STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON **☐** Annual Reporting **☐** Initial Registration SUITE 1200, BREMER TOWER 445 MINNESOTA STREET ST. PAUL, MN 55101-2130 FEDERAL EIN NUMBER: (651) 757-1311 (651) 296-1410 (TTY) www.ag.state.mn.us FOR YEAR ENDING: SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING Legal Name of Organization: _____ 1. 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: Mailing Address of Organization (required) Physical Address of Organization (required) 3. Contact Person_____ E-mail _____ 4. Fax No. Tel. No. _____ Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)? 5. Yes No If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. Attach schedule if more than one. Name _____ Address City_____State____Zip ____Compensation _____ a) Does this professional fund-raiser solicit or consult in Minnesota? Yes No 6. b) Is this professional fund-raiser registered to solicit or consult in Minnesota? Yes No Month and day accounting year ends: 7. 8. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? Yes No

Office Use Only: ARF \$\Bigcup\$50 \$\Bigcup\$50 \$\Bigcup\$N(e-Postcard) \$\Bigcup\$990 \$\Bigcup\$EZ \$\Bigcup\$FF \$\Bigcup\$FES \$\Bigcup\$SIG \$\Bigcup\$BD \$\Bigcup\$SAL \$\Bigcup\$Audit

INCOME			
Contributions from the public	\$	 	
Government Grants	\$	 	
Other revenue	\$	 	
TOTAL REVENUE	\$	 	
EXCESS or DEFICIT	\$ 		
TOTAL Assets	\$ 		
TOTAL Liabilities	\$		

This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations

whose filing does not contain the information requested below. This includes organizations that: 1) do

9.

SECTION B: REQUIRED FOR INITIAL REGISTRATION ONLY

Street and Num	ber			
City	State	Zip	Telephone #	
	atity (Attach the cree corporation			Other
Place and date t	he organization was	s incorporated:		
			(state)	(date)
Yes (Attach	on exempt from fectors a copy of the IRS of ganization submitted	determination l	etter)	Status: 501(c)(_
_	-			a fiscal agent, state the
a. By any go	vernment agency?	Yes N	it contributions? To If yes, attach explants The explanation	nation.
a. By any go b. By any co	vernment agency? urt? Yes N I the charitable purp	Yes No If yes, attac	To If yes, attach explanch explanation. ganization, including ma	ajor program activities.
Explain in detai	vernment agency? urt?	Yes No If yes, attactors of the organization ervices Circle Ed	To If yes, attach explanation. ganization, including manization, including manization including manization. n's charitable mission: vic/Lobbying Interpretable including in	ajor program activities. ernational
A. By any go b. By any co Explain in detai Please mark all Arts & Cult Environmer Or: List the NT	vernment agency? urt? Yes N I the charitable purp items that describe ure Human Sent Mental He EE code(s) that describe	Yes No If yes, attactors of the organization ervices Circle the organization best the organization best the organization best the organization of	n's charitable mission: vic/Lobbying Integration Religious ization's purpose:	ajor program activities. ernational Health Other
Please mark all Arts & Cult Environmen Or: List the NT	vernment agency? urt? Yes N I the charitable purple items that describe ure Human Sent Mental He EE code(s) that describe ove two best descri	Yes No If yes, attactors of the organization o	n's charitable mission: vic/Lobbying Integration Religious aization's purpose: ation's primary purpose 2. anization anticipates us	ajor program activities. ernational Health Other e(s)?

SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers 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 of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.					
	Name/Title Compensation Deferred Compensation Fringe Benefits						
	1						
2							
	3						
	4						
	5						
	<u> </u>						
4.	A	Attach a list of organization's board of director	ors. Attached [Included in IRS I	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 all tax or informational returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)? Yes No (Not required to file a return with IRS or files a group return).						
		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. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

	Statement of Functional Expenses				
	Statement of La	(A)	(B)	(C)	(D)
		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S.		•		
	Grants and other assistance to individuals in the U.S.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ and persons described in section $4958(c)(3)(B)$				
	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services				
f	Investment management fees				
	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance Other evenues Itemine evenues not severed show (Evenuese				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of				
a	total expenses shown on line 25 below.)				
b					
0					
c	All other granges				
	All other expenses Total functional expenses. Add lines 1 through 24d				
	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete				
20	this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising				
L	solicitation				
	Must be prepared in accordance with a				

Must be prepared in accordance with generally accepted accounting principles.

For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF The total of Column A, lines 1 through 24d should equal line 25a.

The total of lines 25b, 25c and 25d, should equal line 25a

SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and a	cknowledge that we are d	uly constituted officers of this organization,
being the	(Title) and	(Title) respectively, and
that we execute this document or	behalf of the organiz	ation pursuant to the resolution of the
(B	oard of Directors, Trust	ees, or Managing Group) adopted on the
day of	_, 20, approving the	contents of the document, and do hereby
certify that the	(Board o	of Directors, Trustees or Managing Group)
has assumed, and will continue to a	assume, responsibility for	determining matters of policy, and have
supervised, and will continue to sup	ervise, the finances of th	ne organization. We further state that the
information supplied is true, correct ar	nd complete to the best of	our knowledge.
Name (Print)	Name	(Print)
Signature	Signatur	re
Title	Title	
Date	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.