

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)

2006

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 2006 calendar year, or tax year beginning 1/1/2006, 2006, and ending 12/31/2006, 20

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

C Name of organization
MINNESOTA FATHERS & FAMILIES NETWORK
 Number and street (or P O box if mail is not delivered to street address) Room/suite
161 SAINT ANTHONY Suite 208
 City or town, state or country, and ZIP + 4
SAINT PAUL, MN 55105

D Employer identification number
01 0791367
E Telephone number
 (**651**) **222-7432**
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
 (If "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **www.mnfathers.org**

J Organization type (check only one) ▶ 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

I Group Exemption Number ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **88274**

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

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

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received.											
a Contributions to donor advised funds		0									
b Direct public support (not included on line 1a)		76,199									
c Indirect public support (not included on line 1a)		0									
d Government contributions (grants) (not included on line 1a)		0									
e Total (add lines 1a through 1d) (cash \$ <u>76,199</u> noncash \$ <u>0</u>)										76,199	
2 Program service revenue including government fees and contracts (from Part VII, line 93)										6,695	
3 Membership dues and assessments										2,505	
4 Interest on savings and temporary cash investments										2,875	
5 Dividends and interest from securities										0	
6a Gross rents		0									
b Less rental expenses		0									
c Net rental income or (loss) Subtract line 6b from line 6a										0	
7 Other investment income (describe ▶)										0	
8a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
b Less cost or other basis and sales expenses.		0		0							
c Gain or (loss) (attach schedule)		0		0							
d Net gain or (loss) Combine line 8c, columns (A) and (B)										0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1b)		0		0							
b Less direct expenses other than fundraising expenses		0		0							
c Net income or (loss) from special events. Subtract line 9b from line 9a										0	
10a Gross sales of inventory, less returns and allowances		0		0							
b Less cost of goods sold		0		0							
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a.										0	
11 Other revenue (from Part VII, line 103)										0	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										88,274	
13 Program services (from line 44, column (B))										87,615	
14 Management and general (from line 44, column (C))										15,413	
15 Fundraising (from line 44, column (D))										5,583	
16 Payments to affiliates (attach schedule)										0	
17 Total expenses. Add lines 16 and 44, column (A)										108,611	
18 Excess or (deficit) for the year. Subtract line 17 from line 12										-20,337	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										137,878	
20 Other changes in net assets or fund balances (attach explanation)										0	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										117,541	

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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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule) Stmnt 1	53,476	44,920	4,813	3,743
b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	0	0	0	0
27	Pension plan contributions not included on lines 25a, b, and c	0	0	0	0
28	Employee benefits not included on lines 25a - 27	0	0	0	0
29	Payroll taxes	3,494	2,935	314	245
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	1,749	0	1,749	0
32	Legal fees	25	0	25	0
33	Supplies	1,981	1,401	480	100
34	Telephone	1,830	1,571	209	50
35	Postage and shipping	1,335	1,139	151	45
36	Occupancy	5,704	3,636	1,566	502
37	Equipment rental and maintenance	729	437	172	120
38	Printing and publications	3,339	3,005	184	150
39	Travel	9,147	6,332	2,655	160
40	Conferences, conventions, and meetings	13,419	12,983	261	175
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	0	0	0	0
43	Other expenses not covered above (itemize) See Statement 2	12,383	9,256	2,834	293
a				
b				
c				
d				
e				
f				
g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	108,611	87,615	15,413	5,583

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? Public education on fatherhood issues. All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a See Statement 3 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	87,615

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) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing	27,080	45	3,242	
	46 Savings and temporary cash investments	110,798	46	116,063	
	47a Accounts receivable	47a 0			
	b Less: allowance for doubtful accounts	47b 0	0	47c 0	
	48a Pledges receivable	48a 0			
	b Less: allowance for doubtful accounts	48b 0	0	48c 0	
	49 Grants receivable		0	49 0	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a 0	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		0	50b 0	
	51a Other notes and loans receivable (attach schedule)	51a 0			
	b Less: allowance for doubtful accounts	51b 0	0	51c 0	
	52 Inventories for sale or use		0	52 0	
	53 Prepaid expenses and deferred charges		0	53 0	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54a 0	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54b 0	
	55a Investments—land, buildings, and equipment, basis	55a 0			
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0	
	56 Investments—other (attach schedule)		0	56 0	
	57a Land, buildings, and equipment basis	57a 0			
	b Less: accumulated depreciation (attach schedule)	57b 0	0	57c 0	
58 Other assets, including program-related investments (describe ►)		0	58 0		
59 Total assets (must equal line 74) Add lines 45 through 58		137,878	59	119,305	
Liabilities	60 Accounts payable and accrued expenses		0	60 1,764	
	61 Grants payable		0	61 0	
	62 Deferred revenue		0	62 0	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0	
	64a Tax-exempt bond liabilities (attach schedule)		0	64a 0	
	b Mortgages and other notes payable (attach schedule)		0	64b 0	
	65 Other liabilities (describe ►)		0	65 0	
66 Total liabilities. Add lines 60 through 65		0	66 1,764		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	38,378	67	41,751	
	68 Temporarily restricted	99,500	68	75,790	
	69 Permanently restricted	0	69	0	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	137,878	73	117,541	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	137,878	74	119,305	

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 18,219		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	c Dues, assessments, and similar amounts from members	85c	
	d Section 162(e) lobbying and political expenditures	85d	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
	85a		
	85b		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	
	b Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>		
	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<input checked="" type="checkbox"/>
90a	List the states with which a copy of this return is filed <input type="text" value="MN"/>		
	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	1
91a	The books are in care of <input type="text" value="Paul Masiarchin"/> Telephone no. <input type="text" value="651-222-7432"/> Located at <input type="text" value="161 Saint Anthony Avenue, Saint Paul, MN"/> ZIP + 4 <input type="text" value="55103"/>		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/>	91b	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **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) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM FEES					6,695
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					2,505
95 Interest on savings and temporary cash investments			14	2,875	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		2,875	9,200
105 Total (add line 104, columns (B), (D), and (E))					12,075

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)

See Statement 5

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, from a disqualified person?

(b) Did the organization, during the year, pay premiums, directly or indirectly, for a disqualified person?

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.

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

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

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

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

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.

Please Sign Here

Signature of officer: *Paul Masiarchin* Date: 5-7-2007

Paul Masiarchin, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 5/7/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: MAP for Nonprofits EIN: Preparer's SSN or PTIN (See Gen Inst X):

2314 University Avenue W Suite 28, St Paul, MN 55114-1 Phone no: (651) 393-2161



SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization

MINNESOTA FATHERS & FAMILIES NETWORK

Employer identification number

01 : 0791367

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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 ▶		0		

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 ▶		0

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 ▶		0

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

Yes No

1 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)

1 Yes No

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

2 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.)

a Sale, exchange, or leasing of property?

2a Yes No

b Lending of money or other extension of credit?

2b Yes No

c Furnishing of goods, services, or facilities?

2c Yes No

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d Yes No

See Form 990, Pt. V

e Transfer of any part of its income or assets?

2e Yes No

3a 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)

3a Yes No

b Did the organization have a section 403(b) annuity plan for its employees?

3b Yes No

c 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

3c Yes No

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d Yes No

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a Yes No

b Did the organization make any taxable distributions under section 4966?

4b Yes No

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c Yes No

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f 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 right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ **0**

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ **0**

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 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 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) .	172,913	0	0	0	172,913
16 Membership fees received	3,475	0	0	0	3,475
17 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 .	11,030	0	0	0	11,030
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .	985	0	0	0	985
19 Net income from unrelated business activities not included in line 18. .	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 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	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	206	0	0	0	206
23 Total of lines 15 through 22	188,609	0	0	0	188,609
24 Line 23 minus line 17	177,579	0	0	0	177,579
25 Enter 1% of line 23	1,886	0	0	0	

Stmt 6

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	3,552
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	158,845
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	177,579
d Add. Amounts from column (e) for lines 18 <u>985</u> 19 <u>0</u> 22 <u>206</u> 26b <u>158,845</u> ▶	26d	160,036
e Public support (line 26c minus line 26d total) ▶	26e	17,543
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	10 %

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

(2005) (2004) (2003) (2002)

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

(2005) (2004) (2003) (2002)

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

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	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	
	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	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

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
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Total lobbying expenditures (Add lines c through h.)			0

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

Statement 1
Form 990
Page 2
Part II
Question 25

MINNESOTA FATHERS & FAMILIES NETWORK
01-0791367

Compensation Detail - Officers, Directors, Etc.

Description	Total:	Pgm Services	Mgt and General	Fundraising
Paul Masiarchn				
Compensation	\$45,677 00	\$38,369 00	\$4,111 00	\$3,197 00
Benefits	\$7,799 00	\$6,551 00	\$702 00	\$546 00
Expenses	\$0 00	\$0 00	\$0 00	\$0 00
Total	\$53,476 00	\$44,920 00	\$4,813 00	\$3,743 00
Total:	\$53,476.00	\$44,920.00	\$4,813.00	\$3,743.00

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundraising
BANK CHARGES	\$69 00	\$0 00	\$69 00	\$0 00
MEMBERSHIP	\$100 00	\$100 00	\$0 00	\$0 00
MISCELLANEOUS	\$1,501 00	\$68 00	\$1,433 00	\$0 00
MEDIA/PUBLICITY	\$1,000 00	\$1,000 00	\$0 00	\$0 00
AWARDS	\$338 00	\$338 00	\$0 00	\$0 00
INSURANCE	\$1,332 00	\$0 00	\$1,332 00	\$0 00
PROFESSIONAL FEE	\$8,043 00	\$7,750 00	\$0 00	\$293 00
Total:	\$12,383.00	\$9,256.00	\$2,834.00	\$293.00

Program Services

Achievement	Pgm. Svc. Exp.
Human Services Programs, General/Other Workshops / Exhibits In 2006 MFFN hosted 7 half-day workshops for family services professionals MFFN also presented workshops or set-up exhibit tables at over a dozen conferences across Minnesota, hosted by other organizations (2305 1305 professionals and 1000 fathers)	\$19,508 00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Human Services Programs, General/Other Public policy education In 2006, MFFN educated fatherhood professionals and public policy decision makers about the importance of healthy fatherhood for the benefit of families, children, and communities (330 Professionals)	\$8,558 00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Human Services Programs, General/Other "Do we count fathers?" In 2006, MFFN developed and wrote an 80-page report about the health and well-being of Minnesota's fathers The report was released to the public in early 2007 (5000 Professionals)	\$13,275 00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Human Services Programs, General/Other Minnesota Fatherhood Summit Two-day annual training conference for fatherhood advocates, educators, and family services professionals (225 Attendees)	\$19,970 00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Human Services Programs, General/Other Resource Materials In 2006, MFFN published 4 quarterly newsletters, developed 4 resource handouts on topics of healthy fatherhood, emailed monthly updates/notices, maintained a comprehensive website (www.mnfathers.org), co-produced 8 radio stories aired on stations across Minnesota, and more (14000 Web viewers and mail recipients)	\$14,948 00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Human Services Programs, General/Other Membership In 2006, MFFN had 360 members, representing family services professionals, educators, fatherhood advocates, and others, from across the state Members receive quarterly newsletters, monthly email updates, voting privileges, and other benefits (360 Members)	\$11,356 00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Total:	\$87,615.00

Statement 4

Form 990

Page 5

Part V

Question

MINNESOTA FATHERS & FAMILIES NETWORK**01-0791367****Officers, Directors, Trustees, and Key Employees**

Name and Address	Hrs	Comp.	Benefits	Expenses
Dwaine Simms	15	\$0 00	\$0 00	\$0 00
Title Board Member Addr 1 161 Saint Anthony Addr 2 CSZ Saint Paul, MN 55103 Country United States				
Enrique Soto	1	\$0 00	\$0 00	\$0 00
Title Board Member Addr 1 161 Saint Anthony Addr 2 CSZ Saint Paul, MN 55103 Country United States				
Gar Kellom	15	\$0 00	\$0 00	\$0 00
Title Board Member Addr 1 161 Saint Anthony Addr 2 CSZ Saint Paul, MN 55103 Country United States				
Gene Banks	1	\$0 00	\$0 00	\$0 00
Title Board Member Addr 1 161 Saint Anthony Addr 2 CSZ Saint Paul, MN 55103 Country United States				
Glen Palm	6	\$0 00	\$0 00	\$0 00
Title Board Member Addr 1 161 Saint Anthony Addr 2 CSZ Saint Paul, MN 55103 Country United States				
Jack Sharp	1	\$0 00	\$0 00	\$0 00
Title Board Member Addr 1 161 Saint Anthony Addr 2 CSZ Saint Paul, MN 55103 Country United States				

Name and Address	Hrs	Comp.	Benefits	Expenses
Jan Hayne	2	\$0 00	\$0 00	\$0 00
Title Board Member				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
Jason Giese	2	\$0 00	\$0 00	\$0 00
Title Board Member				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
Jayne Anderson	2	\$0 00	\$0 00	\$0 00
Title Vice President				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
Jon Harper	3	\$0 00	\$0 00	\$0 00
Title Vice President				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
Joyce Lussier	0 5	\$0 00	\$0 00	\$0 00
Title Board Member				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
Laura Turner	4	\$0 00	\$0 00	\$0 00
Title Secretary				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
Nancy Norbie	2	\$0 00	\$0 00	\$0 00
Title Board Member				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				

Name and Address	Hrs	Comp.	Benefits	Expenses
Country United States				
Nathan Knutson	1	\$0 00	\$0 00	\$0 00
Title Board Member				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
Paula Baker	2	\$0 00	\$0 00	\$0 00
Title Board Member				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
R Clarence Jones	5	\$0 00	\$0 00	\$0 00
Title President				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
Rebecca Ahlstrand	3	\$0 00	\$0 00	\$0 00
Title Secretary				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
Tamy Reese	2	\$0 00	\$0 00	\$0 00
Title Board Member				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
Tina Welsh	4	\$0 00	\$0 00	\$0 00
Title Treasurer				
Addr 1 161 Saint Anthony				
Addr 2				
CSZ Saint Paul, MN 55103				
Country United States				
Velura Peterson	2	\$0 00	\$0 00	\$0 00
Title Board Member				
Addr 1 161 Saint Anthony				
Addr 2				

Name and Address	Hrs	Comp.	Benefits	Expenses
CSZ Saint Paul, MN 55103 Country United States				
TOTALS		\$0.00	\$0.00	\$0.00

Statement 5
Form 990
Page 8
Part VIII
Question

MINNESOTA FATHERS & FAMILIES NETWORK
01-0791367

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
94	Memberships allow MFFN to identify a core group of supporters and fatherhood advocates. These members receive quarterly newsletters by mail, receive discounts to training events, have voting rights at the annual meeting, and receive key electronic communications before it is distributed to a larger audience.
93 a	Fees charged to members for conference and workshop attendance.

Statement 6
Form Schedule A
Page 3
Part IV-A
Question 22

MINNESOTA FATHERS & FAMILIES NETWORK
01-0791367

Other Income				
Description	2005	2004	2003	2002
MISCELLANEOUS	\$206 00	\$0 00	\$0 00	\$0 00
Total:	\$206.00	\$0.00	\$0.00	\$0.00