

**Return of Organization Exempt From Income Tax**

**2006**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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 and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> <b>FAMILY SERVICE ROCHESTER INC</b>		<b>D Employer identification number</b> <b>41-0883453</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1110 SIXTH STREET NW</b>		<b>E Telephone number</b> <b>(507) 287-2010</b>
		City or town, state or country, and ZIP + 4 <b>ROCHESTER, MN 55901-1839</b>		<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

**I** Group Exemption Number **N/A**

**G Website:** WWW.FAMILYSERVICEROCHESTER.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.

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,256,874.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	19,834.		
c	Indirect public support (not included on line 1a)	1c	297,219.		
d	Government contributions (grants) (not included on line 1a)	1d	107,983.		
e	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>420,124.</b> noncash \$ <b>4,912.</b> )	1e		425,036.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		2,711,697.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		87,151.	
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe )	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c			
8d		8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ <b>6,777.</b> of contributions reported on line 1b)	9a	32,990.		
b	Less: direct expenses other than fundraising expenses	9b	14,471.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1	18,519.	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 93)	11			
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		3,242,403.	
13	Program services (from line 44, column (B))	13		2,661,607.	
14	Management and general (from line 44, column (C))	14		320,571.	
15	Fundraising (from line 44, column (D))	15		33,954.	
16	Payments to affiliates (attach schedule)	16			
17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17		3,016,132.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		226,271.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,008,495.	
20	Other changes in net assets or fund balances (attach explanation)	20		SEE STATEMENT 2	-43,300.
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		2,191,466.	

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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.

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . 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 <b>STMT 4</b>	95,121.	0.	95,121.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	1,857,289.	1,708,411.	133,996.	14,882.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	52,735.	46,709.	5,261.	765.
<b>28</b> Employee benefits not included on lines 25a - 27	242,040.	216,052.	22,092.	3,896.
<b>29</b> Payroll taxes	142,343.	125,046.	16,312.	985.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	14,141.	1,732.	12,409.	
<b>32</b> Legal fees	188.	188.		
<b>33</b> Supplies	24,753.	21,036.	3,436.	281.
<b>34</b> Telephone	10,297.	8,586.	1,555.	156.
<b>35</b> Postage and shipping	8,300.	5,805.	1,058.	1,437.
<b>36</b> Occupancy	40,277.	35,888.	4,059.	330.
<b>37</b> Equipment rental and maintenance	19,991.	15,736.	4,170.	85.
<b>38</b> Printing and publications	5,358.	3,748.	300.	1,310.
<b>39</b> Travel	50,928.	50,145.	671.	112.
<b>40</b> Conferences, conventions, and meetings	50,683.	42,493.	5,741.	2,449.
<b>41</b> Interest	29,213.	25,983.	2,988.	242.
<b>42</b> Depreciation, depletion, etc (attach schedule)	28,846.	25,752.	2,555.	539.
<b>43</b> Other expenses not covered above (itemize).				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b> <b>SEE STATEMENT 3</b>	343,629.	328,297.	8,847.	6,485.
<b>44 Total functional expenses</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	3,016,132.	2,661,607.	320,571.	33,954.

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 5</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a HOME SERVICE: HOMEMAKER SERVICES SERVED 179 CLIENTS, PROVIDED 11,932 HOURS OF SERVICE. MEALS ON WHEELS SERVED 340 CLIENTS, PROVIDING 38,132 MEALS. HANDYWORKER SERVED 193 CLIENTS, PROVIDED 1,224 HOURS OF SERVICE.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>569,280.</b>
<b>b COUNSELING SERVICES COUNSELED 858 CLIENTS, PROVIDED 3,631 HOURS OF SERVICE. DOMESTIC VIOLENCE TREATMENT PROGRAMS SERVED 795 CLIENTS, PROVIDED 6,430 HOURS OF SERVICE. CASE MANAGEMENT SERVICES SERVED 1,193 CLIENTS, PROVIDED 10,317 HOURS OF SERVICE. EDUCATION SUPPORT PROGRAMS SERVED 444 CLIENTS, PROVIDED 3,151 HOURS OF SERVICE.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>1,946,208.</b>
<b>c FAMILY ACCESS CENTER SERVED 282 INDIVIDUALS, PROVIDED 2,025 HOURS OF SUPERVISED VISITS AND EXCHANGES.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>146,119.</b>
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>2,661,607.</b>

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

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	847,055.	46 1,132,926.
	47 a Accounts receivable	47a 87,241.	
	b Less allowance for doubtful accounts	47b 12,580.	47c 74,661.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	36,681.	53 36,105.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment: basis	55a		
b Less accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 6	891,117.	56 806,648.
57 a Land, buildings, and equipment: basis	57a 1,043,988.		
b Less: accumulated depreciation STMT 7	57b 204,616.	57c 839,372.	
58 Other assets, including program-related investments (describe ▶ _____)		58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	2,717,151.	59 2,889,712.	
Liabilities	60 Accounts payable and accrued expenses	122,387.	60 149,294.
	61 Grants payable		61
	62 Deferred revenue	146,936.	62 137,221.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	439,333.	64b 411,731.
	65 Other liabilities (describe ▶ _____)		65
66 <b>Total liabilities.</b> Add lines 60 through 65	708,656.	66 698,246.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	1,177,075.	67 1,372,383.
	68 Temporarily restricted	174,303.	68 193,435.
	69 Permanently restricted	657,117.	69 625,648.
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>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)	2,008,495.	73 2,191,466.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	2,717,151.	74 2,889,712.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	3,242,403.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	3,242,403.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	0.
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d		e	3,242,403.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements		a	3,016,132.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	3,016,132.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	0.
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d		e	3,016,132.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 8		89,792.	5,329.	0.



**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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?	<b>82a</b>	X
<b>b</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)	<b>82b</b>	
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?	<b>85a</b>	N/A
<b>b</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	<b>85b</b>	N/A
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	N/A
<b>h</b>	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?	<b>85h</b>	N/A
<b>86</b>	<b>501(c)(7) organizations.</b> Enter. a Initiation fees and capital contributions included on line 12	<b>86a</b>	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	N/A
<b>87</b>	<b>501(c)(12) organizations.</b> Enter a Gross income from members or shareholders	<b>87a</b>	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>	N/A
<b>88 a</b>	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	<b>88a</b>	X
<b>b</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	<b>88b</b>	X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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	<b>89b</b>	X
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<b>g</b>	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?	<b>89g</b>	X
<b>90 a</b>	List the states with which a copy of this return is filed <u>MN</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006	<b>90b</b>	79
<b>91 a</b>	The books are in care of <u>SHANNON YUST</u> Telephone no. <u>(507) 287-2010</u> Located at <u>1110 SIXTH STREET NW, ROCHESTER, MN</u> ZIP + 4 <u>55901</u>		
<b>b</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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>91b</b>	X

**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  Yes  No  
 If "Yes," enter the name of the foreign country ▶ N/A

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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>PROGRAM SERVICE FEES</b>					307,111.
b <b>PURCHASE OF SERVICES</b>					2,404,586.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	87,151.	
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			01	18,519.	
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.		105,670.	2,711,697.
105 Total (add line 104, columns (B), (D), and (E))					▶ 2,817,367.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	<b>SEE STATEMENT 9</b>

**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
N/A	%			
	%			
	%			
	%			

**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) **N/A**

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

Yes	No

	(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

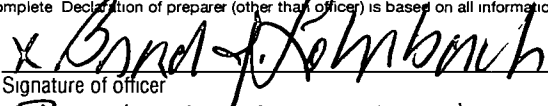
Yes	No


	(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

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  | 5/14/07  
 Signature of officer Date  
 Brad J. Lohrbach Executive Director  
 Type or print name and title

Paid Preparer's Use Only  
 Preparer's signature  Date 5/11/07  
 Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. X)  
 Firm's name (or yours if self-employed), address, and ZIP + 4  
 SMITH, SCHAFFER AND ASSOC., LTD.  
 220 SOUTH BROADWAY, SUITE 102  
 ROCHESTER, MN 55904  
 EIN  
 Phone no. (507) 288-3277

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

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

OMB No 1545-0047

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

**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: **FAMILY SERVICE ROCHESTER INC**  
Employer identification number: **41 0883453**

**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
BRIAN D'AGNOLO 1110 6TH ST NW, ROCHESTER, MN 55901	CLINICAL DIR 40.00	72,093.	14,271.	
JONE EGLAND TRAPP 1110 6TH ST NW, ROCHESTER, MN 55901	ASSOCIATE DIR 40.00	65,031.	19,971.	
JANE BUFFIE 1110 6TH ST NW, ROCHESTER, MN 55901	DIR-CASE MGMT 40.00	69,853.	7,981.	
DANIEL RYAN 1110 6TH ST NW, ROCHESTER, MN 55901	SR THERAPIST 40.00	64,575.	1,840.	
SHANNON YUST 1110 6TH ST NW, ROCHESTER, MN 55901	SR ACCOUNTANT 40.00	56,228.	5,964.	
Total number of other employees paid over \$50,000 ▶	8			

**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.)		X
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?		X
b	Lending of money or other extension of credit? <b>SEE STATEMENT 10</b>	X	
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	X	
e	Transfer of any part of its income or assets?		X
3	a 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.)		X
	b Did the organization have a section 403(b) annuity plan for its employees?	X	
	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		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	X	
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
	b Did the organization make any taxable distributions under section 4966?		X
	c Did the organization make a distribution to a donor, donor advisor, or related person?		X
	d Enter the total number of donor advised funds owned at the end of the tax year ►		0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►		0.
	f Enter the total number of separate funds or accounts owned at the end of the 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 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	
<b>Total</b>					►

- 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.)	516,669.	472,861.	449,883.	389,245.	1,828,658.
16 Membership fees received					
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	2,357,167.	2,250,349.	1,835,462.	1,748,836.	8,191,814.
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	44,473.	14,117.	12,599.	19,829.	91,018.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,918,309.	2,737,327.	2,297,944.	2,157,910.	10,111,490.
24 Line 23 minus line 17	561,142.	486,978.	462,482.	409,074.	1,919,676.
25 Enter 1% of line 23	29,183.	27,373.	22,979.	21,579.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 38,394.
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 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,919,676.
d Add: Amounts from column (e) for lines: 18 91,018. 19 _____ 22 _____ 26b _____					26d 91,018.
e Public support (line 26c minus line 26d total)					26e 1,828,658.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.2587%
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: N/A	(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: N/A	(2005)	(2004)	(2003)	(2002)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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.)

N/A

**(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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  _____ _____	32d	
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2006





Asset Number	Description of property					Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	Date placed in service	Method/IRC sec.	Life or rate	Line No.					
1	PRECISION SIGN - LED								
	060103	SL	15.00	16	27,696.		4,770.	1,846.	
2	AB SYSTEMS -REMODELING								
	060103	SL	40.00	16	16,317.		1,054.	408.	
3	HOME SYSTEMS-INSTAL								
	060103	SL	10.00	16	1,950.		504.	195.	
4	AB SYSTEMS - 2ND								
	060103	SL	40.00	16	49,216.		3,179.	1,231.	
5	AB SYSTEMS - 2ND								
	060103	SL	40.00	16	47,462.		3,065.	1,187.	
6	PRECISION SIGNS - LOGO								
	060103	SL	15.00	16	2,580.		444.	172.	
7	METRO SYSTEM								
	060103	SL	10.00	16	7,627.		1,970.	763.	
8	12 LAZY BOY CHAIRS								
	121596	SL	7.00	16	185.		185.	0.	
9	MOD. SEC. OFFICE UNIT								
	121597	SL	7.00	16	673.		673.	0.	
10	EXECUTONE PHONES								
	081598	SL	7.00	16	1,500.		1,500.	0.	
11	EXECUTONE SYSTEM								
	081598	SL	5.00	16	2,280.		2,280.	0.	
12	LAPTOP/ CARRY CASE								
	041599	SL	7.00	16	1,800.		1,736.	64.	
13	PROJECTOR / LAMP								
	041599	SL	7.00	16	5,035.		4,855.	180.	
14	IBM THINKPAD A21E COMPUTER								
	071501	SL	5.00	16	246.		221.	25.	
15	401.66								
	111502	SL	5.00	16	402.		254.	80.	
16	PROFSVC - YAGGY COLBY								
	060103	SL	40.00	16	268.		17.	7.	
17	PROF AIDE - YAGGY COLBY								
	060103	SL	40.00	16	1,326.		86.	33.	
18	GAS BILL - AQUILLA								
	060103	SL	40.00	16	774.		50.	19.	
19	ELECTRIC/WATER - RPU								
	060103	SL	40.00	16	277.		18.	7.	
20	GAS BILL - AQUILA								
	060103	SL	40.00	16	823.		53.	21.	
21	PANEL SYSTEMS - METRO SYSTEMS								
	060103	SL	10.00	16	8,524.		2,202.	853.	
22	ELEC/SEWER/WATER - RPU								
	060103	SL	40.00	16	248.		16.	6.	
23	GAS BILL - AQUILA								
	060103	SL	40.00	16	641.		41.	16.	
24	PROD AIDE - YAGGY COLBY								
	060103	SL	40.00	16	328.		21.	8.	
25	GAS BILL - RPU								
	060103	SL	40.00	16	290.		19.	7.	
26	MOVE BLDG LIAB INS TO CONST PROC								
	060103	SL	40.00	16	918.		59.	23.	
27	PAINTING @ 1110 6TH								
	060103	SL	40.00	16	845.		55.	21.	

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
28	<b>CABLING - VENTURE</b>							
	060103	SL	10.00	16	242.		62.	24.
29	<b>DATA LINES - VENTURE</b>							
	060103	SL	10.00	16	300.		78.	30.
30	<b>LABOR FOR BOILER - HIMEC</b>							
	060103	SL	40.00	16	93.		6.	2.
31	<b>BALANCE ON WORK STATIONS</b>							
	060103	SL	10.00	16	8,783.		2,269.	878.
32	<b>MATERIALS/CABLING - VENTURE</b>							
	060103	SL	10.00	16	5,700.		1,473.	570.
33	<b>MOVED PHONE SYSTEM</b>							
	060103	SL	10.00	16	1,955.		505.	196.
34	<b>CENTREX CHGS - OLMST. CO. TREAS.</b>							
	060103	SL	10.00	16	407.		105.	41.
35	<b>LAND</b>							
	060103	NC	.000		190,908.			0.
36	<b>LAND</b>							
	060103	NC	.000		21,212.			0.
37	<b>2 SSIS PENTIUM COMPUTERS</b>							
	121596	SL	5.00	16	7,424.		7,424.	0.
38	<b>12 LAZY BOY CHAIRS</b>							
	121596	SL	7.00	16	1,139.		1,139.	0.
39	<b>MOW LABEL PRINTER</b>							
	061597	SL	5.00	16	638.		638.	0.
40	<b>TP-760 LATPTOP SYSTEM</b>							
	101597	SL	5.00	16	3,399.		3,399.	0.
41	<b>HP LASE JET FLATBED</b>							
	121597	SL	5.00	16	300.		300.	0.
42	<b>HP INKJET PRINTER</b>							
	121597	SL	5.00	16	349.		349.	0.
43	<b>2 AMD K-6 233 COMPUTERS</b>							
	121597	SL	5.00	16	3,485.		3,485.	0.
44	<b>MOD SEC. OFFICE UNIT</b>							
	121597	SL	7.00	16	2,692.		2,692.	0.
45	<b>IBM APTIVA / MONITOR</b>							
	041598	SL	5.00	16	1,249.		1,249.	0.
46	<b>EXECUTONE PHONES</b>							
	081598	SL	7.00	16	8,495.		8,495.	0.
47	<b>EXECUTONE SYSTEM</b>							
	081598	SL	5.00	16	9,115.		9,115.	0.
48	<b>IBM DESKTOP COMPUTER</b>							
	101598	SL	5.00	16	1,647.		1,647.	0.
49	<b>GREAT PLAINS SOFTWARE</b>							
	091599	SL	5.00	16	8,542.		8,542.	0.
50	<b>HP LASERJET 4050 PRINTER</b>							
	041501	SL	5.00	16	1,000.		950.	50.
51	<b>IBM THINKPAD A21E COMPUTER</b>							
	071501	SL	5.00	16	1,803.		1,623.	180.
52	<b>MATRIX ARMLESS CHAIRS</b>							
	111502	SL	5.00	16	4,235.		2,682.	847.
53	<b>PLYMOUTH CARAVAN</b>							
	061500	SL	5.00	16	19,660.		19,660.	0.
54	<b>FURNITURE</b>							
	070272	SL	10.00	16	1,615.		1,615.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
55	FURNITURE							
	061584	SL	7.00	16	8,421.		8,421.	0.
56	FURNITURE							
	041586	SL	5.00	16	18,917.		18,917.	0.
57	GAS BILL - AQUILA							
	060103	SL	40.00	16	254.		16.	6.
58	BUILDING REMODELING							
	060103	SL	40.00	16	197.		13.	5.
59	INSPECTION OF BUILDING							
	060103	SL	40.00	16	400.		26.	10.
60	HVAC EQUIP INSPECTION							
	060103	SL	40.00	16	385.		25.	10.
61	WALK THRU - HIMEC							
	060103	SL	40.00	16	130.		8.	3.
62	HOME FED REMOD - YAGGY COLBY							
	060103	SL	40.00	16	544.		35.	14.
63	ARCHITECT/AIDE - YAGGY COLBY							
	060103	SL	40.00	16	691.		45.	17.
64	CLOSING COSTS							
	060103	SL	40.00	16	4,070.		263.	102.
65	HVAC REPAIRS							
	060103	SL	40.00	16	1,764.		114.	44.
66	LOCKS, KEYS, PADLOCK							
	060103	SL	40.00	16	276.		18.	7.
67	PROF SVS ARCHIT, AIDES - YAGGY COLBY							
	060103	SL	40.00	16	9,151.		591.	229.
68	BUILDING							
	060103	SL	40.00	16	439,092.		28,358.	10,977.
69	BUILDING							
	060103	SL	40.00	16	48,788.		3,151.	1,220.
70	RESULTSPLUS! SOFTWARE							
	032504	200DB	5.00	17	3,499.		1,819.	672.
71	COMPUTER SERVICE LABOR							
	093004	200DB	5.00	17	1,762.		917.	339.
72	COMPUTER SERVICE LABOR							
	092904	200DB	5.00	17	1,800.		936.	346.
73	THERAPIST HELPER SOFTWARE							
	011506	200DB	5.00	19B	5,929.			1,976.
74	VENTURE SERVER							
	092104	200DB	5.00	17	6,284.		3,268.	1,207.
75	THERASCRIBE SOFTWARE							
	021506	200DB	5.00	19B	2,665.			888.
76	THERASCRIBE -- PROVIDERS SOFTWARE							
	041506	200DB	5.00	19B	2,351.			784.
	* TOTAL 990 PAGE 2 DEPR							
					1,043,988.	0.	175,770.	28,846.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
THEATRICAL FUNDRAISER	39,767.	6,777.	32,990.	14,471.	18,519.	
TO FM 990, PART I, LINE 9	39,767.	6,777.	32,990.	14,471.	18,519.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
ASSETS TRANSFERRED TO ROCHESTER AREA FOUNDATION				-43,300.
TOTAL TO FORM 990, PART I, LINE 20				-43,300.

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
MEAL PROGRAM PURCHASES	157,939.	157,939.			
INSURANCE	11,923.	9,605.	2,241.		77.
UNCOLLECTED SERVICE FEES	10,001.	10,001.			
MEMBERSHIPS, MARKETING, AND ADVERTISING	18,148.	15,952.	1,879.		317.
CONTRACTED SERVICES	34,206.	33,940.	246.		20.
MIS SUPPORT	21,916.	13,844.	2,001.		6,071.
COUNTY OVERHEAD	79,668.	79,668.			
LICENSING AND FEES	1,090.	965.	125.		
MISCELLANEOUS	8,738.	6,383.	2,355.		
TOTAL TO FM 990, LN 43	343,629.	328,297.	8,847.		6,485.



FORM 990	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	VALUATION METHOD	AMOUNT	
CERTIFICATES OF DEPOSIT INVESTMENTS - PERMANENTLY RESTRICTED	COST	181,000.	
	COST	625,648.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		806,648.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PRECISION SIGN - LED	27,696.	6,616.	21,080.
AB SYSTEMS -REMODELING	16,317.	1,462.	14,855.
HOME SYSTEMS-INSTAL	1,950.	699.	1,251.
AB SYSTEMS - 2ND	49,216.	4,410.	44,806.
AB SYSTEMS - 2ND	47,462.	4,252.	43,210.
PRECISION SIGNS - LOGO	2,580.	616.	1,964.
METRO SYSTEM	7,627.	2,733.	4,894.
12 LAZY BOY CHAIRS	185.	185.	0.
MOD. SEC. OFFICE UNIT	673.	673.	0.
EXECUTONE PHONES	1,500.	1,500.	0.
EXECUTONE SYSTEM	2,280.	2,280.	0.
LAPTOP/ CARRY CASE	1,800.	1,800.	0.
PROJECTOR / LAMP	5,035.	5,035.	0.
IBM THINKPAD A21E COMPUTER	246.	246.	0.
401.66	402.	334.	68.
PROFSVC - YAGGY COLBY	268.	24.	244.
PROF AIDE - YAGGY COLBY	1,326.	119.	1,207.
GAS BILL - AQUILLA	774.	69.	705.
ELECTRIC/WATER - RPU	277.	25.	252.
GAS BILL - AQUILA	823.	74.	749.
PANEL SYSTEMS - METRO SYSTEMS	8,524.	3,055.	5,469.
ELEC/SEWER/WATER - RPU	248.	22.	226.
GAS BILL - AQUILA	641.	57.	584.
PROD AIDE - YAGGY COLBY	328.	29.	299.
GAS BILL - RPU	290.	26.	264.
MOVE BLDG LIAB INS TO CONST PROC	918.	82.	836.
PAINTING @ 1110 6TH	845.	76.	769.
CABLING - VENTURE	242.	86.	156.
DATA LINES - VENTURE	300.	108.	192.
LABOR FOR BOILER - HIMEC	93.	8.	85.
BALANCE ON WORK STATIONS	8,783.	3,147.	5,636.
MATERIALS/CABLING - VENTURE	5,700.	2,043.	3,657.

MOVED PHONE SYSTEM	1,955.	701.	1,254.
CENTREX CHGS - OLMST. CO.			
TREAS.	407.	146.	261.
LAND	190,908.	0.	190,908.
LAND	21,212.	0.	21,212.
2 SSIS PENTIUM COMPUTERS	7,424.	7,424.	0.
12 LAZY BOY CHAIRS	1,139.	1,139.	0.
MOW LABEL PRINTER	638.	638.	0.
TP-760 LATPTOP SYSTEM	3,399.	3,399.	0.
HP LASE JET FLATBED	300.	300.	0.
HP INKJET PRINTER	349.	349.	0.
2 AMD K-6 233 COMPUTERS	3,485.	3,485.	0.
MOD SEC. OFFICE UNIT	2,692.	2,692.	0.
IBM APTIVA / MONITOR	1,249.	1,249.	0.
EXECUTONE PHONES	8,495.	8,495.	0.
EXECUTONE SYSTEM	9,115.	9,115.	0.
IBM DESKTOP COMPUTER	1,647.	1,647.	0.
GREAT PLAINS SOFTWARE	8,542.	8,542.	0.
HP LASERJET 4050 PRINTER	1,000.	1,000.	0.
IBM THINKPAD A21E COMPUTER	1,803.	1,803.	0.
MATRIX ARMLESS CHAIRS	4,235.	3,529.	706.
PLYMOUTH CARAVAN	19,660.	19,660.	0.
FURNITURE	1,615.	1,615.	0.
FURNITURE	8,421.	8,421.	0.
FURNITURE	18,917.	18,917.	0.
GAS BILL - AQUILA	254.	22.	232.
BUILDING REMODELING	197.	18.	179.
INSPECTION OF BUILDING	400.	36.	364.
HVAC EQUIP INSPECTION	385.	35.	350.
WALK THRU - HIMEC	130.	11.	119.
HOME FED REMOD - YAGGY COLBY	544.	49.	495.
ARCHITECT/AIDE - YAGGY COLBY	691.	62.	629.
CLOSING COSTS	4,070.	365.	3,705.
HVAC REPAIRS	1,764.	158.	1,606.
LOCKS, KEYS, PADLOCK	276.	25.	251.
PROF SVS ARCHIT, AIDES - YAGGY COLBY	9,151.	820.	8,331.
BUILDING	439,092.	39,335.	399,757.
BUILDING	48,788.	4,371.	44,417.
RESULTSPLUS! SOFTWARE	3,499.	2,491.	1,008.
COMPUTER SERVICE LABOR	1,762.	1,256.	506.
COMPUTER SERVICE LABOR	1,800.	1,282.	518.
THERAPIST HELPER SOFTWARE	5,929.	1,976.	3,953.
VENTURE SERVER	6,284.	4,475.	1,809.
THERASCRIBE SOFTWARE	2,665.	888.	1,777.
THERASCRIBE -- PROVIDERS SOFTWARE	2,351.	784.	1,567.
TOTAL TO FORM 990, PART IV, LN 57	1,043,988.	204,616.	839,372.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 8  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRAD LOHRBACH 1110 SIXTH STREET NW ROCHESTER, MN 55901	EXECUTIVE DIRECTOR 40.00	89,792.	5,329.	0.
GAIL BAKER 1110 SIXTH STREET NW ROCHESTER, MN 55901	DIRECTOR 2.00	0.	0.	0.
JEFF BOLTON 1110 SIXTH STREET NW ROCHESTER, MN 55901	DIRECTOR 2.00	0.	0.	0.
STEPHAN JENNEBACH 1110 SIXTH STREET NW ROCHESTER, MN 55901	SECRETARY 2.00	0.	0.	0.
STEVE JOHNSTON 1110 SIXTH STREET NW ROCHESTER, MN 55901	DIRECTOR 2.00	0.	0.	0.
NEETA KAMATH 1110 SIXTH STREET NW ROCHESTER, MN 55901	DIRECTOR 2.00	0.	0.	0.
ROY KRIESEL 1110 SIXTH STREET NW ROCHESTER, MN 55901	DIRECTOR 2.00	0.	0.	0.
JOLEEN MAINZ 1110 SIXTH STREET NW ROCHESTER, MN 55901	TREASURER 2.00	0.	0.	0.
AL MANNINO 1110 SIXTH STREET NW ROCHESTER, MN 55901	DIRECTOR 2.00	0.	0.	0.
BONNIE MCGOON 1110 SIXTH STREET NW ROCHESTER, MN 55901	PRESIDENT 2.00	0.	0.	0.
JAMES RABE 1110 SIXTH STREET NW ROCHESTER, MN 55901	DIRECTOR 2.00	0.	0.	0.

MARY RICHARDS 1110 SIXTH STREET NW ROCHESTER, MN 55901	VICE PRESIDENT 2.00	0.	0.	0.
CARLOS RUIZ 1110 SIXTH STREET NW ROCHESTER, MN 55901	DIRECTOR 2.00	0.	0.	0.
JUDY VOSS 1110 SIXTH STREET NW ROCHESTER, MN 55901	DIRECTOR 2.00	0.	0.	0.
BRIAN WINTERS 1110 SIXTH STREET NW ROCHESTER, MN 55901	DIRECTOR 2.00	0.	0.	0.
OMAR YUSEF 1110 SIXTH STREET NW ROCHESTER, MN 55901	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>89,792.</u>	<u>5,329.</u>	<u>0.</u>

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 9  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	DOLLARS ACCEPTED ON ABILITY TO PAY BASIS FROM CLIENTS TO COVER PARTIAL COSTS OF COUNSELING, CREDIT COUNSELING, HOMEMAKER, MEALS ON WHEELS, HANDYWORKER, AND SUPERVISED CHILD VISITATION SERVICES.
93B	COUNTY AND STATE FUNDS RECEIVED TO COVER PARTIAL COSTS OF COUNSELING, HOMEMAKER, MEALS ON WHEELS, HANDYWORKER, SUPERVISED CHILD VISITATION, CASE MANAGEMENT SERVICES, DOMESTIC VIOLENCE TREATMENT PROGRAMS, DOMESTIC VIOLENCE EDUCATION AND SUPPORT, AND CHILD MALTREATMENT PROGRAM.

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2B

STATEMENT 10

FAMILY SERVICE ROCHESTER HAS AN OUTSTANDING MORTGAGE ON PROPERTY WITH HOME FEDERAL SAVINGS BANK. AN OFFICER OF HOME FEDERAL SAVINGS BANK, AL MANNINO, ALSO SERVES AS AN OFFICER ON FAMILY SERVICE ROCHESTER'S BOARD OF DIRECTORS. MANNINO ABSTAINS FROM VOTING ON BUSINESS RELATED TO THE MORTGAGE.

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

**FAMILY SERVICE ROCHESTER INC**

**FORM 990 PAGE 2**

**41-0883453**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	22,634.

**Part III MACRS Depreciation (Do not include listed property ) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	2,564.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		10,945.	5 YRS.	HY	200DB	3,648.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	28,846.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2006 tax year					
<b>43</b> Amortization of costs that began before your 2006 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>