

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

**2014**Department of the Treasury  
Internal Revenue Service

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**CONVERGENCE EVENTS****27-1445975**

Name and title of officer

**THOMAS KEELEY****TREASURER****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

|  |  |                    |
|--|--|--------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | 1b <u>382,582.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9) .....                      | 2b _____           |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22) .....                               | 3b _____           |
| 4a Form 990-PF check here ▶ <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | 4b _____           |
| 5a Form 8868 check here ▶ <input type="checkbox"/>           | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....     | 5b _____           |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter my PIN   
ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**41432200259**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **THOMAS LEWIS & ASSOCIATES, P.A.** Date ▶ **05/05/15**

**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**Open to Public  
Inspection**A For the 2014 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C Name of organization****CONVERGENCE EVENTS**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**1121 JACKSON ST NE #106**

City or town, state or province, country, and ZIP or foreign postal code

**MINNEAPOLIS, MN 55413****F Name and address of principal officer:****SAME AS C ABOVE****D Employer identification number****27-1445975****E Telephone number****612-234-2845****G Gross receipts \$ 399,951.****H(a) Is this a group return**for subordinates? ☐ Yes ☒ No**H(b) Are all subordinates included?** ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c) Group exemption number****I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.CONVERGENCEEVENTS.ORG****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation: 2011 M State of legal domicile: MN****Part I Summary**

|  |   |   |              |
|--|---|---|--------------|
| <b>Activities &amp; Governance</b>                               | 1 Briefly describe the organization's mission or most significant activities: <b>A NON-PROFIT, VOLUNTEER-RUN ORGANIZATION DEDICATED TO CREATING EXCITING EVENTS THAT CONNECT,</b> |   |              |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |              |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)   | 3   | 6            |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | 4   | 6            |
|  | 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)  | 5   | 0            |
|  | 6 Total number of volunteers (estimate if necessary)  | 6   | 25           |
|  |   | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a           |
| b Net unrelated business taxable income from Form 990-T, line 34 |   | 7b  | -1,705.      |
| <b>Revenue</b>   | 8 Contributions and grants (Part VIII, line 1h)   | Prior Year  | Current Year |
|  | 9 Program service revenue (Part VIII, line 2g)  | 1,198.  | 104.         |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 437,318.  | 383,848.     |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 3,784.  | 335.         |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 649.  | -1,705.      |
| <b>Expenses</b>  | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 442,949.  | 382,582.     |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)  | 25,700.   | 26,200.      |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 0.  | 0.           |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)   | 0.  | 0.           |
|  | b Total fundraising expenses (Part IX, column (D), line 25)   | 0.  | 0.           |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 285,143.  | 391,070.     |
|  | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 310,843.  | 417,270.     |
| <b>Net Assets or Fund Balances</b>                               | 19 Revenue less expenses. Subtract line 18 from line 12   | 132,106.  | -34,688.     |
|  | 20 Total assets (Part X, line 16)   | Beginning of Current Year   | End of Year  |
|  | 21 Total liabilities (Part X, line 26)  | 352,582.  | 321,691.     |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | 17.   | 3,814.       |
|  |   | 352,565.  | 317,877.     |

**Part II Signature Block**

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.

**Sign Here** **CLIENT COPY**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

**TREASURER**

Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name **ERIC HAUKKALA, CPA** Preparer's signature **ERIC HAUKKALA, CPA** Date **05/05/15** Check if self-employed ☐ PTIN **P00172862**

Firm's name **THOMAS LEWIS & ASSOCIATES, P.A.** Firm's EIN **41-1600259**

Firm's address **750 SOUTH PLAZA DRIVE SUITE 208** Phone no. **(651) 690-5498**

**MENDOTA HEIGHTS, MN 55120**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

**A NON-PROFIT, VOLUNTEER-RUN ORGANIZATION DEDICATED TO CREATING EXCITING EVENTS THAT CONNECT, ENRICH AND EXPAND OUR DIVERSE COMMUNITY, AND TO INSPIRING EACH OTHER THROUGH CREATIVITY, LEARNING, AND SERVICE.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **356,141.** including grants of \$ **26,200.**) (Revenue \$ **384,225.**)  
**CREATED EVENTS TO CONNECT, ENRICH AND EXPAND OUR DIVERSE COMMUNITY, AND TO INSPIRING EACH OTHER THROUGH CREATIVITY, LEARNING, AND SERVICE.**

**OUR PREMIER ACTIVITY IS CONVERGENCE, AN ANNUAL SCIENCE FICTION AND FANTASY CONVENTION IN THE TWIN CITIES.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **356,141.**

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors?   |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   |     | X  |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes         | No |
|--|-------------|----|
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | <b>21</b> X |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   | <b>22</b>   | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | <b>23</b>   | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           | <b>24a</b>  | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   | <b>24b</b>  |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  | <b>24c</b>  |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   | <b>24d</b>  |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  | <b>25a</b>  | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  | <b>25b</b>  | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 | <b>26</b>   | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... | <b>27</b>   | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |             |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28a</b>  | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28b</b>  | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28c</b>  | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | <b>29</b>   | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  | <b>30</b>   | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   | <b>31</b>   | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  | <b>32</b>   | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  | <b>33</b>   | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  | <b>34</b>   | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   | <b>35a</b>  | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  | <b>35b</b>  |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   | <b>36</b>   | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   | <b>37</b>   | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | <b>38</b> X |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1a  | 0  |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1b  | 0  |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c  |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | 2a  | 0  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | 2b  |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O   | 3b  |    |
| <b>4a</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)? | 4a  | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  | X  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a  | 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?  | 6b  |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a  | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d  |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |    |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8   |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders  | 11a |    |
| <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.)   | 11b |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | 13a |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | 13b |    |
| <b>c</b>   | Enter the amount of reserves on hand   | 13c |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

|  | Yes | No |
|--|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 6<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 6  |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....   | 2   | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....  | 3   | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....  | 4   | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....  | 5   | X  |
| <b>6</b> Did the organization have members or stockholders? .....  | 6   | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....   | 7a  | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....   | 7b  | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b> The governing body? .....   | 8a  | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body? .....   | 8b  | X  |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....  | 9   | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|   | Yes | No |
|---|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? .....   | 10a | X  |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....   | 10b |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....  | 11a | X  |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....  | 12a | X  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | 12b |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....   | 12c |    |
| <b>13</b> Did the organization have a written whistleblower policy? .....   | 13  | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy? .....  | 14  | X  |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official .....   | 15a | X  |
| <b>b</b> Other officers or key employees of the organization .....  | 15b | X  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  | 16a | X  |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... | 16b |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **MN**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**THE ORGANIZATION - 612-234-2845**  
**1121 JACKSON ST NE #106, MINNEAPOLIS, MN 55413**

Check if Schedule O contains a response or note to any line in this Part VII



## Part VII

|   |   |   |
|---|---|---|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 0 |
|---|---|---|

## Section B. Independent Contractors

Form 990 (2014)

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|  |  | (A)<br>Total revenue           | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512-514 |
|--|--|--------------------------------|---|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>    | <b>1 a</b> Federated campaigns   | <b>1a</b>                      |   |   |  |
|  | <b>b</b> Membership dues   | <b>1b</b>                      |   |   |  |
|  | <b>c</b> Fundraising events  | <b>1c</b>                      |   |   |  |
|  | <b>d</b> Related organizations   | <b>1d</b>                      |   |   |  |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b>                      |   |   |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above   | <b>1f</b>                      | 104.  |   |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |                                | 104.  |   |  |
|  | <b>h Total.</b> Add lines 1a-1f  |                                | 104.  |   |  |
| <b>Program Service<br/>Revenue</b>                                   | <b>2 a</b> CONFERENCE  | <b>Business Code</b><br>900099 | 383,848.  | 383,848.                                |  |
|  | <b>b</b>   |                                |   |   |  |
|  | <b>c</b>   |                                |   |   |  |
|  | <b>d</b>   |                                |   |   |  |
|  | <b>e</b>   |                                |   |   |  |
|  | <b>f</b> All other program service revenue   |                                |   |   |  |
|  | <b>g Total.</b> Add lines 2a-2f  |                                | 383,848.  |   |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)   |                                | 335.  |   | 335.   |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds  |                                |   |   |  |
|  | <b>5</b> Royalties   |                                |   |   |  |
|  | <b>6 a</b> Gross rents   | (i) Real (ii) Personal         |   |   |  |
|  | <b>b</b> Less: rental expenses   |                                |   |   |  |
|  | <b>c</b> Rental income or (loss)   |                                |   |   |  |
|  | <b>d</b> Net rental income or (loss)   |                                |   |   |  |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities (ii) Other      |   |   |  |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses   |                                |   |   |  |
|  | <b>c</b> Gain or (loss)  |                                |   |   |  |
|  | <b>d</b> Net gain or (loss)  |                                |   |   |  |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | <b>a</b>                       |   |   |  |
|  | <b>b</b> Less: direct expenses   | <b>b</b>                       |   |   |  |
|  | <b>c</b> Net income or (loss) from fundraising events  |                                |   |   |  |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19  | <b>a</b>                       |   |   |  |
|  | <b>b</b> Less: direct expenses   | <b>b</b>                       |   |   |  |
|  | <b>c</b> Net income or (loss) from gaming activities   |                                |   |   |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances | <b>a</b>   | 15,287.                        |   |   |  |
| <b>b</b> Less: cost of goods sold                                    | <b>b</b>   | 17,369.                        |   |   |  |
| <b>c</b> Net income or (loss) from sales of inventory                |  | -2,082.                        |   | -2,082.                                 |  |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b>           |   |   |  |
| <b>11 a</b> ADVERTISING (NET) (990                                   | 541800   | 377.                           |   | 377.                                    |  |
| <b>b</b>   |  |                                |   |   |  |
| <b>c</b>   |  |                                |   |   |  |
| <b>d</b> All other revenue   |  | 377.                           |   |   |  |
| <b>e Total.</b> Add lines 11a-11d                                    |  | 377.                           |   |   |  |
| <b>12 Total revenue.</b> See instructions.                           |  | 382,582.                       | 383,848.  | -1,705.                                 | 335.   |

**CONVERGENCE EVENTS****Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 26,200.               | 26,200.                         |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 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 accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  |                       |                                 |  |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  | 50,650.               |                                 | 50,650.                                |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  |                       |                                 |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   |                       |                                 |  |                             |
| 12 Advertising and promotion  | 8,032.                | 8,032.                          |  |                             |
| 13 Office expenses  | 4,887.                | 4,887.                          |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  | 20,000.               | 20,000.                         |  |                             |
| 16 Occupancy  | 10,743.               | 10,743.                         |  |                             |
| 17 Travel   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   | 207,733.              | 207,733.                        |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 9,584.                | 9,584.                          |  |                             |
| 23 Insurance  |                       |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | 68,962.               | 68,962.                         |  |                             |
| a <b>COMMUNICATIONS</b>   | 10,479.               |                                 | 10,479.                                |                             |
| b <b>BANK CHARGES &amp; CREDIT C</b>  |                       |                                 |  |                             |
| c   |                       |                                 |  |                             |
| d   |                       |                                 |  |                             |
| e All other expenses  | 417,270.              | 356,141.                        | 61,129.                                | 0.                          |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  |                       |                                 |  |                             |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

|   |  | (A)<br>Beginning of year |          | (B)<br>End of year |
|---|--|--------------------------|----------|--------------------|
| <b>Assets</b>   | 1 Cash - non-interest-bearing .....  | 58,209.                  | 1        | 74,491.            |
|   | 2 Savings and temporary cash investments .....   | 294,373.                 | 2        | 247,200.           |
|   | 3 Pledges and grants receivable, net .....   |                          | 3        |                    |
|   | 4 Accounts receivable, net .....   |                          | 4        |                    |
|   | 5 Loans and other receivables from current and former officers, directors,<br>trustees, key employees, and highest compensated employees. Complete<br>Part II of Schedule L .....  |                          | 5        |                    |
|   | 6 Loans and other receivables from other disqualified persons (as defined under<br>section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing<br>employers and sponsoring organizations of section 501(c)(9) voluntary<br>employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | 6        |                    |
|   | 7 Notes and loans receivable, net .....  |                          | 7        |                    |
|   | 8 Inventories for sale or use .....  |                          | 8        |                    |
|   | 9 Prepaid expenses and deferred charges .....  |                          | 9        |                    |
|   | 10a Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....   | 10a                      |          |                    |
|   | b Less: accumulated depreciation .....   | 10b                      | 10c      |                    |
|   | 11 Investments - publicly traded securities .....  |                          | 11       |                    |
|   | 12 Investments - other securities. See Part IV, line 11 .....  |                          | 12       |                    |
|   | 13 Investments - program-related. See Part IV, line 11 .....   |                          | 13       |                    |
|   | 14 Intangible assets .....   |                          | 14       |                    |
|   | 15 Other assets. See Part IV, line 11 .....  |                          | 15       |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 352,582.   | 16                       | 321,691. |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses .....   | 17.                      | 17       | 3,814.             |
|   | 18 Grants payable .....  |                          | 18       |                    |
|   | 19 Deferred revenue .....  |                          | 19       |                    |
|   | 20 Tax-exempt bond liabilities .....   |                          | 20       |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D .....   |                          | 21       |                    |
|   | 22 Loans and other payables to current and former officers, directors, trustees,<br>key employees, highest compensated employees, and disqualified persons.<br>Complete Part II of Schedule L .....  |                          | 22       |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties .....  |                          | 23       |                    |
|   | 24 Unsecured notes and loans payable to unrelated third parties .....  |                          | 24       |                    |
|   | 25 Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X of<br>Schedule D .....   |                          | 25       |                    |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....   | 17.                      | 26       | 3,814.             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and<br/>complete lines 27 through 29, and lines 33 and 34.</b>   |                          |          |                    |
|   | 27 Unrestricted net assets .....   | 352,565.                 | 27       | 317,877.           |
|   | 28 Temporarily restricted net assets .....   |                          | 28       |                    |
|   | 29 Permanently restricted net assets .....   |                          | 29       |                    |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/><br/>and complete lines 30 through 34.</b>  |                          |          |                    |
|   | 30 Capital stock or trust principal, or current funds .....  |                          | 30       |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund .....  |                          | 31       |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds .....  |                          | 32       |                    |
|   | 33 <b>Total net assets or fund balances</b> .....  | 352,565.                 | 33       | 317,877.           |
|   | 34 <b>Total liabilities and net assets/fund balances</b> .....   | 352,582.                 | 34       | 321,691.           |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|    |  |    |          |
|----|--|----|----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 382,582. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 417,270. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -34,688. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 352,565. |
| 5  | Net unrealized gains (losses) on investments   | 5  |          |
| 6  | Donated services and use of facilities   | 6  |          |
| 7  | Investment expenses  | 7  |          |
| 8  | Prior period adjustments   | 8  |          |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 317,877. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | X  |
| b Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            | 2b  | X  |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | 2c  |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  | 3a  | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____   | 3b  |    |

Form 990 (2014)

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2014

**Open to Public Inspection**

Name of the organization

## CONVERGENCE EVENTS

Employer identification number

27-1445975

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions. |
|---------------|--|

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ 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 exempt 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).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations

**g** Provide the following information about the supported organization(s).

| g Provide the following information about the supported organization(s). |          |   |   |    |   |   |
|--|----------|---|---|----|---|---|
| (i) Name of supported organization                                       | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see Instructions) | (vi) Amount of other support (see Instructions) |
|  |          |   | Yes   | No |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
| <b>Total</b>   |          |   |   |    |   |   |

**Total**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| <b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | % |
| <b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....  | 15 | % |
| <b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    |   |
| <b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    |   |
| <b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    |   |
| <b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 166,703. | 192,064. | 1,230.   | 1,198.   | 104.     | 361,299.  |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 76,877.  | 105,774. | 322,972. | 458,149. | 399,135. | 1362907.  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   | 243,580. | 297,838. | 324,202. | 459,347. | 399,239. | 1724206.  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          | 0.        |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          | 0.        |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          | 0.        |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          | 1724206.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  | 243,580. | 297,838. | 324,202. | 459,347. | 399,239. | 1724206.  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 431.     | 443.     | 308.     | 235.     | 335.     | 1,752.    |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  | 431.     | 443.     | 308.     | 235.     | 335.     | 1,752.    |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     | 1,650.   | 913.     | 2,043.   | 1,401.   | 975.     | 6,982.    |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 245,661. | 299,194. | 326,553. | 460,983. | 400,549. | 1732940.  |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 99.50 % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15                      | <b>16</b> | 99.44 % |

**Section D. Computation of Investment Income Percentage**

|   |           |       |
|---|-----------|-------|
| <b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | .10 % |
| <b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17                        | <b>18</b> | .11 % |

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



CONVERGENCE EVENTS

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                          | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GEEK PARTNERSHIP SOCIETY<br>JACKSON ST NE, SUITE 106<br>MINNEAPOLIS, MN 55413 | 41-1908130 | 501(c)(3)                     | 25,000.                  | 0.                                |   |  | BRINGING SCIENCE TO CLASSROOMS     |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |
|   |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 1.

3 Enter total number of other organizations listed in the line 1 table ..... 1.

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

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

CONVERGENCE EVENTS

Employer identification number

27-1445975

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENRICH AND EXPAND OUR DIVERSE COMMUNITY, AND TO INSPIRING EACH OTHER  
THROUGH CREATIVITY, LEARNING, AND SERVICE.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT OF THE 990 IS PROVIDED TO THE TREASURER, WHO IS RESPONSIBLE FOR  
MAKING IT AVAILABLE TO THE REST OF THE GOVERNING BOARD, PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE ON THE WEBSITE.

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0087

2014

Department of the Treasury  
Internal Revenue Service

For calendar year 2014 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations OnlyA ☐ Check box if  
address changedName of organization ( ☐ Check box if name changed and see instructions.)D Employer identification number  
(Employees' trust, see  
instructions.)

B Exempt under section

☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)Print  
or  
Type

CONVERGENCE EVENTS

Number, street, and room or suite no. If a P.O. box, see instructions.

1121 JACKSON ST NE #106

City or town, state or province, country, and ZIP or foreign postal code

MINNEAPOLIS, MN 55413

27-1445975

E Unrelated business activity codes  
(See instructions.)

541800

C Book value of all assets  
at end of year

321,691.

F Group exemption number (See instructions.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ ADVERTISING SALES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ THE ORGANIZATION Telephone number ▶ 612-234-2845

| Part I | Unrelated Trade or Business Income   | (A) Income | (B) Expenses | (C) Net |
|--------|--|------------|--------------|---------|
| 1a     | Gross receipts or sales 15,287.  |            |              |         |
| b      | Less returns and allowances  | 1c         |              |         |
| 2      | Cost of goods sold (Schedule A, line 7)  | 2          |              |         |
| 3      | Gross profit. Subtract line 2 from line 1c                                       | 3          |              |         |
| 4a     | Capital gain net income (attach Schedule D)                                      | 4a         |              |         |
| b      | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 | 4b         |              |         |
| c      | Capital loss deduction for trusts  | 4c         |              |         |
| 5      | Income (loss) from partnerships and S corporations (attach statement)            | 5          |              |         |
| 6      | Rent income (Schedule C)   | 6          |              |         |
| 7      | Unrelated debt-financed income (Schedule E)                                      | 7          |              |         |
| 8      | Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8          |              |         |
| 9      | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9          |              |         |
| 10     | Exploited exempt activity income (Schedule I)                                    | 10         |              |         |
| 11     | Advertising income (Schedule J)  | 11         |              |         |
| 12     | Other income (See instructions; attach schedule)                                 | 12         |              |         |
| 13     | Total. Combine lines 3 through 12  | 13         |              |         |

## Part II Deductions Not Taken Elsewhere

(See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

|    |  |     |         |
|----|--|-----|---------|
| 14 | Compensation of officers, directors, and trustees (Schedule K)   | 14  |         |
| 15 | Salaries and wages   | 15  |         |
| 16 | Repairs and maintenance  | 16  |         |
| 17 | Bad debts  | 17  |         |
| 18 | Interest (attach schedule)   | 18  |         |
| 19 | Taxes and licenses   | 19  |         |
| 20 | Charitable contributions (See instructions for limitation rules)   | 20  |         |
| 21 | Depreciation (attach Form 4562)  | 21  |         |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return  | 22a |         |
| 23 | Depletion  | 23  |         |
| 24 | Contributions to deferred compensation plans   | 24  |         |
| 25 | Employee benefit programs  | 25  |         |
| 26 | Excess exempt expenses (Schedule I)  | 26  |         |
| 27 | Excess readership costs (Schedule J)   | 27  |         |
| 28 | Other deductions (attach schedule)   | 28  |         |
| 29 | Total deductions. Add lines 14 through 28  | 29  | 0.      |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       | 30  | -1,705. |
| 31 | Net operating loss deduction (limited to the amount on line 30)  | 31  |         |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30   | 32  | -1,705. |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  | 33  | 1,000.  |
| 34 | Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34  | -1,705. |

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34 **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a****b** Other credits (see instructions) **40b****c** General business credit. Attach Form 3800 **40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d****e** Total credits. Add lines 40a through 40d **40e****41** Subtract line 40e from line 39 **41** 0.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43** Total tax. Add lines 41 and 42 **43** 0.**44a** Payments: A 2013 overpayment credited to 2014 **44a****b** 2014 estimated tax payments **44b****c** Tax deposited with Form 8868 **44c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d****e** Backup withholding (see instructions) **44e****f** Credit for small employer health insurance premiums (Attach Form 8941) **44f****g** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other **44g****45** Total payments. Add lines 44a through 44g **45****46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **46****47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.**49** Enter the amount of line 48 you want: Credited to 2015 estimated tax ☐ Refunded ☐ **49****Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and FinancialAccounts. If YES, enter the name of the foreign country here **Yes** **No****2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No****3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A****1** Inventory at beginning of year **1** 0.**2** Purchases **2** 17,369.**3** Cost of labor **3****4a** Additional section 263A costs (att. schedule) **4a****b** Other costs (attach schedule) **4b****5** Total. Add lines 1 through 4b **5** 17,369.**6** Inventory at end of year **6** 0.**7** Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 **7** 17,369.**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** **CLIENT COPY**

Signature of officer

Date

**TREASURER**

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

ERIC HAUKKALA, CPA

ERIC HAUKKALA, CPA

05/05/15

P00172862

Firm's name **THOMAS LEWIS & ASSOCIATES, P.A.**Firm's EIN **41-1600259**

750 SOUTH PLAZA DRIVE SUITE 208

Firm's address **MENDOTA HEIGHTS, MN 55120**Phone no. **(651) 690-5498**

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

## 1. Description of property

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

|       |    |          |
|-------|----|----------|
| (1)   |    |          |
| (2)   |    |          |
| (3)   |    |          |
| (4)   |    |          |
| Total | 0. | Total 0. |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B)

0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

## 1. Description of debt-financed property

## 2. Gross income from or allocable to debt-financed property

## 3. Deductions directly connected with or allocable to debt-financed property

(a) Straight line depreciation (attach schedule)

(b) Other deductions (attach schedule)

|     |  |  |  |  |
|-----|--|--|--|--|
| (1) |  |  |  |  |
| (2) |  |  |  |  |
| (3) |  |  |  |  |
| (4) |  |  |  |  |

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))

|     |  |   |  |  |
|-----|--|---|--|--|
| (1) |  | % |  |  |
| (2) |  | % |  |  |
| (3) |  | % |  |  |
| (4) |  | % |  |  |

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Totals

0.

0.

Total dividends-received deductions included in column 8

0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

## 1. Name of controlled organization

2. Employer identification number

## Exempt Controlled Organizations

3. Net unrelated income (loss) (see instructions)

4. Total of specified payments made

5. Part of column 4 that is included in the controlling organization's gross income

6. Deductions directly connected with income in column 5

|     |  |  |  |  |  |
|-----|--|--|--|--|--|
| (1) |  |  |  |  |  |
| (2) |  |  |  |  |  |
| (3) |  |  |  |  |  |
| (4) |  |  |  |  |  |

## Nonexempt Controlled Organizations

7. Taxable income

8. Net unrelated income (loss) (see instructions)

9. Total of specified payments made

10. Part of column 9 that is included in the controlling organization's gross income

11. Deductions directly connected with income in column 10

|     |  |  |  |  |
|-----|--|--|--|--|
| (1) |  |  |  |  |
| (2) |  |  |  |  |
| (3) |  |  |  |  |
| (4) |  |  |  |  |

Add columns 5 and 10.  
Enter here and on page 1, Part I, line 8, column (A).Add columns 6 and 11.  
Enter here and on page 1, Part I, line 8, column (B).

Totals

0.

0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1)                      |                     |   |                                 |   |
| (2)                      |                     |   |                                 |   |
| (3)                      |                     |   |                                 |   |
| (4)                      |                     |   |                                 |   |
|                          |                     | Enter here and on page 1, Part I, line 9, column (A). |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
| <b>Totals</b>            |                     | 0.  |                                 | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
|                                      |   | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).   |   |                                      | Enter here and on page 1, Part II, line 26.                                      |
| <b>Totals</b>                        |   | 0.  | 0.   |   |                                      | 0.   |

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1)  |                             |                             |  |                       |                     |   |
| (2)  |                             |                             |  |                       |                     |   |
| (3)  |                             |                             |  |                       |                     |   |
| (4)  |                             |                             |  |                       |                     |   |
| <b>Totals (carry to Part II, line (5))</b> |                             | 0.                          | 0.   |                       |                     | 0.  |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical              | 2. Gross advertising income | 3. Direct advertising costs                          | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|-----------------------------|--|--|-----------------------|---------------------|---|
| (1)                                |                             |  |  |                       |                     |   |
| (2)                                |                             |  |  |                       |                     |   |
| (3)                                |                             |  |  |                       |                     |   |
| (4)                                |                             |  |  |                       |                     |   |
| <b>Totals from Part I</b>          |                             | 0.   | 0.   |                       |                     | 0.  |
|                                    |                             | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B).                                       |                       |                     | Enter here and on page 1, Part II, line 27.                                       |
| <b>Totals, Part II (lines 1-5)</b> |                             | 0.   | 0.   |                       |                     | 0.  |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |          |  | 0.   |

## Unrelated Business Income Tax (UBIT) Return 2014

For tax-exempt organizations, cooperatives, homeowners associations and political organizations with unrelated business income.

Tax year beginning 01012014, 2014, and ending 12312014 (required)

Please Print or Type

|  |        |   |   |
|--|--------|---|---|
| Name of Organization<br><b>CONVERGENCE EVENTS</b>  |        | FEIN<br><b>271445975</b>  | Minnesota Tax ID (required)<br><b>3502438</b> |
| Current Address<br><b>1121 JACKSON ST NE #106</b>  |        | This Organization Files Federal Form (check one)<br><input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL |   |
| City<br><b>MINNEAPOLIS</b>   | County | State<br><b>MN</b>  | ZIP Code<br><b>55413</b>                      |
| Exempt Under IRS Section (check one)<br><input checked="" type="checkbox"/> 501(c)( 3 ) <input type="checkbox"/> 528 <input type="checkbox"/> Other:   |        | Enter your NAICS Codes (see instructions, pg. 3)<br><b>541800</b> /   |   |
| Check All That Apply: <input type="checkbox"/> Amended Return <input type="checkbox"/> Filing Under an Extension <input type="checkbox"/> Final Return (see inst., pg. 3)<br>Enter Close Date: |        | Was 100% of the business conducted in Minnesota for this tax year?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)                  |   |
| Are you filing a combined income return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |        |   |   |

Determining Tax

Credits and Payments

Tax, Donation, Penalty, Interest, Charges

You must round amounts to nearest whole dollar.

|  |   |    |       |
|--|---|----|-------|
| 1  | Federal taxable income before net operating loss and specific deduction<br>(from federal Form 990-T, line 30; 1120-C, line 25a; 1120-H, line 17; or 1120-POL, line 17c) | 1  | -1705 |
| 2  | Total subtractions from federal taxable income (from M4NPI, line 1)   | 2  |       |
| 3  | Federal taxable income or (loss) after subtractions (see instructions)  | 3  | -1705 |
| If you conducted business both within and outside Minnesota, complete M4NPA (see instructions, pg. 6).<br>If 100% of your activities were conducted in Minnesota, do not complete M4NPA. Enter line 3 on line 4. |   |    |       |
| 4  | Minnesota taxable net income or (loss) (from M4NPA, line 15, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above)                 | 4  | -1705 |
| 5  | Minnesota net operating loss deduction (from NOL)   | 5  | 0     |
| 6  | Subtract line 5 from line 4 (if zero or less, enter zero)   | 6  | 0     |
| 7  | Total deductions from taxable net income (from M4NPI, line 2)   | 7  |       |
| 8  | Taxable income (subtract line 7 from line 6; if zero or less, enter zero)   | 8  | 0     |
| 9  | Regular tax (multiply line 8 by 9.8% [0.098]; if zero or less, enter zero)  | 9  | 0     |
| 10   | Proxy tax (see instructions, pg. 3)   | 10 |       |
| 11   | Tax before credits (add lines 9 and 10)   | 11 |       |
| 12   | Total credits against tax (from M4NPI, line 3)  | 12 |       |
| 13   | Minnesota tax liability (subtract line 12 from line 11; if zero or less, enter zero)  | 13 | 0     |
| 14   | Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3)  | 14 |       |
| 15   | Add lines 13 and 14   | 15 |       |
| 16   | Total refundable credits (from M4NPI, line 4)   | 16 |       |
| 17   | Amount credited from your 2013 Form M4NP, line 30   | 17 |       |
| 18   | 2014 estimated tax payments   | 18 |       |
| 19   | 2014 extension payment  | 19 |       |
| 20   | Total refundable credits and payments (add lines 16, 17, 18 and 19)   | 20 |       |
| 21   | Subtract line 20 from line 15   | 21 |       |
| 22   | Penalty (determine from worksheet in the instructions, pg. 4)   | 22 |       |
| 23   | Interest (determine from worksheet in the instructions, pg. 4)  | 23 |       |
| 24   | Additional charge for underpayment of estimated tax (from M15NP, line 17)   | 24 |       |
| 25   | Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 15, 22, 23 and 24)                            | 25 |       |

**Unrelated Business Income Tax (UBIT) Return 2014** *(continued)*

|   |                          |                                    |
|---|--------------------------|------------------------------------|
| Name of Organization<br><b>CONVERGENCE EVENTS</b> | FEIN<br><b>271445975</b> | Minnesota Tax ID<br><b>3502438</b> |
|---|--------------------------|------------------------------------|

Amount Due or Overpaid

- 26 Amount from line 25 on the front of this form ..... **26** \_\_\_\_\_
- 27 Amount from line 20 on the front of this form ..... **27** \_\_\_\_\_
- 28 **AMOUNT DUE.** If line 26 is more than or equal to line 27, subtract line 27 from 26 ..... **28** \_\_\_\_\_ **0**
- Payment method: ☐ Electronic (see inst., pg. 2) ☒ Check (see inst., pg. 2) ☐ Amended return payment by check (see inst., pg. 2)
- 29 **OVERPAYMENT.** If line 27 is more than line 26,  
subtract line 26 from line 27 ..... **29** \_\_\_\_\_
- 30 Amount of line 29 to be credited to your 2015 estimated tax..... **30** \_\_\_\_\_
- 31 Refund (subtract line 30 from line 29) ..... **31** \_\_\_\_\_

To have your refund direct deposited, enter your banking information below.

Account type:                      Routing number                      Account number (use an account not associated with any foreign banks)

☐ Checking   ☐ Savings                        

I declare that this return is correct and complete to the best of my knowledge and belief.

Sign Here

|  |  |                           |                  |  |                       |  |
|--|--|---------------------------|------------------|--|-----------------------|--|
| <b>CLIENT COPY</b>                           |  | Authorized Signature      | Title            | Date   | Daytime Phone         | <input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here. |
|  |  |                           | <b>TREASURER</b> |  | <b>612-234-2845</b>   |  |
|  |  | Paid Preparer's Signature | PTIN             | Date   | Daytime Phone         |  |
|  |  | <b>ERIC HAUKKALA, CPA</b> | <b>P00172862</b> | <b>05/05/15</b>  | <b>(651) 690-5498</b> |  |
| Email Address for Correspondence, if Desired |  |                           |                  | This email address belongs to (check one):                               |                       |  |
| <b>INFO@CONVERGENCE-CON.ORG</b>              |  |                           |                  | <input type="checkbox"/> Employee <input type="checkbox"/> Paid Preparer |                       |  |

**Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.**

Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257



Net Operating Loss Deduction 2014

Unitary businesses: Complete a separate Schedule NOL for each corporation that is carrying forward a net operating loss (NOL).

|   |           |                  |
|---|-----------|------------------|
| Name of Corporation or Nonprofit Organization | FEIN      | Minnesota Tax ID |
| CONVERGENCE EVENTS                            | 271445975 | 3502438          |

| Year              | Taxable Net Income/Loss | Minnesota Losses Used        | Losses Remaining                               |
|-------------------|-------------------------|------------------------------|--|
| Oldest loss year  |                         |                              |  |
| 12/31/14          | -1705                   | 0                            | -1705  |
| Subsequent year 1 |                         |                              |  |
| 2                 |                         |                              |  |
| 3                 |                         |                              |  |
| 4                 |                         |                              |  |
| 5                 |                         |                              |  |
| 6                 |                         |                              |  |
| 7                 |                         |                              |  |
| 8                 |                         |                              |  |
| 9                 |                         |                              |  |
| 10                |                         |                              |  |
| 11                |                         |                              |  |
| 12                |                         |                              |  |
| 13                |                         |                              |  |
| 14                |                         |                              |  |
| 15                |                         |                              |  |
| 2014 Summary:     |                         | Net operating loss deduction | Total losses remaining (to be carried forward) |
|                   |                         |                              | -1705  |

Enter on M4T, line 6 or M4NP, line 5

# 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: 27-1445975

FOR YEAR ENDING: 12/31/2014

### SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. Legal Name of Organization: CONVERGENCE EVENTS

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:

CONVERGENCE EVENTS

3. Mailing Address of Organization (required)

1121 JACKSON ST NE #106  
MINNEAPOLIS, MN 55413

Physical Address of Organization (required)

1121 JACKSON ST NE #106  
MINNEAPOLIS, MN 55413

4. Contact Person THOMAS KEELEY

Tel. No. 612-234-2845

E-mail INFO@CONVERGENCE-CON.ORG

Fax No. \_\_\_\_\_

5. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?

☐ 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 \_\_\_\_\_

6. a) Does this professional fund-raiser solicit or consult in Minnesota?

☐ Yes ☐ No

b) Is this professional fund-raiser registered to solicit or consult in Minnesota?

☐ Yes ☐ No

7. Month and day accounting year ends: 12/31

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 ☐ \$25 ☐ \$50 ☐ N (e-Postcard) ☐ 990 ☐ EZ ☐ PF ☐ FES ☐ SIG ☐ BD ☐ SAL ☐ Audit

9. 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 not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

**INCOME**

|                               |    |                 |
|-------------------------------|----|-----------------|
| Contributions from the public | \$ | <u>104.</u>     |
| Government Grants             | \$ | <u>0.</u>       |
| Other revenue                 | \$ | <u>382,478.</u> |
| <b>TOTAL REVENUE</b>          | \$ | <u>382,582.</u> |

|                   |    |                 |
|-------------------|----|-----------------|
| EXCESS or DEFICIT | \$ | <u>-34,688.</u> |
| TOTAL Assets      | \$ | <u>321,691.</u> |
| TOTAL Liabilities | \$ | <u>3,814.</u>   |

**END OF YEAR FUND BALANCE/NET WORTH** (Assets minus Liabilities) \$ 317,877.

## 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 |            |              |                       |                 |

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 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.

| <b>Statement of Functional Expenses</b>  |                              |   |  |                                       |
|--|------------------------------|---|--|---------------------------------------|
|  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| <b>1</b> Grants and other assistance to governments and organizations in the U.S.  |                              |   |  |                                       |
| <b>2</b> Grants and other assistance to individuals in the U.S.  |                              |   |  |                                       |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S.   |                              |   |  |                                       |
| <b>4</b> Benefits paid to or for members   |                              |   |  |                                       |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  |                              |   |  |                                       |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))   |                              |   |  |                                       |
| <b>7</b> Other salaries and wages  |                              |   |  |                                       |
| <b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                              |   |  |                                       |
| <b>9</b> Other employee benefits   |                              |   |  |                                       |
| <b>10</b> Payroll taxes  |                              |   |  |                                       |
| <b>11</b> Fees for services (non-employees):   |                              |   |  |                                       |
| <b>a</b> Management  |                              |   |  |                                       |
| <b>b</b> Legal   |                              |   |  |                                       |
| <b>c</b> Accounting  |                              |   |  |                                       |
| <b>d</b> Lobbying  |                              |   |  |                                       |
| <b>e</b> Professional fundraising services   |                              |   |  |                                       |
| <b>f</b> Investment management fees  |                              |   |  |                                       |
| <b>g</b> Other   |                              |   |  |                                       |
| <b>12</b> Advertising and promotion  |                              |   |  |                                       |
| <b>13</b> Office expenses  |                              |   |  |                                       |
| <b>14</b> Information technology   |                              |   |  |                                       |
| <b>15</b> Royalties  |                              |   |  |                                       |
| <b>16</b> Occupancy  |                              |   |  |                                       |
| <b>17</b> Travel   |                              |   |  |                                       |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                              |   |  |                                       |
| <b>19</b> Conferences, conventions, and meetings   |                              |   |  |                                       |
| <b>20</b> Interest   |                              |   |  |                                       |
| <b>21</b> Payments to affiliates   |                              |   |  |                                       |
| <b>22</b> Depreciation, depletion, and amortization  |                              |   |  |                                       |
| <b>23</b> Insurance  |                              |   |  |                                       |
| <b>24</b> 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.)  |                              |   |  |                                       |
| <b>a</b> _____   |                              |   |  |                                       |
| <b>b</b> _____   |                              |   |  |                                       |
| <b>c</b> _____   |                              |   |  |                                       |
| <b>d</b> All other expenses  |                              |   |  |                                       |
| <b>25</b> Total functional expenses. Add lines 1 through 24d   |                              |   |  |                                       |
| <b>26</b> 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.  
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 acknowledge that we are duly constituted officers of this organization, being the

TREASURER (Title) and \_\_\_\_\_ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

\_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_, approving the contents of the document, and do hereby certify that the

\_\_\_\_\_ (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.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

TREASURER

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**CLIENT COPY**

**\* 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.**

AG: #3124563-v1