

**Return of Organization Exempt From Income Tax**

**2007**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

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 October 1, 2007, and ending September 30, 2008**

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

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

C Name of organization: Minnesota Fringe Festival
Number and street (or P.O. box if mail is not delivered to street address): 528 Hennepin Avenue
Room/suite: 503
City or town, state or country, and ZIP + 4: Minneapolis, MN 55403

D Employer identification number: 41-1734179
E Telephone number: (612) 872-1212
F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify)

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

- H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates?
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included?
H(d) Is this a separate return filed by an organization covered by a group ruling?
I Group Exemption Number
M Check if the organization is not required to attach Sch. B

G Website: www.fringefestival.org

J Organization type (check only one) [X] 501(c) ( 3 ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 590,457

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

Table with 21 rows and 4 columns: Description, Sub-column (a-d), Total, and Final Total. Rows include Contributions, Program service revenue, Membership dues, Dividends, Gross rents, Net gain or loss, Special events, Gross sales of inventory, Program services, Management and general, Fundraising, Payments to affiliates, and Net assets.

**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 |
|---|--------------------|----------------------|----------------------------|-----------------|
| <b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/> | <b>22a</b>         |                      |                            |                 |
| <b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/>         | <b>22b</b>         |                      |                            |                 |
| <b>23</b> Specific assistance to individuals (attach schedule)  | <b>23</b>          |                      |                            |                 |
| <b>24</b> Benefits paid to or for members (attach schedule)   | <b>24</b>          |                      |                            |                 |
| <b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A  | <b>52,040</b>      | <b>17,380</b>        | <b>17,330</b>              | <b>17,330</b>   |
| <b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B   | <b>25b</b>         |                      |                            |                 |
| <b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | <b>25c</b>         |                      |                            |                 |
| <b>26</b> Salaries and wages of employees not included on lines 25a, b, and c   | <b>104,070</b>     | <b>70,658</b>        | <b>28,646</b>              | <b>4,766</b>    |
| <b>27</b> Pension plan contributions not included on lines 25a, b, and c  | <b>27</b>          |                      |                            |                 |
| <b>28</b> Employee benefits not included on lines 25a – 27  | <b>6,215</b>       | <b>4,001</b>         | <b>1,747</b>               | <b>467</b>      |
| <b>29</b> Payroll taxes   | <b>11,834</b>      | <b>6,879</b>         | <b>3,648</b>               | <b>1,307</b>    |
| <b>30</b> Professional fundraising fees   | <b>1,300</b>       |                      |                            | <b>1,300</b>    |
| <b>31</b> Accounting fees   | <b>8,078</b>       |                      | <b>8,078</b>               |                 |
| <b>32</b> Legal fees  | <b>32</b>          |                      |                            |                 |
| <b>33</b> Supplies  | <b>4,599</b>       | <b>3,423</b>         | <b>403</b>                 | <b>773</b>      |
| <b>34</b> Telephone   | <b>3,326</b>       | <b>2,327</b>         | <b>633</b>                 | <b>366</b>      |
| <b>35</b> Postage and shipping  | <b>5,741</b>       | <b>2,642</b>         | <b>311</b>                 | <b>2,788</b>    |
| <b>36</b> Occupancy   | <b>7,982</b>       | <b>6,785</b>         | <b>798</b>                 | <b>399</b>      |
| <b>37</b> Equipment rental and maintenance  | <b>4,399</b>       | <b>4,262</b>         | <b>91</b>                  | <b>46</b>       |
| <b>38</b> Printing and publications   | <b>42,386</b>      | <b>39,708</b>        | <b>539</b>                 | <b>1,639</b>    |
| <b>39</b> Travel  | <b>3,022</b>       | <b>2,676</b>         | <b>231</b>                 | <b>115</b>      |
| <b>40</b> Conferences, conventions, and meetings  | <b>1,632</b>       | <b>1,326</b>         | <b>251</b>                 | <b>55</b>       |
| <b>41</b> Interest  | <b>68</b>          |                      | <b>68</b>                  |                 |
| <b>42</b> Depreciation, depletion, etc. (attach schedule)   | <b>3,842</b>       |                      | <b>3,842</b>               |                 |
| <b>43</b> Other expenses not covered above (itemize):   |                    |                      |                            |                 |
| <b>a</b> <u>Miscellaneous</u>   | <b>43a</b> 13,802  | 12,031               | 1,275                      | 496             |
| <b>b</b> <u>Consulting Fees</u>   | <b>43b</b> 5,415   |                      | 5,415                      |                 |
| <b>c</b> <u>Production</u>  | <b>43c</b> 323,307 | 323,307              |                            |                 |
| <b>d</b> <u>Marketing</u>   | <b>43d</b> 2,398   | 2,148                |                            | 250             |
| <b>e</b> <u>Insurance</u>   | <b>43e</b> 9,165   |                      | 9,165                      |                 |
| <b>f</b> _____  | <b>43f</b>         |                      |                            |                 |
| <b>g</b> _____  | <b>43g</b>         |                      |                            |                 |
| <b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)                              | <b>44</b> 614,121  | 499,553              | 82,471                     | 32,097          |

**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? ► <b>Producing an annual theater festival</b>  | <b>Program Service Expenses</b><br><small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</small> |
|---|---|
| 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.) |   |
| <b>a See statement 1</b><br>.....<br>.....<br>.....<br>.....<br>.....<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>   | <b>499,503</b>  |
| <b>b</b><br>.....<br>.....<br>.....<br>.....<br>.....<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>   |   |
| <b>c</b><br>.....<br>.....<br>.....<br>.....<br>.....<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>   |   |
| <b>d</b><br>.....<br>.....<br>.....<br>.....<br>.....<br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>   |   |
| <b>e Other program services (attach schedule)</b><br>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>   |   |
| <b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . . ►  | <b>499,503</b>  |

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

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|  |  | (A)<br>Beginning of year |               | (B)<br>End of year |
|--|--|--------------------------|---------------|--------------------|
| <b>Assets</b>  | <b>45</b> Cash—non-interest-bearing . . . . .  | <b>43,023</b>            | <b>45</b>     | <b>33,246</b>      |
|  | <b>46</b> Savings and temporary cash investments . . . . .   |                          | <b>46</b>     | <b>15,000</b>      |
|  | <b>47a</b> Accounts receivable . . . . .   |                          |               |                    |
|  | <b>b</b> Less: allowance for doubtful accounts . . . . .   | <b>1,202</b>             | <b>47c</b>    | <b>948</b>         |
|  | <b>48a</b> Pledges receivable . . . . .  |                          |               |                    |
|  | <b>b</b> Less: allowance for doubtful accounts . . . . .   |                          | <b>48c</b>    |                    |
|  | <b>49</b> Grants receivable . . . . .  | <b>36,150</b>            | <b>49</b>     | <b>9,299</b>       |
|  | <b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .  |                          | <b>50a</b>    |                    |
|  | <b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .                  |                          | <b>50b</b>    |                    |
|  | <b>51a</b> Other notes and loans receivable (attach schedule) . . . . .  |                          |               |                    |
|  | <b>b</b> Less: allowance for doubtful accounts . . . . .   |                          | <b>51c</b>    |                    |
|  | <b>52</b> Inventories for sale or use . . . . .  |                          | <b>52</b>     |                    |
|  | <b>53</b> Prepaid expenses and deferred charges . . . . .  | <b>600</b>               | <b>53</b>     | <b>100</b>         |
|  | <b>54a</b> Investments—publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV   |                          | <b>54a</b>    |                    |
|  | <b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV   |                          | <b>54b</b>    |                    |
|  | <b>55a</b> Investments—land, buildings, and equipment: basis . . . . .   |                          |               |                    |
|  | <b>b</b> Less: accumulated depreciation (attach schedule) . . . . .  | <b>8,143</b>             | <b>55c</b>    | <b>4,301</b>       |
|  | <b>56</b> Investments—other (attach schedule) . . . . .  |                          | <b>56</b>     |                    |
|  | <b>57a</b> Land, buildings, and equipment: basis . . . . .   |                          |               |                    |
|  | <b>b</b> Less: accumulated depreciation (attach schedule) . . . . .  |                          | <b>57c</b>    |                    |
| <b>58</b> Other assets, including program-related investments (describe ▶ . . . . .) |  | <b>58</b>                |               |                    |
| <b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .       | <b>89,118</b>  | <b>59</b>                | <b>62,894</b> |                    |
| <b>Liabilities</b>   | <b>60</b> Accounts payable and accrued expenses . . . . .  | <b>(237)</b>             | <b>60</b>     |                    |
|  | <b>61</b> Grants payable . . . . .   |                          | <b>61</b>     |                    |
|  | <b>62</b> Deferred revenue . . . . .   |                          | <b>62</b>     |                    |
|  | <b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .  |                          | <b>63</b>     |                    |
|  | <b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .   |                          | <b>64a</b>    |                    |
|  | <b>b</b> Mortgages and other notes payable (attach schedule) . . . . .   |                          | <b>64b</b>    |                    |
|  | <b>65</b> Other liabilities (describe ▶ . . . . .)   |                          | <b>65</b>     |                    |
|  | <b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .   | <b>(237)</b>             | <b>66</b>     |                    |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.  |                          |               |                    |
|  | <b>67</b> Unrestricted . . . . .   | <b>53,731</b>            | <b>67</b>     | <b>54,120</b>      |
|  | <b>68</b> Temporarily restricted . . . . .   | <b>35,625</b>            | <b>68</b>     | <b>8,774</b>       |
|  | <b>69</b> Permanently restricted . . . . .   |                          | <b>69</b>     |                    |
|  | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.  |                          |               |                    |
|  | <b>70</b> Capital stock, trust principal, or current funds . . . . .   |                          | <b>70</b>     |                    |
|  | <b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .  |                          | <b>71</b>     |                    |
|  | <b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>72</b>     |                    |
|  | <b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . . | <b>89,356</b>            | <b>73</b>     | <b>62,894</b>      |
|  | <b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .  | <b>89,119</b>            | <b>74</b>     | <b>62,894</b>      |







**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No  
 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 **92** | \_\_\_\_\_

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

**Note:** Enter gross amounts unless otherwise indicated.

|   | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or<br>exempt function<br>income |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
|   | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |  |
| <b>93</b> Program service revenue:  |                           |               |                                      |               |  |
| <b>a</b> <b>Festival Revenue</b>  |                           |               |                                      |               | <b>446,173</b>                                 |
| <b>b</b> _____  |                           |               |                                      |               |  |
| <b>c</b> _____  |                           |               |                                      |               |  |
| <b>d</b> _____  |                           |               |                                      |               |  |
| <b>e</b> _____  |                           |               |                                      |               |  |
| <b>f</b> Medicare/Medicaid payments . . . . .                               |                           |               |                                      |               |  |
| <b>g</b> Fees and contracts from government agencies                        |                           |               |                                      |               |  |
| <b>94</b> Membership dues and assessments . . . . .                         |                           |               |                                      |               |  |
| <b>95</b> Interest on savings and temporary cash investments                |                           |               |                                      |               |  |
| <b>96</b> Dividends and interest from securities . . . . .                  |                           |               |                                      |               |  |
| <b>97</b> Net rental income or (loss) from real estate:                     |                           |               |                                      |               |  |
| <b>a</b> debt-financed property . . . . .                                   |                           |               |                                      |               |  |
| <b>b</b> not debt-financed property . . . . .                               |                           |               |                                      |               |  |
| <b>98</b> Net rental income or (loss) from personal property                |                           |               |                                      |               |  |
| <b>99</b> Other investment income . . . . .                                 |                           |               |                                      |               |  |
| <b>100</b> Gain or (loss) from sales of assets other than inventory         |                           |               |                                      |               |  |
| <b>101</b> Net income or (loss) from special events . . . . .               |                           |               |                                      |               | <b>12,416</b>                                  |
| <b>102</b> Gross profit or (loss) from sales of inventory                   |                           |               |                                      |               |  |
| <b>103</b> Other revenue: <b>a</b> _____                                    |                           |               |                                      |               |  |
| <b>b</b> _____  |                           |               |                                      |               |  |
| <b>c</b> _____  |                           |               |                                      |               |  |
| <b>d</b> _____  |                           |               |                                      |               |  |
| <b>e</b> _____  |                           |               |                                      |               |  |
| <b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .               |                           |               |                                      |               | <b>458,589</b>                                 |
| <b>105</b> <b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . . |                           |               |                                      |               | <b>458,589</b>                                 |

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**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). |
|------------|---|
| <b>93a</b> | <b>Provides forum, community and promotion for artists to develop and showcase adventurous work as well as</b>  |
| <b>101</b> | <b>opportunity for adventurous audience members to experience art in an affordable, accessible environment.</b>   |

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

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>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?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**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).

|            |  |     |                                     |
|------------|--|-----|-------------------------------------|
| <b>106</b> | Did the reporting organization <b>make</b> any transfers <b>to</b> 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                                  |
|            |  |     | <input checked="" type="checkbox"/> |

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

|            |   |     |                                     |
|------------|---|-----|-------------------------------------|
| <b>107</b> | Did the reporting organization <b>receive</b> any transfers <b>from</b> 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                                  |
|            |   |     | <input checked="" type="checkbox"/> |

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

|            |  |     |                                     |
|------------|--|-----|-------------------------------------|
| <b>108</b> | 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                                  |
|            |  |     | <input checked="" type="checkbox"/> |

**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.

|                         |   |
|-------------------------|---|
| <b>Please Sign Here</b> | Signature of officer _____ Date _____<br><b>Robin C. Gillette, Executive Director</b><br>Type or print name and title |
|-------------------------|---|

|                                 |  |   |   |
|---------------------------------|--|---|---|
| <b>Paid Preparer's Use Only</b> | Preparer's signature _____ Date _____<br>Firm's name (or yours if self-employed), address, and ZIP + 4 _____ | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) _____<br>EIN _____<br>Phone no. ( ) _____ |
|---------------------------------|--|---|---|