

Friends of Ninos Adelante, Inc.

P.O. Box 1624
Sonoma, CA 95476-1624

July 27, 2011

Cyndi H. H. Nelson
Registration Administrator, Charities
State of Minnesota
Office of the Attorney General
Suite 1200
445 Minnesota Street
St. Paul, MN 55101-2130

Dear Ms. Nelson:

Enclosed is a copy of the 2010 Form 990-EZ for the year ended June 30, 2010, for Friends of Ninos Adelante, Inc. *Also enclosed is a copy of our Minnesota State Tax Annual Report*

Filing of our return slip between the cracks in our all volunteer, widely disbursed organization.

We trust that this will satisfy Minnesota's reporting requirements for the year ended June 30, 2010.

Thank you,



Ann Vander Ende, Treasurer

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM**

ATTORNEY GENERAL LORI SWANSON
SUITE 1200, BREMER TOWER
445 MINNESOTA STREET
ST. PAUL, MN 55101-2130
(651) 757-1311
(651) 296-1410 (TTY)
www.ag.state.mn.us

Annual Reporting Initial Registration

FEDERAL EIN NUMBER: 41-1940075

FOR YEAR ENDING: June 30, 2010

SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. Legal Name of Organization: Friends of Ninos Adelante Inc.

If annual reporting, is this a new name since the organization's last filing? Yes No

If so, please state former name: _____

2. List all names under which the organization solicits contributions:

Friends of Ninos Adelante INC
Friends of Ninos Adelante

3. Mailing Address of Organization

PO Box 1624
Sonoma, CA 95476

Physical Address of Organization

2500 Wellington Circle
Minnetonka, MN 55391

4. Contact Person Bob Albright
Tel. No. 707 939 6778

E-mail bobalb@comcast.net
Fax No. _____

5. Complete the following for the most recent twelve-month accounting year. While this information should reflect the financials on the IRS Form 990, this section is required to be completed even if an IRS Form 990 is attached. Before completing this section, please refer to the Instructions.

INCOME

Contributions from the public
Government Grants
Other revenue

TOTAL REVENUE

For Year Ending: 6/30/2010

\$ 95,578
\$ _____
\$ _____
\$ 95,578

EXPENSES

Amount spent for program or charitable purposes
Management/general expense
Fund-raising expense

TOTAL EXPENSES

\$ 60,000
\$ 906
\$ _____
\$ 60,906

EXCESS or DEFICIT

\$ _____
\$ 116,770
\$ _____

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 116,770

For Office Use Only: ARF \$25 \$50 \$75 N (e-Postcard) 990 EZ PF FES SIG BD
 SAL Audit

STATE OF MINNESOTA
 CHARITABLE ORGANIZATION FOR LIMITED CONTRIBUTION & ANNUAL REPORT FORM

1. ORGANIZATION'S FEDERAL IDENTIFICATION NUMBER (EIN) 27-00491-14
 2. THE YEAR ENDING JUNE 30, 2010

3. OFFICE GENERAL MAILING ADDRESS
 4. OFFICE TELEPHONE NUMBER
 5. OFFICE FAX NUMBER
 6. OFFICE E-MAIL ADDRESS
 7. OFFICE WEBSITE ADDRESS

8. FULL NAME OF THE ORGANIZATION Friends of Miss Ahearn Inc
 9. ADDRESS OF THE ORGANIZATION (Street, City, State, Zip) _____

10. Does this professional fund-raiser solicit or consult in Minnesota? Yes No
11. Month and day accounting year ends: June 30
12. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? Yes No

13. LIST OF OFFICERS AND DIRECTORS (Name, Title, Address, City, State, Zip)

Name	Title	Address	City	State	Zip
<u>Ed Haggard</u>	<u>President</u>	<u>1000 1st Ave NE</u>	<u>Minneapolis</u>	<u>MN</u>	<u>55412</u>
<u>John J. Haggard</u>	<u>Secretary</u>	<u>1000 1st Ave NE</u>	<u>Minneapolis</u>	<u>MN</u>	<u>55412</u>

14. FINANCIAL STATEMENT (Total Assets, Total Liabilities, Total Net Assets)

Category	Amount
TOTAL ASSETS	<u>100,000</u>
TOTAL LIABILITIES	<u>0</u>
TOTAL NET ASSETS	<u>100,000</u>

15. SIGNATURE OF OFFICER OR DIRECTOR (Name, Title, Address, City, State, Zip)
Ed Haggard, President, 1000 1st Ave NE, Minneapolis, MN 55412

SECTION TWO: REQUIRED FOR INITIAL REGISTRATION ONLY

1. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.
 Name _____
 Street and Number _____
 City _____ State _____ Zip _____ Telephone # _____

2. Type of legal entity (Attach the creating document):
 Nonprofit corporation Trust Unincorporated association

3. Place and date the organization was incorporated: _____
(state) (date)

4. Is the organization exempt from federal income taxes?
 Yes (Attach a copy of the IRS determination letter) Status: 501(c)(_____)
 No Date organization submitted Form 1023 to the IRS _____

5. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name, address and federal EIN: _____

6. Has the organization been denied the right to solicit contributions?
 a. By any government agency? Yes No If yes, attach explanation.
 b. By any court? Yes No If yes, attach explanation.

7. Explain in detail the charitable purposes of the organization, including major program activities.

8. Please mark all items that describe the organization's charitable mission:
 Arts & Culture Human Services Civic/Lobbying International Health
 Environment Mental Health Education Religious Other _____
 Or: List the NTEE code(s) that describe the organization's purpose: _____

9. Which of the above two best describes the organization's primary purpose(s)?
 1. _____ 2. _____

10. Check one or more methods of solicitation the organization anticipates using:
 Telephone appeals Grant writing Sweep Other _____
 Direct mail Internet Media

11. State the total contributions the organization received during the accounting year last ended:
 \$ _____

12. Attach a list of organization's officers, directors, trustees, and chief executive officer, including their titles, addresses, and total annual compensation paid to each. Attached

SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY

ALL organizations MUST complete questions 1-6.

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

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

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

	Name/Title	Compensation
1	No director or officer is paid. The	
2	organization has no employees	
3		
4		
5		

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

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

6. Minnesota law requires that an organization file a copy of any IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF informational return that was filed with the IRS. Has the organization included with this annual report a copy of all IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF informational returns that it filed with the IRS (excluding Schedule B or any other donor list required by the IRS)?
 Yes No (Not required to file a return with IRS or files with National Chapter).

NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. The following organizations must complete and return the statement of functional expenses below:
 1) organizations that file a 990-N (e-Postcard), 990-EZ, or 990-PF; and 2) organizations that file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

Statement of Functional Expenses				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S.			
2	Grants and other assistance to individuals in the U.S.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.	60,000	60,000	
4	Benefits paid to or for members			
5	Compensation of current officers, directors, trustees, and key employees			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)			
7	Other salaries and wages			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)			
9	Other employee benefits			
10	Payroll taxes			
11	Fees for services (non-employees):			
a	Management			
b	Legal			
c	Accounting			
d	Lobbying			
e	Professional fundraising services			
f	Investment management fees			
g	Other <i>Bank fees</i>		796	
12	Advertising and promotion			
13	Office expenses		60	
14	Information technology		50	
15	Royalties			
16	Occupancy			
17	Travel			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			
19	Conferences, conventions, and meetings			
20	Interest			
21	Payments to affiliates			
22	Depreciation, depletion, and amortization			
23	Insurance			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)			
a			
b			
c			
d	All other expenses			
25	Total functional expenses. Add lines 1 through 24d	60,906	60,000	906
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			

Must be prepared in accordance with generally accepted accounting principles.

SECTION FOUR: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

**BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT**

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the Treasurer (Title) and Secretary (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the Board of Directors (Board of Directors, Trustees, or Managing Group) adopted on the 27 day of July, 2011, approving the contents of the document, and do hereby certify that the Board of Directors (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Ann Vander Ende
Name (Print)

Signature
Treasurer
Title

Date

Janie Robins
Name (Print)

Signature
Secretary
Title

7/27/11
Date

*** NOTICE ***

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