

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

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending.
C Name of organization: RESOURCE CENTER OF THE AMERICAS
D Employer identification number: 41-1505455
E Telephone number: (612) 276-0788
F Accounting method: Cash, 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? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.AMERICAS.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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 467,162.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	NONE			
<b>25b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
<b>25c</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>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	383,946.	270,316.	59,757.	53,873.
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c				
<b>28</b>	Employee benefits not included on lines 25a - 27	70,590.	49,699.	10,987.	9,904.
<b>29</b>	Payroll taxes	28,316.	19,936.	4,407.	3,973.
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees				
<b>33</b>	Supplies	5,037.	2,757.	2,121.	159.
<b>34</b>	Telephone	26,609.	16,507.	7,431.	2,671.
<b>35</b>	Postage and shipping	7,373.	2,842.	628.	3,903.
<b>36</b>	Occupancy				
<b>37</b>	Equipment rental and maintenance	11,758.	9,687.	734.	1,337.
<b>38</b>	Printing and publications	19,954.	14,929.	895.	4,130.
<b>39</b>	Travel	496.	386.	110.	
<b>40</b>	Conferences, conventions, and meetings				
<b>41</b>	Interest	25,833.	16,563.	9,270.	
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	50,255.	41,404.	3,136.	5,715.
<b>43</b>	Other expenses not covered above (itemize):				
<b>43a</b>	a STMT 4	428,383.	157,515.	227,191.	43,677.
<b>43b</b>	b				
<b>43c</b>	c				
<b>43d</b>	d				
<b>43e</b>	e				
<b>43f</b>	f				
<b>43g</b>	g				
<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).	1,058,550.	602,541.	326,667.	129,342.

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	35,747.	<b>45</b>	30,335.
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>	
	<b>47a</b> Accounts receivable . . . . .			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	20,450.	<b>47c</b>	NONE
	<b>48a</b> Pledges receivable . . . . .	450.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .		<b>48c</b>	450.
	<b>49</b> Grants receivable . . . . .	62,760.	<b>49</b>	NONE
	<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 . . . . .	29,829.	<b>52</b>	NONE
	<b>53</b> Prepaid expenses and deferred charges . . . . .	2,231.	<b>53</b>	2,540.
	<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>55c</b>	
	<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	428,241.		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	412,761.	<b>57c</b>	15,480.
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT 8 )		<b>58</b>	1,000,000.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	1,387,732.	<b>59</b>	1,048,805.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	47,309.	<b>60</b>	67,100.
	<b>61</b> Grants payable . . . . .		<b>61</b>	70,870.
	<b>62</b> Deferred revenue . . . . .	34,270.	<b>62</b>	NONE
	<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 <input type="checkbox"/> STMT 9 )	88,148.	<b>65</b>	356,572.
	<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .	169,727.	<b>66</b>	494,542.
<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 . . . . .	1,086,014.	<b>67</b>	554,263.
	<b>68</b> Temporarily restricted . . . . .	117,991.	<b>68</b>	
	<b>69</b> Permanently restricted . . . . .	14,000.	<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) must equal line 19 and column (B) must equal line 21) . . . . .	1,218,005.	<b>73</b>	554,263.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	1,387,732.	<b>74</b>	1,048,805.





Part VI Other Information (continued)

Form with multiple rows and columns for questions 82a through 91b, including 'Yes' and 'No' columns. Questions cover topics like donated services, public inspection requirements, lobbying expenditures, and foreign accounts.

**Part VI Other Information** (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . **91c**
- 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** | \_\_\_\_\_ N/A

**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) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a STMT 16					121,717.
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies .					
<b>94</b> Membership dues and assessments . . .					21,893.
<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:					
a debt-financed property . . . . .					
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 .					-640.
<b>102</b> Gross profit or (loss) from sales of inventory . .					43,104.
<b>103</b> Other revenue: a					
b CAFE SALES/CATERIN			03	13,933.	
c MISCELLANEOUS			03	7,904.	
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . .				21,837.	186,074.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					207,911.

**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).
▼	STMT 17

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  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).

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

Yes	No
	X

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

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

Yes	No
	X

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

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

Yes	No
	X

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00437250
Firm's name (or yours if self-employed), address, and ZIP + 4	SCHECHTER DOKKEN KANTER CPA'S 100 WASHINGTON AVE SO #1600 MINNEAPOLIS, MN 55401-2192		EIN  41-1680240 Phone no.  612-332-5500

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization

RESOURCE CENTER OF THE AMERICAS

Employer identification number

41-1505455

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2007

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

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	<b>1</b>	<input checked="" type="checkbox"/>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	<input checked="" type="checkbox"/>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	<input checked="" type="checkbox"/>
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	<input checked="" type="checkbox"/>
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .	<b>3b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .	<b>3c</b>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>3d</b>	<input checked="" type="checkbox"/>
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>4b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>4c</b>	<input checked="" type="checkbox"/>
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ► _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ► _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ► _____		NONE
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ► _____		NONE

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

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

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

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

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	600,634.	473,354.	477,977.	463,804.	2,015,769.
<b>16</b> Membership fees received . . . . .	45,997.	53,160.	53,069.	52,505.	204,731.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	480,065.	453,498.	470,668.	484,374.	1,888,605.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. . . . .				280.	280.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 18			4,398.	4,398.
<b>23</b> Total of lines 15 through 22 . . . . .	1,126,696.	980,012.	1,001,714.	1,005,361.	4,113,783.
<b>24</b> Line 23 minus line 17. . . . .	646,631.	526,514.	531,046.	520,987.	2,225,178.
<b>25</b> Enter 1% of line 23. . . . .	11,267.	9,800.	10,017.	10,054.	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶ <b>26a</b>					44,504.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ▶ <b>26b</b>					212,480.
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶ <b>26c</b>					2,225,178.
d Add: Amounts from column (e) for lines: 18 <u>280.</u> 19 _____ 22 <u>4,398.</u> 26b <u>212,480.</u> . . . . . ▶ <b>26d</b>					217,158.
e Public support (line 26c minus line 26d total) . . . . . ▶ <b>26e</b>					2,008,020.
<b>f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶ <b>26f</b></b>					90.2409 %

**27 Organizations described on line 12: a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

NOT APPLICABLE  
 (2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶ <b>27c</b>	
d Add: Line 27a total . . . . . and line 27b total . . . . . ▶ <b>27d</b>	
e Public support (line 27c total minus line 27d total) . . . . . ▶ <b>27e</b>	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶ <b>27f</b>	
<b>g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶ <b>27g</b></b>	%
<b>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶ <b>27h</b></b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

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

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table - <b>If the amount on line 40 is - The lobbying nontaxable amount is -</b>		
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**

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

**Schedule of Contributors**

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

OMB No. 1545-0047

**2007**

Name of organization

RESOURCE CENTER OF THE AMERICAS

Employer identification number

41-1505455

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

**General Rule -**

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

**Special Rules -**

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

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

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

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

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

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

Name of organization **RESOURCE CENTER OF THE AMERICAS**

Employer identification number

**41-1505455****Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FREDERICK O. WATSON FOUNDATION 3100 W LAKE ST MINNEAPOLIS, MN 55416	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	OTTO BREMER FOUNDATION 445 MINNESOTA ST ST PAUL, MN 55101	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FOUNDATION FOR DEVELOPMENT OF PEOPLE 5029 GARFIELD AVE MINNEAPOLIS, MN 55419	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BILL HALVERSTADT 6420 OLD SETTLERS RD HAMEL, MN 55340	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MEREDITH SOMMERS 921 BAYLESS AVE APT C ST PAUL, MN 55114	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	RODNEY WEST 3544 IRVING AVE S MINNEAPOLIS, MN 55408	\$ 5,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> RESOURCE CENTER OF THE AMERICAS	<b>Employer identification number</b> 41-1505455
---	---

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	STILL AIN' T SATISFIED FOUNDATION  4028 ELLIOT AVE  MINNEAPOLIS, MN 55407	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ARCHDIOCESE OF ST PAUL  328 KELLOGG BLVD W  ST PAUL, MN 55102	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MISC. DONATIONS < 5,000- INDIRECT   	\$ 60,714.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - MEMBERSHIP DUES AND ASSESSMENTS  
=====

DESCRIPTION  
-----

AMOUNT  
-----

21,893.

-----

TOTAL

21,893.

=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
-----	-----	-----	-----
FUNDRAISING EVENTS	25.	665.	-640.
TOTALS	25.	665.	-640.
	=====	=====	=====

FORM 990, PART I - GROSS SALES AND COST OF GOODS SOLD

=====

GROSS SALES LESS RETURNS AND ALLOWANCES .....	114,793.
INVENTORY AT BEGINNING OF YEAR .....	
PURCHASES .....	
SALARIES AND WAGES .....	
OTHER COSTS .....	
	-----
SUBTOTAL .....	
MINUS ENDING INVENTORY .....	
	-----
COST OF GOODS SOLD .....	71,689.
	=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
OTHER PROJECTS	14,293.	11,776.	892.	1,625.
BUILDING MGMT	29,750.	27,122.	2,628.	
PROFESSIONAL FEES	125,288.	85,857.	9,953.	29,478.
COGS - CAFE EXPENSES	3,829.	3,829.		
PROGRAM EXPENSES	468.	468.		
EQUIPMENT PURCHASES	6,078.	5,008.	379.	691.
INSURANCE	17,111.	14,098.	1,067.	1,946.
MEMBERSHIPS	3,278.	2,230.	903.	145.
UTILITIES				
MARKETING				
INTEREST AND FEE EXPENSE	209,793.		209,793.	
LOSS ON IMPAIRMENT	18,495.	7,127.	1,576.	9,792.
BAD DEBTS				
TOTALS	428,383.	157,515.	227,191.	43,677.

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

=====

FOUNDED AS CENTRAL AMERICA RESOURCE CENTER IN 1983, THE RESOURCE CENTER OF THE AMERICAS' PURPOSE IS EDUCATIONAL. SPECIFICALLY, IT DEVELOPS AND IMPLEMENTS EDUCATIONAL PROGRAMS ON THE PEOPLE AND COUNTRIES OF THE AMERICAS, ESPECIALLY LATIN AMERICA, AND THE HUMAN RIGHTS IMPACT OF GLOBALIZATION. IT ACCOMPLISHES THIS BY COLLECTING AND DISSEMINATING RESOURCES AND INFORMATION TO THE PUBLIC ON THE ABOVE THROUGH A LIBRARY, PUBLICATIONS, A WEBSITE, CLASSES AND OTHER FORUMS, AND THE SALE OF BOOKS AND CURRICULA.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

EDUCATION PROGRAM: THE ENCUENTRO LATINO WORKSHOP, FEATURING HALF AND FULL DAY ORIENTATIONS TO THE LATINO COMMUNITY IN MINNEAPOLIS, WAS PROVIDED TO 200 PARTICIPANTS. SPANISH LANGUAGE EDUCATION WAS PROVIDED TO 662 PARTICIPANTS. INTERCAMBIOS, A SPANISH/ENGLISH LANGUAGE EXCHANGE AMONGST NATIVE SPANISH AND ENGLISH SPEAKERS, WAS HOSTED FOR 440 PARTICIPANTS. PROVIDED ESL EDUCATION TO 70 STUDENTS. WEEKLY COFFEE HOURS REACHED AN AUDIENCE OF 515 PARTICIPANTS. THE RESOURCE CENTER HOSTED 160 VISITS TO OUR LIBRARY OF LATIN-AMERICAN RESOURCES.

PROGRAM SERVICE ACCOMPLISHMENT C

PUBLICATIONS: THE CONNECTION TO THE AMERICAS NEWS MAGAZINE WAS DISTRIBUTED TO 1,100 INDIVIDUALS/MONTH (LAST ISSUE AUGUST, 2007). PRODUCED 50,000 MONTHLY WEBSITE VISITS, MAINTAINING INTERNET PRESENCE DESIGNED TO HELP PEOPLE ALL OVER THE WORLD MAKE CONNECTIONS AROUND HUMAN RIGHTS AND JUSTICE ISSUES (LAST WEBSITE UPDATED AUGUST, 2007). DELIVERED WEEKLY EMAIL UPDATES TO 1,100 INDIVIDUALS, MAILED BOOKSTORE CATALOG TO 10,000 EDUCATORS.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
<p>EL CENTRO DE DERECHOS LABORALES: EL CENTRO WORKS TO EDUCATE AND ORGANIZE LATINO IMMIGRANT WORKERS ON WORKERS' RIGHTS ISSUES. EL CENTRO PROVIDED REFERRALS AND ASSISTANCE ON WORKPLACE ISSUES, CONDUCTED ESL CLASSES, COMMUNITY WORKSHOPS AND REGULAR LEADERSHIP MEETINGS DURING THE YEAR, REACHING 216 PEOPLE IN THE PROCESS. IN 2005, EL CENTRO PARTICIPATED IN THE ALLIANCE FOR FAIR FEDERAL IMMIGRATION REFORM (AFFIRM) COMMITTEE, WORKED WITH ST. LOUIS PARK AND RICHFIELD CITY EMPLOYEES TO DEVELOP POSSIBLE POLICE/IMMIGRATION SEPARATION ORDINANCES, AND ADVOCATED FOR THE DREAM ACT, WHICH WOULD ALLOW UNDOCUMENTED STUDENTS TO GAIN CITIZENSHIP &amp; ATTEND POST-SECOND. INSTITUTION AT THE IN-STATE TUITION RATE. EL CENTRO OFFERED WEEKLY SPANISH-ENGLISH LANGUAGE EXCHANGES CALLED INTERCAMBIOS, JOINTLY WITH THE EDUCATING ABOUT THE AMERICAS PROGRAM. IN 2005, A TOTAL OF 1,148 PEOPLE PARTICIPATED.</p> <p>BOOKSTORE: SERVED A DIVERSE GROUP OF CUSTOMERS, INCLUDING MANY EDUCATORS AND LIBRARIANS, INTERESTED IN PURCHASING MULTICULTURAL RESOURCES ABOUT THE AMERICAS VIA CATALOG, WEBSITE AND STORE VISITS. CARRIED MORE THAN 6500 SUCH TITLES IN ENGLISH, SPANISH, OR BILINGUAL EDITIONS. PRODUCED A MAIL-ORDER CATALOG FOR DISTRIBUTION TO OVER 10,000 EDUCATORS NATIONALLY. ALSO SOLD FAIR-TRADE CRAFTS AND COFFEES FROM THE AMERICAS. OFFERED BILINGUAL STORY HOURS AND MONTHLY BOOK DISCUSSION GROUPS.</p>	60,254.	114,482.
TOTALS		174,736.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PP&E HELD FOR SALE	1,000,000.
TOTALS	----- 1,000,000. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
NOTE PAYABLE	356,572.
TOTALS	----- 356,572. =====

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

=====

DESCRIPTION	AMOUNT
-----	-----
EXPENSES REPORTED IN PART I	72,354.
	-----
TOTAL	72,354.
	=====

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

=====

DESCRIPTION	AMOUNT
-----	-----
EXPENSES REPORTED IN PART I	72,354.
	-----
TOTAL	72,354.
	=====

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
COLLEEN AHO 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
MARK ANDERSON 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	CO-CHAIR	NONE	NONE	NONE
JUAN HOYOS 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
STEVE HUNTER 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
BARB KUCERA 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
BOB LYMAN 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
JEFF MARTINKA	BOARD MEMBER	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
JORGE SAAVEDRA 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
DICK SENESE 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	CHAIR	NONE	NONE	NONE
CONNIE HOWARD 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
ROSA TOCK 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
KYLE MANSFIELD 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ADRIANA BARBOZA 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
JOHN FLORY 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	TREASURER	NONE	NONE	NONE
CONNIE HOWARD 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
JOY NELSON 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	SECRETARY	NONE	NONE	NONE
SUSANA SANDMANN 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE
FRANCISCO SEGOVIA 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	BOARD MEMBER	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JASON STONE 3019 MINNEHAHA AVENUE MINNEAPOLIS, MN 55406	EXECUTIVE DIRECTOR 20.00	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
NEWS					
ACTIVITIES					1,225.
CLASSES					114,877.
HONORARIA-SPEAKERS					2,411.
INSERVICE WORKSHOP					2,436.
LIBRARY FEE					164.
EVENTS					-1,000.
EDUCATION					2,965.
TRIPS					-211.
LANGUAGE					-1,150.
TOTALS					121,717.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93AE	ALL OF THE PROGRAM REVENUES DERIVE FROM THE EDUCATIONAL PROGRAMMING AROUND INTER-RELATIONSHIPS AND CONNECTIONS BETWEEN PEOPLE AND COUNTRIES IN THE AMERICAS, SPECIFICALLY AROUND THE ISSUES OF HUMAN RIGHTS, GLOBALIZATION, BORDERS & IMMIGRATION, WORKER'S RIGHTS, CULTURAL DIVERSITY AND CHILD LABOR. THESE INCLUDE SPEAKING EVENTS, CONFERENCES, CULTURAL EVENTS, CLASSES, LITERATURE, AND MATERIALS TO PROMOTE A BETTER UNDERSTANDING OF THESE AREAS AND ISSUES.
94	IN RETURN FOR MEMBERSHIP FEES, MEMBERS RECEIVE THE BI-MONTHLY NEWSLETTER. THEY ARE ALSO ENTITLED TO FREE OR REDUCED FEE ACCESS TO THE LIBRARY, SPEAKERS, CLASSES, LITERATURE, AND EVENTS OFFERED BY THE ORGANIZATION.
101	FOUR FUNDRAISING EVENTS WERE HELD IN 2007. EVENTS INCLUDED AN OPEN HOUSE FOR MEMBERS OF THE ORGANIZATION AND THE COMMUNITY, A RAFFLE WITH A GRAND PRIZE OF TWO AIRLINE TICKETS TO MEXICO OR THE CARIBBEAN; A SPRING DINNER AND DANCE; AND PARTICIPATION IN A WALK TO RAISE AWARENESS ABOUT THE WORK OF PROGRESSIVE NONPROFITS IN TWIN CITIES.
102	ITEMS SOLD ARE CURRICULA RESOURCES, BOOKS ABOUT LATIN AMERICAN COUNTRIES AND ISSUES, LITERATURE FROM LATIN AMERICA, AND FAIRLY TRADED CRAFTS AND COFFEE FROM LATIN AMERICA, MANY OF WHICH ARE NOT READILY AVAILABLE ELSEWHERE. THE CAFE OF THE AMERICAS SELLS FAIR TRADE COFFEE AND FOOD WITH A LATIN ACCENT.

SCHEDULE A, PART IV-A - OTHER INCOME

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DESCRIPTION	2006	2005	2004	2003	TOTAL
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OTHER INCOME	-----	-----	-----	4,398.	4,398.
TOTALS	=====	=====	=====	4,398.	4,398.
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