164</u>

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 3102508

6. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?
 Yes No

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

Name _____
City _____ State _____ Zip _____ Compensation _____

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

8. Month and day accounting year ends: December 31

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

SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY

ALL organizations MUST complete questions 1-5.

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

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

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

	Name/Title	Compensation
1	Dan Narr - Executive Director	82,033
2		
3		
4		
5		

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

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

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

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

Statement of Functional Expenses				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S.				
2 Grants and other assistance to individuals in the U.S.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a				
b				
c				
d All other expenses				
25 Total functional expenses. Add lines 1 through 24d				
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Must be prepared in accordance with generally accepted accounting principles.

SECTION FOUR: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the President of Board (Title) and Treasurer (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the Board of Directors (Board of Directors, Trustees, or Managing Group) adopted on the 12th day of November, 2009, approving the contents of the document, and do hereby certify that the Board of Directors (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

<u>Segundo M. Velasquez</u> Name (Print)	<u>Deborah Kotcher</u> Name (Print)
<u>[Signature]</u> Signature	<u>[Signature]</u> Signature
<u>President of Board</u> Title	<u>Treasurer</u> Title
<u>11/11/09</u> Date	<u>11/12/2009</u> Date

*** NOTICE ***

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

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 2008 calendar year, or tax year beginning and ending

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

C Name of organization
 Please use IRS label or print or type.
MANO A MANO INTERNATIONAL PARTNERS
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
774 SIBLEY MEMORIAL HIGHWAY
 City or town, state or country, and ZIP + 4
MENDOTA HEIGHTS, MN 55118-1707

D Employer identification number
41-1796971

E Telephone number
651-457-3141

F Name and address of principal officer: **JOAN VELASQUEZ**
SAME AS C ABOVE

G Gross receipts \$ **2,258,492.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.MANOAMANO.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: 1994 **M State of legal domicile:** MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE PARTNERSHIPS WITH IMPOVERISHED BOLIVIAN COMMUNITIES THAT IMPROVE HEALTH AND INCREASE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of employees (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	225
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,767,539.	2,227,360.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,333.	20,753.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,398.	2,939.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,805,270.	2,251,052.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,942,185.	1,903,330.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	166,743.	156,995.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,597.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	146,228.	159,546.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,255,156.	2,219,871.	
19 Revenue less expenses. Subtract line 18 from line 12	-449,886.	31,181.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	3,101,135.	3,367,672.
	22 Net assets or fund balances. Subtract line 21 from line 20	110,808.	265,164.
		2,990,327.	3,102,508.

Part II Signature Block

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.

Sign Here ▶ Signature of officer **JOAN VELASQUEZ, SECRETARY** Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Date **11/05/09** Check if self-employed Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.** EIN ▶
30 EAST PLATO BOULEVARD
SAINT PAUL, MN 55107-1809 Phone no. ▶ **(651) 227-6695**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE MISSION OF MANO A MANO INTERNATIONAL PARTNERS IS TO CREATE PARTNERSHIPS WITH IMPOVERISHED BOLIVIAN COMMUNITIES THAT IMPROVE HEALTH AND INCREASE ECONOMIC WELL-BEING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

Yes No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

Yes No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 902,455. including grants of \$) (Revenue \$)

MEDICAL SURPLUS PROGRAM - VOLUNTEERS COLLECT DONATIONS OF SURPLUS MEDICAL EQUIPMENT AND SUPPLIES IN MINNESOTA AND PREPARE THEM FOR SHIPMENT TO BOLIVIA WHERE THEY ARE DISTRIBUTED WITHOUT CHARGE TO MANO A MANOS COMMUNITY CLINICS AND TO 150 OTHER NON-PROFIT HEALTH PROGRAMS THAT SERVE THE IMPOVERISHED. IN 2008, MANO A MANO TWIN CITIES VOLUNTEERS COLLECTED, SORTED, AND PREPARED FOR SHIPMENT 113,226 POUNDS OF MEDICAL SUPPLIES AND EQUIPMENT.

4b (Code:) (Expenses \$ 439,490. including grants of \$) (Revenue \$)

COMMUNITY CLINIC - MANO A MANO BOLIVIA HAS IMPLEMENTED A COMMUNITY-ORIENTED APPROACH TO CONSTRUCTING, STAFFING AND OPERATING HEALTH CLINICS IN PARTNERSHIP WITH RURAL COMMUNITIES, BOLIVIAN GOVERNMENT ENTITIES, CHURCHES, AND BUSINESSES. DURING 2008, MANO A MANO BOLIVIA HAD 417,230 PATIENT VISITS, DELIVERED 1,983 INFANTS, AND PROVIDED HEALTH EDUCATION TO 303,719 INDIVIDUALS. MANO A MANO BOLIVIA EQUIPPED 13 NEW CLINICS AND SUPPLIED ALL CLINICS IN ITS NETWORK WITH DONATIONS RECEIVED BY MANO A MANO TWIN CITIES. IN ADDITION MANO A MANO BOLIVIA STAFF AND VOLUNTEERS FILLED 1,469 REQUESTS FOR DONATED ITEMS FROM HEALTH CARE PROGRAMS AND 934 FROM INDIVIDUALS WHO NEEDED ITEMS, SUCH AS WHEELCHAIRS AND WALKERS. MANO A MANO TRAINED AN AVERAGE OF 10 VOLUNTEERS IN EACH CLINIC COMMUNITY TO SERVE AS HEALTH PROMOTERS, AND

4c (Code:) (Expenses \$ 431,536. including grants of \$) (Revenue \$)

ENVIROMENTAL HEALTH/BASIC SERVICES, SCHOOLS AND TEACHER HOUSING - THROUGH COMMUNITY CLINIC HEALTH EDUCATION PROGRAMS, RESIDENTS LEARN TO IDENTIFY RISKS TO THEIR HEALTH POSED BY UNSAFE WATER, IMPROPER SEWAGE DISPOSAL, AND INADEQUATE PERSONAL HYGIENE. AS THESE RISKS ARE RECOGNIZED, MANO A MANO PARTNERS WITH COMMUNITIES AND THEIR LOCAL GOVERNMENTS TO CONSTRUCT AND LEARN TO USE PROPERLY A PUBLIC WATER SUPPLY, PUBLIC SHOWERS AND BATHROOMS, AND COMMUNITY LAUNDRY TUBS WITH APPROPRIATE DRAINAGE. MANO A MANO BOLIVIA IMPROVED 22 KM OF RURAL ROADS AND CONSTRUCTED 25 KM OF NEW ROADS. MANO A MANO NUEVO MUNDO BUILT 20 KM OF NEW ROADS AND IMPROVED 413 KM OF EXISTING ROADS. ALONG WITH BUILDING PUBLIC BATHROOMS, SHOWERS, AND LAUNDRY WASHING FACILITIES IN 2 COMMUNITIES, WHICH BRINGS THE TOTAL TO 30 COMMUNITIES. MANO A MANO

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 322,680. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 2,096,161. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> ...		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?		X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DAN NARR - 651-457-3141**
774 SIBLEY MEMORIAL HIGHWAY, ST. PAUL, MN 55118

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY CROWLEY BOARD MEMBER	1.00	X					0.	0.	0.	
NANCY WHITE BOARD MEMBER	1.00	X					0.	0.	0.	
SEGUNDO VELASQUEZ PRESIDENT	50.00			X			0.	0.	0.	
JOHN FOXEN, MD VICE PRESIDENT	1.00			X			0.	0.	0.	
JOAN VELASQUEZ, PHD SECRETARY	40.00			X			0.	0.	0.	
CHRISTINE VERPLOEG EXECUTIVE COMMITTEE CHAIR	1.00			X			0.	0.	0.	
DEBORAH KOTCHER, CPA TREASURER	2.00			X			0.	0.	0.	
DAN NARR EXECUTIVE DIRECTOR	40.00			X			70,000.	0.	12,033.	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,227,360.				
	g	Noncash contributions included in lines 1a-1f: \$		979,100.				
	h	Total. Add lines 1a-1f		2227360.				
	Program Service Revenue	2 a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		20,753.			20,753.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	10,379.					
	Less: cost of goods sold	b	7,440.					
	Net income or (loss) from sales of inventory			2,939.			2,939.	
Miscellaneous Revenue		Business Code						
11 a	_____							
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2251052.	0.	0.	23,692.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,903,330.	1,903,330.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,034.	18,212.	19,907.	43,915.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	56,079.	52,822.	2,673.	584.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	6,854.	5,799.	615.	440.
10 Payroll taxes	12,028.	6,375.	1,924.	3,729.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,614.		22,614.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	9,595.	9,000.	595.	
12 Advertising and promotion				
13 Office expenses	40,878.	34,717.	5,373.	788.
14 Information technology				
15 Royalties				
16 Occupancy	34,558.	32,007.	2,126.	425.
17 Travel	20,642.	18,165.	2,064.	413.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,600.	1,600.		
23 Insurance	3,400.	2,992.	340.	68.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a HOLDING COSTS ON PROPER	13,704.		13,704.	
b EQUIPMENT & MAINTENANCE	4,206.	3,701.	421.	84.
c VOLUNTEER EXPENSES	3,150.	2,772.	315.	63.
d VEHICLE EXPENSE	2,448.	2,154.	245.	49.
e MISCELLANEOUS	1,966.	1,730.	197.	39.
f All other expenses	785.	785.		
25 Total functional expenses. Add lines 1 through 24f	2,219,871.	2,096,161.	73,113.	50,597.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	6,487.	1	48,872.
	2	Savings and temporary cash investments	878,776.	2	703,862.
	3	Pledges and grants receivable, net	1,265,024.	3	1,447,720.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	250,000.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	774,749.	8	838,975.
	9	Prepaid expenses and deferred charges	6,324.	9	4,643.
	10a	Land, buildings, and equipment: cost basis	10a 8,000.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 5,400.	10c	2,600.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	165,575.	12	71,000.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,101,135.	16	3,367,672.	
Liabilities	17	Accounts payable and accrued expenses	10,808.	17	17,808.
	18	Grants payable		18	157,356.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	100,000.	22	90,000.
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
25	Other liabilities. Complete Part X of Schedule D		25		
26	Total liabilities. Add lines 17 through 25	110,808.	26	265,164.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	477,149.	27	401,457.
	28	Temporarily restricted net assets	2,513,178.	28	2,701,051.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,990,327.	33	3,102,508.	
34	Total liabilities and net assets/fund balances	3,101,135.	34	3,367,672.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Part II Support Schedule for Organizations Described in Sections 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,176,359.	4,784,715.	1,951,279.	1,767,539.	2,227,360.	12,907,252.
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 - 3	2,176,359.	4,784,715.	1,951,279.	1,767,539.	2,227,360.	12,907,252.
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)						4,408,311.
6 Public Support. Subtract line 5 from line 4.						8,498,941.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,176,359.	4,784,715.	1,951,279.	1,767,539.	2,227,360.	12,907,252.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,927.	16,711.	37,694.	30,133.	20,753.	108,218.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						13,015,470.
12 Gross receipts from related activities, etc. (see instructions)					12	67,092.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	65.30 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	58.03 %

16a **33 1/3% support test - 2008.** 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 - 2007.** If the organization did not check a 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 - 2008.** 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 - 2007.** 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 III Support Schedule for Organizations Described in Section 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008
Open to Public Inspection

Name of the organization

MANO A MANO INTERNATIONAL PARTNERS

Employer identification number

41-1796971

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		8,000.	5,400.	2,600.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,600.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount	
Federal income taxes		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,251,052.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,219,871.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	31,181.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	81,000.
9	Total adjustments (net). Add lines 4-8	9	81,000.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	112,181.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,339,492.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	88,440.
e	Add lines 2a through 2d	2e	88,440.
3	Subtract line 2e from line 1	3	2,251,052.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,251,052.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,227,311.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	7,440.
e	Add lines 2a through 2d	2e	7,440.
3	Subtract line 2e from line 1	3	2,219,871.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,219,871.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PRIOR YEAR GRANT CONVERTED TO A NOTE RECEIVABLE: 150000.

IMPAIRMENT LOSS ON PROPERTY HELD FOR SALE: -69000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CRAFT EXPENSE: 7440.

PRIOR YEAR GRANT CONVERTED TO A NOTE RECEIVABLE: 150000.

Part XIV Supplemental Information *(continued)*

IMPAIRMENT LOSS ON PROPERTY HELD FOR SALE: -69000.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

CRAFT EXPENSE: 7440.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			BOLIVIA	HUMANITARIAN	640185	WIRE OR PAYMENT OF EXPENSE	903255	MEDICAL EQUIPMENT	BOOK VALUE IS FAIR MARKET VALUE
			BOLIVIA	HUMANITARIAN	147133	WIRE OR PAYMENT OF EXPENSE	0.		
			BOLIVIA	HUMANITARIAN	241545	WIRE OR PAYMENT OF EXPENSE	0.		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **3**

3 Enter total number of other organizations or entities **0**

Schedule F (Form 990) 2008

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization **MANO A MANO INTERNATIONAL PARTNERS** Employer identification number **41-1796971**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
CHRISTINE VERPLOE	X		100,000.	90,000.		X	X		X	
MANO A MANO - NUE		X	150,000.	150,000.		X	X		X	
MANO A MANO - APO		X	100,000.	100,000.		X	X		X	
Total				▶ \$ 340,000.						

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOSE VELASQUEZ	BROTHER OF SEGUNDO	27,023.	PAYROLL		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **MANO A MANO INTERNATIONAL PARTNERS** Employer identification number **41-1796971**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MEDICAL EQUIP)	X	195	967,481.FMV	
26 Other ▶ (SOFTWARE LICE)	X	1	11,619.FMV	
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

MANO A MANO INTERNATIONAL PARTNERS

Employer identification number
41-1796971

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIC WELL-BEING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

BY YEAR-END 268.5 MEDICAL PERSONNEL (INCLUDING 38.5 DENTISTS) WORKED IN MANO A MANO CLINICS, ALL RECEIVING THEIR MEDICAL EDUCATION IN BOLIVIA. AND VOLUNTEER SPECIALISTS DEDICATED 360 HOURS TO CARE FOR PATIENTS IN WEEKEND CLINICS LAST YEAR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

BOLIVIA CONSTRUCTED SCHOOL CLASSROOMS IN 2 COMMUNITIES ALONG WITH HOUSING FOR TEACHERS AND THEIR FAMILIES. MANO A MANO APOYO AEREO PURCHASED A SECOND AIRCRAFT IN 2008 TO MEET EXPANDING DEMAND FOR AIR TRANSPORT. OVER 450 PATIENTS HAVE BEEN AIRLIFTED TO LIFE-SAVING CARE IN URBAN CENTERS SINCE THE PROGRAM BEGAN. IN 2008 MANO A MANO PROGRAMS USED OVER 170 FLIGHT HOURS, SAVING HUNDREDS OF HOURS OF TRAVEL TIME WHICH COULD THEN BE DEVOTED TO PROGRAM SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AGRICULTURAL WATER RESERVOIRS - MANO A MANO BEGAN A NEW PROGRAM IN 2005, THE CONSTRUCTION OF WATER RESERVOIRS IN RURAL COMMUNITIES. RESERVOIRS ALLOW FARMERS TO RETAIN SNOW-MELT AND RAIN WATER FOR USE IN IRRIGATING THEIR FIELDS AND WATERING LIVESTOCK DURING THE DRY SEASON. THE RESULTS OF ITS FIRST RESERVOIR IN UCUCHI TOPPED ALL EXPECTATIONS: AVERAGE INCOME OF THE PARTICIPATING 600 FARM FAMILIES INCREASED BY 100%, FROM \$150 TO \$300 ANNUALLY, FOLLOWING THE FIRST HARVEST. NUEVO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

2008

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Name of the organization

MANO A MANO INTERNATIONAL PARTNERS

Employer identification number
41-1796971

MUNDO COMPLETED A 150 ACRE AGRICULTURAL WATER RESERVOIR IN LAGUNA

SULTI, THEN ADDED A SECOND PHASE TO THIS PROJECT, PUMPING WATER TO LAND THAT LIES ABOVE THE RESERVOIR.

EXPENSES \$ 322680. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EMERGENCY AIR RESPONSE - USING ITS RECENTLY PURCHASED SIX-PASSENGER CESSNA AIRCRAFT, MANO A MANO - APOYO AEREO AIRLIFTS SERIOUSLY INJURED OR ILL PERSONS FROM RURAL AREAS TO CITY HOSPITALS IN WHICH THEIR MEDICAL NEEDS CAN BE ADDRESSED. OVER 450 PATIENTS HAVE BEEN AIRLIFTED TO LIFE SAVING CARE SINCE THIS PROGRAM BEGAN. MANO A MANO PROGRAMS USED OVER 170 FLIGHT HOURS IN 2008, SAVING HUNDREDS OF HOURS OF TRAVEL TIME WHICH COULD THEN BE DEVOTED TO PROGRAM SERVICES. MANO A MANO - APOYO AEREO PURCHASED A SECOND AIRCRAFT IN 2008 TO MEET THE EXPANDING DEMAND FOR AIR TRANSPORT.

FORM 990, PART VI, SECTION A, LINE 2: SEGUNDO VELASQUEZ'S BROTHER, JOSE VELASQUEZ, RECEIVES COMPENSATION FROM MANO A MANO INTERNATIONAL PARTNERS FOR WORK DONE AT MANO A MANO BOLIVIA.

FORM 990, PART VI, SECTION A, LINE 10: PRIOR TO FILING THE 990, IT IS PRESENTED TO THE BOARD OF DIRECTORS, REVIEWED, AND A VOTE IS TAKEN TO ACCEPT THE 990.

FORM 990, PART VI, SECTION B, LINE 12C: THERE IS AN ANNUAL PRESENTATION OF THE POLICY TO THE BOARD OF DIRECTORS AND ACKNOWLEDGEMENT OF ADHERENCE TO THE POLICY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

MANO A MANO INTERNATIONAL PARTNERS

Employer identification number
41-1796971

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS THE MN COUNCIL OF NON PROFITS SALARY SURVEY IN DECEMBER, AND THEN DEBATES AND SETS THE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THIS DOCUMENTS ARE MADE AVAILABLE ON MANO A MANO'S WEBSITE AND ARE ALSO AVAILABLE UPON REQUEST.

FORM 990, PAGE 11, PART XI, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CHRISTINE VERPLOEG

(A) PURPOSE OF LOAN: OPERATIONS

(A) NAME OF PERSON: MANO A MANO - NUEVO MUNDO

(A) PURPOSE OF LOAN: OPERATIONS

(A) NAME OF PERSON: MANO A MANO - APOYO AEREO

(A) PURPOSE OF LOAN: OPERATIONS

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOSE VELASQUEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BROTHER OF SEGUNDO VELASQUEZ, PRESIDENT OF MANO A MANO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

MANO A MANO INTERNATIONAL PARTNERS

Employer identification number

41-1796971

FORM 990, PAGE 6, PART VI, SECTION A, LINE 11

OFFICERS WHO CANNOT BE REACHED AT THE ORGANIZATION'S MAILING ADDRESS

SEGUNDO VELASQUEZ - 168 E 6TH ST #4201, ST. PAUL, MN 55101

JOHN FOXEN, MD - 7501 WAYNE AVE, UNIVERSITY CITY, MO 63130

JOAN VELASQUEZ, PHD - 168 E 6TH ST #4201, ST. PAUL, MN 55101

CHRISTINE VERPLOEG, ESQ. - 12 RED FOX ROAD, ST. PAUL, MN 55127

TERRY CROWLEY - 1471 MIDWAY PARKWAY, ST. PAUL, MN 55108

DEBORAH KOTCHER, CPA - 7310 RIDGEWAY RD, MINNEAPOLIS, MN 55427

NANCY WHITE - 2030 RIVIERA AVE S, LAKELAND, MN 55043