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.

► Go to www.irs.gov/Form990 for instructions and the latest information.



12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	AF	or th	e 2017 calendar year, or tax year beginning and	ending	_	
Deling business as 27-1445975 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 2355 FAIRVIEW AVE #162 Gover receipts 6 478,946. Argenered ROSEVILLE, MN 55113 Gover receipts 6 478,946. Formaria FName and address of principal officer: Yes No SAME AS C ABOVE (insert no.) 4947(a)(1) or 527 J Website: WWW. CONVERGENCEEVENTS ORC Yes No H(c) Group exemption number (insert no.) 4947(a)(1) or 527 J Briefly describe the organization: X Scorporation Trust Association Other L Year of formation: 2011 M State of legal domicile: MN ORGANIZATION DEDICATED TO CREATING EXCITING EVENTS THAT CONNECT, OCLUNTEER-RUN 3 7 A Number of voting members of the governing body (Part V, line 1a) 3 7 4 A Number of voting members of the governing body (Part V, line 1a) 5 0 6 500 Tata number of individuals employed in calendar year 2017 (Part V, line 2a) 6 500 5 5 0 Tatotal number of voting members of the governing body (P	B a	Check if	e: C Name of organization		D Employer identifie	cation number
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Image: State of province, country, and ZIP or foreign postal code 612-234-2845 City or town, state or province, country, and ZIP or foreign postal code G dross recepts 3 478,946. Cosser Technics Soft or town, state or province, country, and ZIP or foreign postal code Ha) is this a group return Cosser Technics Soft or town, state or province, country, and ZIP or foreign postal code Ha) is this a group return In an exempt status: Soft O(s) Soft (s) Soft (s) Yes No Hail is this is drow preturn Is a group return Is a group return <t< td=""><td></td><td>_chang</td><td>e Doing business as</td><td></td><td>27-1</td><td>445975</td></t<>		_chang	e Doing business as		27-1	445975
Setting Partial City or town, state or province, country, and ZIP or foreign postal code ROSEVILLE, MN 55113 Ha) Is this a group return (SAME AS C ABOVE Province Partial Formation address of principal officer: SAME AS C ABOVE Ha) Is this a group return (Tax-exempt status: X) 501(c) () (Implement of the country, and ZIP or foreign postal code (Introduction country) Ha) Is this a group return (Hb) Are all subordinates included? Yes X) No Hit No,* attach a list. (see instructions) 1 Tax-exempt status: X) 501(c) () (Implement of the country) Implement of the country of the count		Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
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Implementation Implementatin Implementation Implementation		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	478,946.
pending SAME S.C ABOVE 1 Taxexempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yes No I Breizer, WWW. CONVERGENCE VENTS: ORG H(b) Are all subordinates included? No K Form of organization: X Corporation Trust Association Other > L Year of formation: 2011 M State of legal domicile: MN Partify describe the organization's mission or most significant activities: A NON-PROFIT, VOLUNTEER-RUN ORGANIZATION DEDICATED TO CREATING EXCITING EVENTS THAT CONNECT, 2 Check this box > 1 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 7 4 Number of individuais employed in calendar year 2017 (Part V, line 2a) 5 0 6 Total number of outpress favatue if necessary) 6 5 00 7 a Total number of volumeters (estimate if necessary) 6 5 0 2, 230. 9 Program service revenue (Part VIII, lound (N), lines 3.4, and 70) 44.9.2, 830. <td></td> <td>lreturr</td> <td>ROBEVILLE, MR 55115</td> <td></td> <td>H(a) Is this a group re</td> <td></td>		lreturr	ROBEVILLE, MR 55115		H(a) Is this a group re	
SABL AS C 010(3) 501(c)() ◆ (insert no.) 4947(a)(1) or 527 H(b) xe att abordinates included] Yes No. J Website: ▶ WWW. CONVERGENCEEVENTS.ORG H(c) Group exemption number ▶ K Form of organization: [X] Corporation Trust Association Other ▶ L Year of formation: 2011] M State of legal domicile: MN Part II Summary I Briefly describe the organization's mission or most significant activities: A NON-PROFIT, VOLUNTEER-RUN ORGANIZATION DEDICATED TO CREATING EXCITYING EVENTS THAT CONNECT, 2 Check this box ▶ 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) is 7 4 Number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7 a total unrelated business revenue from Part VIII, column (C), line 12 7 9 Proor as envice revenue (Part VIII, line 2g) 4100, 015. 449, 583. 10 Investment income (Part VIII, lone 2gal Part VIII, column (A), line 3.4, and 7d) 0.0 0.0 10 Investment income (Part VIII, column (A), line 3.4, and 7d) 0.0 0.0 0.0 11 Other evenue (Part VIII, column (A), line 3.4, and 7d) 0.0 0.0 0.0 0.0 13 Gr		tion	F Name and address of principal officer:		for subordinates	? Yes X No
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17 Other expenses (Part IX, columin (A), lines Tra-Hd, TH-24e) 18 19.0500000000000000000000000000000000000	sus(16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Other expenses (Part IX, columin (A), lines Tra-Hd, TH-24e) 18 19.0500000000000000000000000000000000000	ъре	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
19 Revenue less expenses. Subtract line 18 from line 12 -71,615. -61,096. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 267,805. 209,047. 21 Total liabilities (Part X, line 26) 2,859. 5,197. 22 Net assets or fund balances. Subtract line 21 from line 20 264,946. 203,850.	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 267,805. 209,047. 21 Total liabilities (Part X, line 26) 2,859. 5,197. 22 Net assets or fund balances. Subtract line 21 from line 20 264,946. 203,850.		18				
			Revenue less expenses. Subtract line 18 from line 12			-
	s or			Be		
	sset	20				
	et A	21				
					264,946.	203,850.

Part II | Signature

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	Signature of officer CHIEF FINANCIAL OFFICE Type or print name and title	R	Date
Paid	Print/Type preparer's name THOMAS LEWIS, CPA	Preparer's signature THOMAS LEWIS, CPA	Date Check PTIN 05/30/18 if self-employed P00017298
Preparer	Firm's name FIHOMAS LEWIS & A	SSOCIATES, P.A.	Firm's EIN 41-1600259
Use Only	Firm's address 6700 FRANCE AVEN	UE STE 116	
	MINNEAPOLIS, MN	55435	Phone no. (952) 835-1510
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2017)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2017) CONVERGENCE EVENTS	27-14459	975 Page 2
Pa	rt 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		(11) T (1) T
	EXCITING EVENTS THAT CONNECT, ENRICH AND EXPAND OUR D AND TO INSPIRING EACH OTHER THROUGH CREATIVITY, LEARN		
	AND TO INSPIRING EACH OTHER THROUGH CREATIVITI, LEARN	ING, AND SI	ERVICE.
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?	Yes X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 499,277. including grants of \$ 26,000.) (450,870. ₎
	CREATED EVENTS TO CONNECT, ENRICH AND EXPAND OUR DIVE		
	TO INSPIRING EACH OTHER THROUGH CREATIVITY, LEARNING,	AND SERVIC	CE.
	OUR PREMIER ACTIVITY IS CONVERGENCE, AN ANNUAL SCIENC	E FICTION A	AND
	FANTASY CONVENTION IN THE TWIN CITIES.		
4b	(Code:) (Expenses \$ including grants of \$) (I	Revenue \$)
			,
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expenses \$ including grants of \$) (I	Revenue \$)
			,
4d	Other program services (Describe in Schedule O.)		
τu	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses > 499,277.)	
			F 000 (001 7)

CONVERGENCE EVENTS
 Form 990 (2017)
 CONVERGENCE

 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)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b		x
с	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		- 27
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form **990** (2017)

CONVERGENCE EVENTS
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	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? If "Yes," complete			
	Schedule J	23		X
24a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			x
~~	Schedule L, Part I	25b		_ <u>^</u>
26	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? If "Yes,"	00		x
07	complete Schedule L, Part II	26		
27	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	27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b		20a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note All Form 990 filers are required to complete Schedule O	38	Ā	1

Form **990** (2017)

Form	990 (2017) CONVERGENCE EVENTS		27-1445	975	P	age 5
Pa	t 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and i	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	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	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	L		2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction					
3a				3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over a			
iu	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		x
h	If "Yes," enter the name of the foreign country:	40000				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year			5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			50		
Ua				6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribu			Ua		
D			-	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices I	provided to the payor?	70		х
a h				7a 7b		- 23
			uirad	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7.		x
ا م	to file Form 8282?	7d		7c		- 23
	If "Yes," indicate the number of Forms 8282 filed during the year			70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization during the user approximation of the organization of the org			7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont					
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	a by th	e	•		
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			•		
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	1	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	I			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı.	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				37
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		

Form 990	(2017)
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CONVERGENCE EVENTS

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	/		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b	'		
2	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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1a		70		x
h	more members of the governing body?	7a		- 23
a		76		x
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		- 23
8		0-	х	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		77
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	
10-	Did the exception have lead chapters branches as officiated?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		- 23
D	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		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Па		
		12a		x
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	120		
C		12c		
13	in Schedule O how this was done	13		x
14	Did the organization have a written document retention and destruction policy?	14		X
		14		
15	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?	45-		x
	The organization's CEO, Executive Director, or top management official	15a		X
a	Other officers or key employees of the organization	15b		- 23
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		160		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- 23
a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	166		
Sec	exempt status with respect to such arrangements?	16b		
-	List the states with which a copy of this Form 990 is required to be filed ►MN			
17 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)	availah		
10	for public inspection. Indicate how you made these available. Check all that apply.	avallal	ne.	
	Own website Another's website X Upon request Other (explain in Schedule O)			
10		d finar	cial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iirian	udi	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	THE ORGANIZATION - 612-234-2845			
	2355 FAIRVIEW AVE #162, ROSEVILLE, MN 55113			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Ei	mployees,	Highest	Compensa	ted
	Employees, and Independe	ent Contrac	ctors					

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

L Check this box if neither the organization nor any related organization compensated any current officer, director, or tru

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box offi	not c , unle	Pos heck	itior more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AMY MILLS	5.00	.,							0	0
TREASURER	1 00	X		X				0.	0.	0.
(2) MARGARET EASTMAN DIRECTOR	1.00	x						0.	0.	0.
(3) LIZ HERNANDEZ	5.00							0.	0.	0.
SECRETARY	5.00	x		x				0.	0.	0.
(4) JONATHAN PARLMER	5.00								••	0.
VICE PRESIDENT	5.00	x		x				0.	0.	0.
(5) ISHMAEL WILLIAMS	5.00									
PRESIDENT		x		x				0.	0.	0.
(6) NADIM KHALIDI	1.00									
DIRECTOR		X						0.	0.	0.
(7) THOMAS KEELEY	5.00									
CHIEF FINANCIAL OFFICER		X						0.	0.	0.
							┣			
		-								
		-			-		-			

		(2017) CONVERGE									27-14	459	975	Pa	age 8
Pa	rt VII	Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees			ighe	st C	Compensated Employe	es (continued)				
		(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/trus		than is bot	h an	from	(E) Reportable compensation from related		am	(F) timate ount o other	of		
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga anc	oensat om the anizati I relate nizatio	e on ed
				-											
												-			
												_			
С	Tota	-total al from continuation sheets to Part V al (add lines 1b and 1c)	/II, Section A)				0.0.0.		0. 0. 0.			0.0.0.
2	Tota	al number of individuals (including but pensation from the organization							no r	eceived more than \$100),000 of reportable	Э		V	0
3		the organization list any former officer 1a? If "Yes," complete Schedule J for								highest compensated e			3	Yes	No X
4	and	any individual listed on line 1a, is the s related organizations greater than \$15	50,000? If "Yes,	le co " <i>co</i>	omp mple	ensa ete S	atior Sche	n ano e <i>dul</i> o	d ot e J i	her compensation from for such individual	the organization		4		X
5	rend	any person listed on line 1a receive or lered to the organization? <i>If "Yes," cor</i>	-				-			-			5		Х
<u>Sec</u>		B. Independent Contractors nplete this table for your five highest co	omponented in	don	ando	nt o	ont	root	are t	that received more than	\$100,000 of com		ntion f		
·		organization. Report compensation for (A)											(C		
		Name and busines	s address	N	ONE	3			_	Description of s	services	Co	omper		<u>ו</u>
2		al number of independent contractors		iot li	mite	d to		se li: 0	stec	d above) who received n	nore than				

art V		2017) CONVERGENCE Statement of Revenue				27-1445	975 Pag
			e or note to any line	e in this Part VIII			
		Check if Schedule O contains a respons	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 514
2 1	la	Federated campaigns 1a					
	b	Membership dues 1b					
	с	Fundraising events 1c					
5	d	Related organizations 1d					
	е	Government grants (contributions) 1e					
5	f	All other contributions, gifts, grants, and					
		similar amounts not included above If	2,230.				
	g	Noncash contributions included in lines 1a-1f: \$					
5	h	Total. Add lines 1a-1f	►	2,230.			
			Business Code				
2	2 a	CONFERENCE	900099	449,593.	449,593.		
	b						
	С						
2	d						
-	е						
		All other program service revenue		440 502			
-		Total. Add lines 2a-2f		449,593.			
3	3	Investment income (including dividends, inte		816.			81
		other similar amounts)		010.			01
4		Income from investment of tax-exempt bonc					
5)	Royalties					
		(i) Real	(ii) Personal				
0		Gross rents					
		Less: rental expenses Rental income or (loss)					
		Net rental income or (loss)					
₇		Gross amount from sales of (i) Securities					
'	a	assets other than inventory					
	h	Less: cost or other basis					
	2	and sales expenses					
	с	Gain or (loss)					
		Net gain or (loss)					
8		Gross income from fundraising events (not					
		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
	b	Less: direct expenses	b				
	с	Net income or (loss) from fundraising events	►				
9	a	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses	b				
	с	Net income or (loss) from gaming activities					
10) a	Gross sales of inventory, less returns					
		and allowances	a 23,639.				
		•	ь 18,674.	1 0 6 5		1 0 6 5	
	С	Net income or (loss) from sales of inventory		4,965.		4,965.	
		Miscellaneous Revenue	Business Code	1 201		1 0 0 1	
11		ADVERTISING (NET) (990		1,391.		1,391.	
	b	MISCELLANEOUS	900099	1,277.	1,277.		
	С		.				
		All other revenue					
	е	Total. Add lines 11a-11d	🕨 📘	2,668. 460,272.	450,870.	6,356.	81

 Form 990 (2017)
 CONVERGENCE
 EVENTS

 Part IX
 Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Sect			-						
	Check if Schedule O contains a response	se or note to any line in (A)	this Part IX	(C)	(D)				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations				•				
	and domestic governments. See Part IV, line 21	26,000.	26,000.						
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):								
а	Management								
b	Legal								
с	Accounting								
d	Lobbying								
е	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 0.)								
12	Advertising and promotion								
13	Office expenses	9,077.	31.	9,046.					
14	Information technology	8,224.	8,224.						
15	Royalties								
16	Occupancy	1,250.	1,250.						
17	Travel	7,695.	7,695.						
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	361,733.	361,733.						
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	A =							
23	Insurance	8,748.	8,748.						
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 0.)								
а	COMMUNICATIONS	85,596.	85,596.						
b	BANK CHARGES & CREDIT C	13,017.		13,017.					
с									
d									
е	All other expenses	28.		28.					
25	Total functional expenses. Add lines 1 through 24e	521,368.	499,277.	22,091.	0 -				
26	Joint costs. 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)

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1 41	17	Dalance Sheet					
		Check if Schedule O contains a response or not	e to any line in this Part	X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			36,797.	1	47,229.
	2	Savings and temporary cash investments		231,008.	2	161,818.	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer officers, directors,				
		trustees, key employees, and highest compensation	ated employees. Comple	ete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary				
st		employees' beneficiary organizations (see instr).	Complete Part II of Sch	L		6	
Assets	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					
		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 1	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	Total assets. Add lines 1 through 15 (must equa	al line 34)		267,805.	16	209,047.
	17	Accounts payable and accrued expenses			2,859.	17	5,197.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D .			21	
ies	22	Loans and other payables to current and former	officers, directors, trust	ees,			
iliti		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). Complete Part	X of			
		Schedule D			2 950	25	E 107
	26	Total liabilities. Add lines 17 through 25			2,859.	26	5,197.
		Organizations that follow SFAS 117 (ASC 958		and			
ces		complete lines 27 through 29, and lines 33 an			264,946.		203,850.
lan	27	Unrestricted net assets			204,940.	27	203,050.
Fund Balances	28	Temporarily restricted net assets				28	
pui	29					29	
Ъ.		Organizations that do not follow SFAS 117 (A	SC 958), check here				
s or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ec		r		31	
Net Assets	32	Retained earnings, endowment, accumulated in		F	264,946.	32	203 050
_	33	Total net assets or fund balances			264,946. 267,805.	33	203,850. 209,047.
	34	Total liabilities and net assets/fund balances			201,003.	34	Eorm 990 (2017)

Form 990 (2017)

Part X | Balance Sheet

Form	990	(2017)

Form	1990 (2017) CONVERGENCE EVENTS	27	-1445975	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,272.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,368.
3	Revenue less expenses. Subtract line 2 from line 1	3		,096.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	264	,946.
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	203	,850.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>L</u>
			\	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	3,	
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-	udit	
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	ıdit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			
			Form 9	90 (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ	1
1		000	U 1		۰,

Public Charity Status and Public Support 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection
identification number

OMB No. 1545-0047

L

Name	of the	organizati	on
	0	Jannean	••••

Nam	e of t	the organization							identification number	
			ERGENCE EV						7-1445975	
Pa	rt I	Reason for Public	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.		
The o	organ	ization is not a private found								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).			
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). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	•	ntial part of its support f	rom a gov	ernmental	unit or from	the general	public described in	
		section 170(b)(1)(A)(vi). (C	-							
8		A community trust describe								
9		An agricultural research org								
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	je or	
10	X	university:		the set 00 1 (00) and the set						
10	- 22	An organization that norma								
		activities related to its exen								
		income and unrelated busin See section 509(a)(2). (Con		(less section 511 tax) in		sses acqu	lifed by the o	ryanization	anel June 30, 1975.	
11		An organization organized a		ively to test for public sa	fety See	saction 5(10(a)(<u>4</u>)			
12		An organization organized a						arry out the	e nurnoses 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а		Type I. A supporting orga							/ aivina	
		the supported organization								
		organization. You must o								
b		Type II. A supporting org	-		tion with it	ts support	ed organizatio	on(s), by ha	aving	
		control or management o					•		-	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	with its suppo	rted organi	ization(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		_ requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D,	, and Part	V .			
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III		
		functionally integrated, or		nally integrated support	ing organi	zation.				
f		er the number of supported of	•							
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonotony	(vi) Amount of other	
	,	organization		(described on lines 1-10	in your governi Yes	inization listed ing document? No	support (see ii	,	support (see instructions)	
				above (see instructions))	Tes	NO		,	, , , , , , , , , , , , , , , , , , , ,	
Tota	1									

Schedule A (Form 990 or 990 EZ) 2017 CONVERGENCE EVENTS

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.)

Calendar year (of fixed year beginning in) (a) 2013 (b) 2014 (c) 2015 (c) 2016 (c) 2017 (f) Total (f) T	Sec	ction A. Public Support							
membership fees received (0p not include any 'unusual grants.') 2 2 Tax revenues levied for the organ- ization's benefit and either pad to or expended on its behalf 3 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 4 Total. Add lines 1 through 3 5 5 The portion of total contributions by each person (ofter than a government all not publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (0) 4 6 Public support. Some treas is then he 4 5 6 Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources. 4 9 Net income from inselated duvides at setchtles, whether or not the business is regularly carried on asset (Fight) are paids in Part V10. 12 11 Total support. Each are based based or paint and paint a	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
Include any 'unusual grants.") Image: Construction of the organization is benefit and either paid to or expended on its behalf 2 Tax revenues levied for the organization includes on services or facilities furnished by a governmental unit to the organization without charge. Image: Construction of the organization included on the organization included on the 11, column (f) 4 Total. Add lines 1 through 3 Image: Construction of the organization included on the 11, column (f) Image: Construction of the construction of the construction of the organization included on the 11, column (f) 6 Public support: Construction is the new Image: Construction of the co	1	Gifts, grants, contributions, and							
2 Tar verveus levid for the organization is behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Tatal. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thraceseds 2% of the amount shown on line 11, column (f) 6 Public support. Bottom test stem test. Section B. Total Support (a) 2013 Cellerad ryset (or fised i year beginning in) (h) (a) 2013 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loss, rens, royaties, and income from interest, dividends, payments received on securities loss in the rate of capital assets (Explain in 2 mounts). 9 Net income from interest divides, etc. (see instructions) 11 Total support. Add lines 7 through 10 12 Gross income 2005 is forth is a source 2017 (fue 6, column (fi divided by line 11, column (fi). 14 Public support test - 2017. If the organization is first, second, third, fourth, or fifth tax year as a section 50 To(c)(3) organization qualifies as a publicly supported organization. 14 Public support test - 2017. If the organization did not check the box on line 13, refs. and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organizat		membership fees received. (Do not							
it ation's benefit and either paid to or expanded on its behalf. 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3. 5. The portion of total contributions by each person (other than a governmental unit to public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i). 6. Public support 1. Betrace times from line 4. 8. Cross income from line 4. 9. Certain year (of fiseal year beginning in) (a) 2013 (b) 2014 (c) 2015 (c) 2016 (c) 2017 (f) Total 6. Public support 1. Betrace times from line 4. 8. Cross income from line 4. 9. Net income from line as a securities business activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the stal of capital assets (Explain in part VI). 11. Total support Add lines 7 through 10. 12. Corresponding from 2016 support 1. 13. Gress receipts from related activities, etc. (see instructions) 14. Public support percentage for 2017 (in 6, column (f) divided by line 11, column (fi). 15. Public support test - 2017. If the organization of dub of the organization is 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 14. Public support test - 2017. If the organization did not check the box on line 13, rad, and line 14 is 33 1/3% support test - 2017. If the organization did not check the box on line 13, rad, and line 14 is 33 1/3% or more, check this box and atop here. The organization qualifies as a publicly supported organization 15. 31 1/3% support test - 2016. If the organization did not check a box on line 13, rad, rad, nine 14 is 10% or more, and if the organization meets the "facts and circumstances" test., check this box and stop here. Explain 1 here 14 here organization 15. 31 1/3% support test - 2016. If the organization did not check a box on line 13, rad, rad		include any "unusual grants.")							
are expended on its behalf are expended on its behalf are trailed services or facilities furnished by a governmental unit to the organization without charge are expended on its behalf break trailed lines it through 3 are expended on its behalf comparison without charge are expended on its behalf are expended on its behalf comparison without charge are expended on its behalf are expended on its behalf comparison with a comparison without charge are expended on its behalf are expended on its behalf governmental unit or publicly supported organization without charge are expended on its behalf are expended on its behalf column (f) for an expended constructures in the its expender is the interest. are expended on its behalf are expended on its behalf column (f) for as income from interest. (a) 2013 (b) 2014 (c) 2015 (c) 2017 (f) Total 7 Arounds from initiar exceeds 2% of the arguments received on securities (see instructions) are expended on its behalf are expen	2	Tax revenues levied for the organ-							
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 Image: Comparison of the c		ization's benefit and either paid to							
function of total contributions by each preson (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 28 of the amount shown on line 11, column (n) column (n) 6 Public support. advance is some ine 4. Section B. Total Support Cellendar ysar (or fisal) yare bigning in) ▶ 7 Amounts from line 4. 8 Gross incomes from interest, dividends, payments received on securities loans, rents, royalites, and income from interest, and income from interest, and income from interest, and income from sinter sources 9 Net income from metated business activities, whether on not the sale or capital assets (Explain in Part V). 11 Total support parcentage for 2017 (file 6, column (n) divided by line 11, column (n)		or expended on its behalf							
the organization without charge 4 Total. Add lines 1 through 3 To Trad. Add lines 1 through 3 1 1 To Trad. Add lines 1 through 3 1 1 Strep 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 (i) 1 1 6 Public support. Subwet line 5 from line 4 1 1 Calendar year (or fiscal year beginning in) > 7 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 Gross income from line 4. 1	3	The value of services or facilities							
4 Total. Add lines 1 through 3		furnished by a governmental unit to							
5 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) Image: Column (f) 6 Public support. Subtrat line 5 from line 4. Image: Column (f) 2 Calendar year (or fiscal year beginning in) > A mounts from line 4 Image: Column (f) 3 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources set titles loans, rents, royatiles, and income from univaled business activities, whether or not the business is regularly carried on O Other income. Do not include gain or loss from the sale of capital assets (Explain in Part V), 11 Image: Column (f) Image: Column (f) 11 Total support. Add lines 7 through 10 Image: Column (f) Image: Column (f) Image: Column (f) 12 Gross receipts from related activities, etc. (see instructions) Image: Column (f) Image: Column (f) Image: Column (f) 13 First five years. (the Form 90) is of the organization first, second, third, fourth, or fifth tax year as a section 501(c)(3) Image: Column (f) Image: Column (f)<		the organization without charge \dots							
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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 CONVERGENCE EVENTS

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	() =		(-) =	(-) =		(1)
	membership fees received. (Do not						
	include any "unusual grants.")	1,198.	104.	805.	4,580.	2,230.	8,917.
2	Gross receipts from admissions,	,	-		,	,	- / -
-	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	458,149.	399,135.	403,359.	410,015.	449,593.	2120251.
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
А	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
5	or expended on its behalf						
5	furnished by a governmental unit to						
	the organization without charge						
6		459 347	399 239	404 164	414,595.	451 823	2129168
	Total. Add lines 1 through 5	100,011	555,255.	101,101.	111,353.	451,025.	2129100.
7 a							0.
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
N N	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						2129168.
	Public support. (Subtract line 7c from line 6.)			_			2129100.
		(-) 0010	(1) 001 ((-) 0015	(-1) 0010	(-) 0017	(6) T = + = 1
	ndar year (or fiscal year beginning in)	(a)2013 459,347.	(b) 2014 399,239.	(c) 2015 404,164.	(d)2016 414,595.	(e)2017 451,823.	(f) Total 2129168 •
	Amounts from line 6 Gross income from interest,	439,347.	555,255.	404,104.	414,393.	431,023.	2129100.
IUa	dividends, payments received on						
	securities loans, rents, royalties,	235.	335.	360.	449.	816.	2 105
	and income from similar sources	235.	555.	500.	449.	010.	2,195.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	235.	335.	360.	449.	816.	2 105
	Add lines 10a and 10b	233.		300.	449.	010.	2,195.
	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is	1 401	075	0 054	2 2 2 2	C 25C	12 005
10	regularly carried on	1,401.	975.	2,254.	2,999.	6,356.	13,985.
12	Other income. Do not include gain or loss from the sale of capital					1 077	1 0 7 7
	assets (Explain in Part VI.)	460 002	400 540	406 770	410 042	1,277.	1,277.
	Total support. (Add lines 9, 10c, 11, and 12.)				418,043.		
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
_							
Sec	ction C. Computation of Publ						00 10
15	Public support percentage for 2017 (I					15	99.19 %
16	Public support percentage from 2016					16	99.44 %
Sec	ction D. Computation of Inves						10
17	Investment income percentage for 20					17	.10 %
18	Investment income percentage from 2					18	.08 %
1 9a	33 1/3% support tests - 2017. If the	-					
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2016. If the	-					
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	orted organization	▶Ц
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
					0.1	dulo A (Earm 990	

Vos No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Зb		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
40		
10b		

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
2	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		

Schedule A (Form 990 or 990-EZ) 2017 CONVERGENCE EVENTS

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 CONVERGENCE EVENTS

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	irants and Oth vernments, an ete if the organization Go to www.ir	d Individual	l s in the Ŭn i ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2017 Open to Public Inspection
Name of the organization								Employer identification number
Part I General Infor	CONVERGEN mation on Grants a	ICE EVENTS						27-1445975
1 Does the organizatio criteria used to awar	on maintain records d the grants or assis	to substantiate the stance?					sistance, and the selec	
		-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and addres or govern	ss of organization	(b) EIN	be duplicated if addit (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 noncash assistance	(h) Purpose of grant or assistance
GEEK PARTNERSHIP SOC JACKSON ST NE, SUITE MINNEAPOLIS, MN 5541	E 106	41-1908130	501(C)(3)	25,000.	0.			BRINGING SCIENCE TO CLASSROOMS
2 Enter total number o 3 Enter total number o LHA For Paperwork Re	f other organization	s listed in the line		e line 1 table				Schedule I (Form 990) (2017)

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule I (Form 990) (2017)

CONVERGENCE EVENTS

Page 2

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information red	uired in Part I, lir	e 2: Part III. column	(b); and any other a	dditional information.	

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information.

ZU1/ Open to Public Inspection Employer identification number 27-1445975

OMB No. 1545-0047

CONVERGENCE EVENTS

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 11B:

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.

Form	990-T	n	OMB No. 1545-0687							
		For cal	(and proxy tax und lendar year 2017 or other tax year beginning	er se				2017		
Depart	ment of the Treasurv		► Go to www.irs.gov/Form990T for in				- [.]			
Interna	Revenue Service		► Do not enter SSN numbers on this form as it may			tion is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only loyer identification number		
A	Check box if address changed		Name of organization (Check box if name cl	hanged	l and see instructions.)		(Emp instr	loyees' trust, see uctions.)		
	empt under section	Print	CONVERGENCE EVENTS					27-1445975 lated business activity codes		
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box 2355 FAIRVIEW AVE #162		istructions.			instructions.)		
	408(e) 220(c) $408A$ 530(a)		City or town, state or province, country, and ZIP or		n nostal code					
	529(a)		ROSEVILLE, MN 55113	rororg	n pooran oodo		541	800		
C Boo at e	k value of all assets nd of year		F Group exemption number (See instructions.)							
			G Check organization type ► X 501(c) corp			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?									
			tifying number of the parent corporation.	n-subs	idiary controlled group?	P L	Y	es X No		
			THE ORGANIZATION		Telepho	ne number 🕨 6	12-	234-2845		
Par	t I Unrelated	d Trac	de or Business Income		(A) Income	(B) Expenses	6	(C) Net		
1 a	Gross receipts or sale	s	23,639.							
	Less returns and allow		c Balance►	1c	23,639.					
			A, line 7)	2	18,674. 4,965.			4,965.		
	Gross profit. Subtract			3 4a	4,905.			4,905.		
			h Schedule D) Part II, line 17) (attach Form 4797)	4a 4b						
			sts	4c						
			ips and S corporations (attach statement)	5						
6	Rent income (Schedu	le C)		6						
			me (Schedule E)	7						
			and rents from controlled organizations (Sch. F)	8						
			on 501(c)(7), (9), or (17) organization (Schedule G)	9						
			ome (Schedule I)	10 11	1,391.			1,391.		
11 12	Auventising income (See ins	struction	e J) ns; attach schedule)	12	1,551.			1,551.		
			gh 12	13	6,356.			6,356.		
Par	t II Deductio	ns No	ot Taken Elsewhere (See instructions fo		,			•		
			utions, deductions must be directly connected			-				
14			rectors, and trustees (Schedule K)				14			
15							15			
16 17							16 17			
18							18			
19							19			
20	Charitable contributi	ons (Se	e instructions for limitation rules)				20			
21	Depreciation (attach	Form 4	562)							
22			n Schedule A and elsewhere on return				22b			
23							23			
24 25			mpensation plans				24 25			
25 26	Employee benefit pro	nses (Si	chedule I)				25			
27	Excess readership co	osts (Sc	hedule J)				27			
28	Other deductions (at	tach sch	nedule)				28			
29	Total deductions. A	dd lines	14 through 28				29	0.		
30			ncome before net operating loss deduction. Subtrac				30	6,356.		
31			n (limited to the amount on line 30)				31			
32			ncome before specific deduction. Subtract line 31 fr				32 33	6,356. 1,000.		
33 34			y \$1,000, but see line 33 instructions for exceptions • income . Subtract line 33 from line 32. If line 33 is g				33	<u> </u>		
• •				-			34	5,356.		

Form 990-1	(2017) CONVERGENCE EVENTS		27-14	<u>4597</u>	5	F	Page 2
Part I	II Tax Computation						
35	Organizations Taxable as Corporations. See instructions for tax computation.						
	Controlled group members (sections 1561 and 1563) check here 🕨 🛄 See instructions and	:					
а	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		80	03.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount o	n line 34 fr	om:				
	Tax rate schedule or Schedule D (Form 1041)		►	36			
37	Proxy tax. See instructions						
38	Alternative minimum tax						
39	Tax on Non-Compliant Facility Income. See instructions			39			
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40		80	03.
Part I	V Tax and Payments						
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a					
b	Other credits (see instructions)	41b					
C	General business credit. Attach Form 3800	41c					
d		41d					
e	Total credits. Add lines 41a through 41d			41e			
42	Subtract line 41e from line 40			42		8(03.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	6 🔼 Ot	her (attach schedule)	43			
44	Total tax. Add lines 42 and 43			44		80	03.
45 a	Payments: A 2016 overpayment credited to 2017	45a					
b	2017 estimated tax payments	45b					
	Tax deposited with Form 8868	45c					
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d					
e	Backup withholding (see instructions)	45e					
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f					
g	Other credits and payments: Form 2439						
	□ Form 4136 □ Other Total ►	45g					
46	Total payments. Add lines 45a through 45g			46			
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📃			47			10.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			48		81	13.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		►	49			
	Enter the amount of line 49 you want: Credited to 2018 estimated tax		Refunded 🕨 🕨	50			
Part \	I Statements Regarding Certain Activities and Other Informatio	on (see in:	structions)				
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature of	or other aut	hority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization n	may have to	o file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the for	oreign cour	itry				
	here						Х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	nsferor to,	a foreign trust?				Х
	If YES, see instructions for other forms the organization may have to file.						
53	Enter the amount of tax-exempt interest received or accrued during the tax year \triangleright \$						
~	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which prepare	atements, an er has anv kn	d to the best of my kr owledge.	nowledge a	nd belief, it is tr	ue,	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare CHIEF F	INANC	IAL F	May the IR	S discuss this n	eturn w	/ith
Here	OFFICER			-	er shown below		
	Signature of officer Date Title			instruction	s)? X Yes		No
	Print/Type preparer's name Preparer's signature Date	9	Check	if PTI	N		
Paid			self- employe				
Prepa	rer THOMAS LEWIS, CPA THOMAS LEWIS, CPA 05,	/30/1	8		000172		
Use C	Driv Firm's name ► THOMAS LEWIS & ASSOCIATES, P.A.		Firm's EIN	• 4	1-1600	259)
	6700 FRANCE AVENUE STE 116						
	Firm's address MINNEAPOLIS , MN 55435		Phone no.	<u>(952</u>) 835-	151	L 0
					- 00/	ι Τ (

Form **990-T** (2017)

Schedule A - Cost of Good	s Sold. Ente	er method of invent	ory v	aluation 🕨 N/A						
1 Inventory at beginning of year		0.		Inventory at end of yea			6			0.
2 Purchases		18,674.		Cost of goods sold. Su						
3 Cost of labor				from line 5. Enter here	and in F	Part I,				
4a Additional section 263A costs				line 2			7	1	8,6	74.
(attach schedule)	4a		8	Do the rules of section	263A ()	with respect to			Yes	No
b Other costs (attach schedule)				property produced or a						
5 Total. Add lines 1 through 4b		18,674.		the organization?		•				Х
Schedule C - Rent Income (see instructions)	(From Rea	I Property and	Pe	rsonal Property	Leas	ed With Real Pro	oper	ty)		
1. Description of property										
(1)										
(2)										
(3)										
(4)						1				
		ived or accrued				3(a) Deductions direct	ly conne	ected with the i	income i	n
 (a) From personal property (if the per rent for personal property is more 10% but not more than 50% 	of rent for pe) 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)								
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columr			4		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)				0.
Schedule E - Unrelated Del			nstru	ctions)						
			2	Gross income from		 Deductions directly co to debt-finar 			ble	
1. Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other de (attach sc	eduction hedule)	s
(1)										
(2)				,						
(3)										
(4)			,							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of o debt-fi	ge adjusted basis r allocable to nanced property ich schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A).		Enter here and Part I, line 7,		
Totals						C).			0.
Total dividends-received deductions in										0.

Form 990-T (2017)

Form 990-T (2017)	CONVERGENCE	EVENTS
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Form 990-T (2017)	CONVERGENCE	EVENTS
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27-1445975

Schedule F - Interest			and Rent	s From C	ontroll	led Organiz	zation		struction		aye
			Exempt	Controlled O	rganizat	ions					
1. Name of controlled organization		2. Employer identification number		related income e instructions)	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions direct connected with incor in column 5	ly ne
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Orga	inizations										
7. Taxable Income		unrelated income (loss) see instructions)	9 . Total	of specified pay made	ments	10. Part of columnin the controll gross	mn 9 that ing organiz s income	is included zation's		ductions directly conne n income in column 10	ected
(1)											
(2)											
(3)											
(4)											
						Add colur Enter here and line 8, o		1, Part I,		dd columns 6 and 11. here and on page 1, Par line 8, column (B).	
Totals					🕨			0.			0.
Schedule G - Investm		me of a Sectio	on 501(c)((7), (9), or	(17) 0	rganizatior	ו				
	structions)	ome		2. Amount of	income	3. Deductio directly conne (attach sched	ected	4. Set- (attach s	asides chedule)	5. Total deduct and set-aside (col. 3 plus col	es
(1)											
(2)											
(3)											
(4)											
				Enter here and Part I, line 9, co	on page 1, blumn (A).					Enter here and on p Part I, line 9, colum	
Totals	<u></u>	<u></u>			0.						0.
Schedule I - Exploite				r Than Ac	lvertis	ing Income	Э				
				4. Net incor	ne (loss)					7 -	

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.
Totals 🚬 🕨	0.	Ο.				0.
Schedule J - Advertisi	na Income (see i	instructions)				•

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)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

Form 990-T (2017) CONVERGENCE EVENTS

Form 990-T (2017) CONVERGENCE EVENTS	27-1445975
Part II Income From Periodicals Reported on a Separate Basi	S (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.		culation ome	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)							
Totals from Part I	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.
Totals, Part II (lines 1-5)	0.	0.					0.
Schedule K - Compensatio	n of Officers,	Directors, and	d Trustees (see in	nstructior	าร)		
1. Name			2. Title		3. Percent of time devoted business	4.00	mpensation attributable unrelated business
(1)						%	
(2)						%	
(3)						%	
(4)						%	

Total. Enter here and on page 1, Part II, line 14

Form 990-T (2017)

0.

►

Page 5

Form	2220
------	------

Name

8

Department of the Treasury Internal Revenue Service

Underpayment of Estimated Tax by	Corpor	ations
Attach to the corporation's tax return.	FORM	990-т

FORM 990-T

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

27-1445975

CONVERGENCE	EVENTS
-------------	--------

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	803.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions) d Total . Add lines 2a through 2c	20	2d	
 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The doesn't owe the penalty 		3	803.
4 Enter the tax shown on the corporation's 2016 income tax return. See instructions. Caution: If or the tax year was for less than 12 months, skip this line and enter the amount from line 3	the tax is zero	4	300.
 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to enter the amount from line 3 			300.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are che even if it doesn't owe a penalty. See instructions.			

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)		
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/17	06/15/17	09/15/17	12/15/17		
10	Required installments. If the box on line 6 and/or line 7							
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions							
	for the amounts to enter. If none of these boxes are checked,							
	enter 25% (0.25) of line 5 above in each column	10	75.	75.	75.	75.		
11	Estimated tax paid or credited for each period. For							
	column (a) only, enter the amount from line 11 on line 15.							
	See instructions	11						
	Complete lines 12 through 18 of one column							
	before going to the next column.							
12	Enter amount, if any, from line 18 of the preceding column	12						
13	Add lines 11 and 12	13						
14	Add amounts on lines 16 and 17 of the preceding column	14		75.	150.	225.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.		
16	If the amount on line 15 is zero, subtract line 13 from line							
	14. Otherwise, enter -0-	16		75.	150.			
17	Underpayment. If line 15 is less than or equal to line 10,							
	subtract line 15 from line 10. Then go to line 12 of the next							
	column. Otherwise, go to line 18	17	75.	75.	75.	75.		
18	$\ensuremath{\textbf{Overpayment}}$. If line 10 is less than line 15, subtract line 10							
	from line 15. Then go to line 12 of the next column	18						
Go	Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.							

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2017)

Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month						
_	instead of 4th month.) See instructions	19				_	
D	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20				+	
1	Number of days on line 20 after 4/15/2017 and before 7/1/2017	21				_	
2	Underpayment on line 17 x Number of days on line 21 x 4% (0.04) \dots 365	22	\$	\$	\$	_	\$
3	Number of days on line 20 after 06/30/2017 and before 10/1/2017 $\hfill \ldots$	23					
4	Underpayment on line 17 x Number of days on line 23 x 4% (0.04)	24	\$	\$	\$		\$
5	Number of days on line 20 after 9/30/2017 and before 1/1/2018	25					
6	Underpayment on line 17 x Number of days on line 25 x 4% (0.04) \dots 365	26	\$	\$	\$	_	\$
7	Number of days on line 20 after 12/31/2017 and before 4/1/2018	27	SEE	ATTACHED V	ORKSHEET		
8	Underpayment on line 17 x Number of days on line 27 x 4% (0.04) \dots 365	28	\$	\$	\$		\$
9	Number of days on line 20 after 3/31/2018 and before 7/1/2018	29					
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$
1	Number of days on line 20 after 6/30/2018 and before 10/1/2018	31				_	
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	_	\$
3	Number of days on line 20 after 9/30/2018 and before 1/1/2019	33					
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	_	\$
5	Number of days on line 20 after 12/31/2018 and before 3/16/2019	35				_	
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$
3	Penalty. Add columns (a) through (d) of line 37. Enter the to or the comparable line for other income tax returns				21	8	\$ 10

information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2017)

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying N	umber
CONVERGENCE	E EVENTS			27-14	45975
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/17	75.	75.	61	.000109589	1
06/15/17	75.	150.	92	.000109589	2
09/15/17	75.	225.	91	.000109589	2
12/15/17	75.	300.	106	.000109589	3
03/31/18	0.	300.	45	.000136986	2
				~	
nalty Due (Sum of Colur	mn E)			<u> </u>	10

* Date of estimated tax payment, withholding credit date or installment due date.

Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address: www.ag.state.mn.us/charity

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization CONVERGENCE	EVENTS
Federal EIN:27-1445975	Fiscal Year-End: <u>12312017</u>
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: THOMAS KEELEY	Physical Address: THOMAS KEELEY
Contact Person 2355 FAIRVIEW AVE #162	Contact Person 2355 FAIRVIEW AVE #162
Street Address ROSEVILLE, MN 55113	Street Address ROSEVILLE, MN 55113
City, State, and ZIP Code 612-234-2845	City, State, and ZIP Code 612-234-2845
Phone Number INFO@CONVERGENCE-CON.ORG	Phone Number INFO@CONVERGENCE-CON.ORG
Email Address	Email Address
1. Organization's website: WWW.CONVERGENC	CEEVENTS.ORG
2. List all of the organization's alternate and former nam	es (attach list if more space is needed).
	Alternate Former
3. List all names under which the organization solicits or CONVERGENCE EVENTS	ontributions (attach list if more space is needed).
4. Is the organization incorporated pursuant to Minn. St	at. ch. 317A? X Yes No
5. Total amount of contributions the organization receive	ed from Minnesota donors: \$ 2,230.
6. Has the organization's tax-exempt status with the IRS	-
7. Has the organization significantly changed its purpos	

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or gove \square Yes \blacksquare No If yes, attach explanation.	ernment agency?					
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? \square Yes \blacksquare No If yes, provide the following information for each (attach list if more space is needed):	consultant) to					
	Name of Professional Fundraiser	Compensation					
	Street Address	City, State, and ZIP Coc	le				
	 10. Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No <u>Note:</u> An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold. 11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes X No 						
	If yes, provide the following information for the five highest paid individuals:						
	Name and title	Compensation*	Other compensation				
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1	099-MISC (Box 7)					

issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd.

3(i) and Minn. Stat. § 317A.011 for definitions.

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

- 1. Contributions Received
- 2. Government Grants
- 3. Program Service Revenue
- 4. Other Revenue
- 5. TOTAL INCOME

EXPENSES

- 6. Program Expenses
- 7. Management & General Expenses
- 8. Fund-raising Expenses
- 9. TOTAL EXPENSES
- 10. EXCESS or DEFICIT (Line 5 minus Line 9)

ASSETS

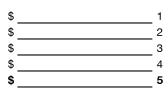
- 11. Cash
- 12. Land, Buildings & Equipment
- 13. Other Assets
- 14. TOTAL ASSETS

LIABILITIES

- 15. Accounts Payable
- 16. Grants Payable
- 17. Other Liabilities
- **18. TOTAL LIABILITIES**

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)





1	
	\$ 11
	\$ 12
	\$ 13
	\$ 13 1 4
	\$ 15
	\$ 16
	\$ 17

\$

Φ	 17
\$	18

785473 04-01-17

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Colu	mns B, C, and D must equal Column A. The amou	nt on Line 25, Column A	must match Line 17 of I	RS Form 990-EZ or Line	e 26 of IRS Form 990-PF.
		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees				
6.	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
19.	for any federal, state, or local public officials Conferences, conventions, and meetings				
19. 20.	Interest				
	Payments to affiliates				
21.	Depreciation, depletion, and amortization				
22.	Insurance				
	Other expenses. Itemize expenses not covered				
- .	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.					
b.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here				
	SOP 98-2. Complete this line only if the organi-				
	zation reported in Column B joint costs from a combined educational campaign and				
L	fundraising solicitation				
					-

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowled	Igment							
The form must be executed pursuant to a resolution of the board of directo								
must be signed by two officers of the organization. See Minn. Stat. § 309.52	nust be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.							
We, the undersigned, state and acknowledge that we are duly constitut	ted officers of this organization, being the							
(Title) and	(Title) respectively, and							
that we execute this document on behalf of the organization pursuant to th	e resolution of the							
(Board of	of Directors, Trustees, or Managing Group) adopted on the							
day of, 20, approving the contents of the docum	ent, and do hereby certify that the							
(Board o	of Directors, Trustees, or Managing Group) has assumed, and will continue							
to assume, responsibility for determining matters of policy, and have super	vised, and will continue to supervise, the operations and finances of the							
organization. We further state that the information supplied is true, correct a	and complete to the best of our knowledge.							
Name (Print)	Name (Print)							
ignature Signature								
CHIEF FINANCIAL OFFICER								
Title	Title							
Date	Date							

DEPARTMENT OF REVENUE

UBIT Return Payment

Pay by Check

If you are not required to pay electronically, you can use this voucher to pay by check.

- Make your check payable to "Minnesota Revenue."
- Print your Minnesota Tax ID number in the memo line of your check.
- Mail your payment and the voucher below to the address on the voucher.

Note: Your payment may be delayed if your voucher information is missing or incorrect. When printing the voucher, set your printer to "Actual size" (not "Shrink oversized pages").

Scan Line

The scan line is the most important part of the voucher. When submitting your voucher make sure the scan line:

- Is printed with 66 digits characters, symbols, or masking are unacceptable.
- Is not cut off or missing.

Pay Electronically

- Pay electronically from your bank account. Go to **www.revenue.state.mn.us** and type **make a payment** into the Search box or call our automated system at 1-800-570-3329. We do not charge for this service.
- Pay by credit card or debit card. Go to www.paytax.at/mn or call 1-855-947-2966. Value Payment Systems processes these payments and charges you a fee for this service.
- Pay by ACH credit transfer through your financial institution. Go to **www.revenue.state.mn.us** and type **ACH Credit** into the Search box.

759495 08-03-17

DEPARTMENT

Cut carefully along this line to detach. Your check authorizes us to make a one-time electronic fund transfer from your account.

1116

■■■ ■ OF REVENUE		Preparer Tax	
UBIT Return Payment		Identification Number:	P00017298
CONVERGENCE EVENT	-	Minnesota Tax ID	
THOMAS KEELEY 2355 FAIRVIEW AVE	6122342845 #162	(required):	3502438
ROSEVILLE	MN 55113	Federal ID:	271445975
		Tax-Year End:	123117
Make check payable to:			
Minnesota Revenue			

Mail Station 1257, St. Paul, MN 55146-1257

Amount of Check: 534 00

DEPARTMENT OF REVENUE

2017 M4NP Unrelated Business Income Tax (UBIT) Return

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

Tax	year beginning 01012017, 2017, and ending 1231	2017 (required)	
Name	of Organization	FEIN	Minnesota Tax ID (required)
CO	NVERGENCE EVENTS	271445975	3502438
	ng Address Check if New Address	This Organization Files Federal Fo	
23	55 FAIRVIEW AVE #162	Х 990-Т 1120-С	1120-H 1120-POL
City	County State ZIP Code	Exempt Under IRS Section (chec	ck one)
RO	SEVILLE MN 55113	X _{501(c)} (3)	528 Other:
	ck All Amended Filing Under Final Return (see inst., pg. 3)		tructions, pg. 3)
That	Apply: Return an Extension Enter Close Date:	541800	/
			cted in Minnesota for this tax year?
Are y	rou filing a combined income return? Yes X No	X Yes No (com	plete and attach Schedule M4NPA)
			You must round amounts to nearest whole dollar.
1	Federal taxable income before Minnesota subtractions (from federal Foundations of the set of the		5356
	1120-C, line 27; 1120-H, line 19; or 1120-POL, line 19)		
2	Total subtractions from federal taxable income (from M4NPI, line 1)	2	
-		-	
3	Federal taxable income or (loss) after subtractions. If you conducted bus	siness both within	
	and outside Minnesota, complete M4NPA (See instructions, pg. 6.) (If 10	00% of your activities	
	were conducted in Minnesota, do not complete M4NPA.)	3	5356
4	Minnesota taxable net income or (loss) (from M4NPA, line 12, or if 1009	-	
	were conducted in Minnesota, enter amount from line 3 above)		5356
5	Total deductions from taxable net income (from M4NPI, line 2)	F	
3			
6	Taxable income (subtract line 5 from line 4; if zero or less, enter zero)	6	5356
7	Regular tax (multiply line 6 by 9.8% [0.098]; if zero or less, enter zero) \dots		525
8	Proxy tax (see instructions, pg. 3)		
9	Tax before credits (add lines 7 and 8)	٥	525
3			
10	Total credits against tax (from M4NPI, line 3)	10	
11	Minnesota tax liability (subtract line 10 from line 9; if zero or less, enter	zero) 11	525
12	Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3)		
13	Add lines 11 and 12	13	525
14	Total refundable credits (from M4NPI, line 4) 14		_
15	Amount credited from your 2016 Form M4NP, line 30 15		_
			Continued next page

1116

2017 M4NP UBIT Return, Page 2 (continued)

Name	of Organization	FEIN	Minnesota Tax ID
CONVERGENCE EVENTS 271445		271445975	3502438
16	2017 estimated tax payments 16		
17	2017 extension payment17		
18	Total refundable credits and payments (add lines 14, 15, 16, and 17)		
19	Subtract line 18 from line 13		525
20	Penalty (determine from worksheet in the instructions, pg. 4)	20	
21	Interest (determine from worksheet in the instructions, pg. 4)	21	
22	Additional charge for underpayment of estimated tax (from M15NP, line 17)		9
23	Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 13, 20, 21, and 22)		534
24	Amount from line 23	24	534
25	Amount from line 18	25	
26	AMOUNT DUE. If line 24 is more than or equal to line 25, subtract line 25 from the second sec	om 24 26	534
	Payment method: Electronic (see inst., pg. 2) X Check (see inst.	t., pg. 2) Amended return (see inst., pg. 2)	payment by check
27	OVERPAYMENT. If line 25 is more than line 24, subtract line 24 from line 25 27	(
28	Amount of line 27 to be credited to your 2018 estimated tax 28		
29	Refund (subtract line 28 from line 27) 29		
Го h	ave your refund direct deposited, enter your banking information below.		
	unt type: Routing number Account numb Checking Savings	_{ber} (use an account not associated	l with any foreign banks)

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

Authorized Signature	Title	Date	Daytime Phone	
	CHIEF FINANCIAL	OFFI	6122342845	X I authorize the
Paid Preparer's Signature	PTIN	Date	Daytime Phone	Minnesota Depart-
THOMAS LEWIS, CPA	P00017298	05302018	9528351510	ment of Revenue to discuss this tax return
Email Address for Correspondence, if Desired	This email address belongs to (check one):		with the paid preparer	
INFO@CONVERGENCE-CO	Employee	Paid Preparer	listed here.	

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

DEPARTMENT OF REVENUE

2017 M15NP, Additional Charge for Underpayment of Estimated Tax

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

Complete this schedule if your total tax is more than \$500 or you did not pay the correct amount of estimated tax by the due dates.

Name of Organization CONVERGENCE EVENTS		FEIN 27144	5075	Minnesota Tax ID 3502438
		2/144	5975	JJ024J0
Check installment method used on this schedule (must che X Standard Installment Method Adjusted Se	eck one box): easonal Installment M	lethod A	nnualized Income	Installment Method
1 Enter your 2017 total tax liability (from 2017 M4NP, li	ine 11 minus line 14)		1	You must round amounts to nearest whole dollar. 525
If \$500 or less, do not complete this form. You owe 2 Enter your 2016 regular tax (from 2016 Form M4NP, I	294			
3 Required annual payment. Enter the amount from line <i>Exceptions:</i> If you did not file a 2016 return or filed a the preceding tax year, or you did not have a 2016 ta	return for less than a	a full 12-month perio	d in	294
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
4 Enter the due dates	03152017	06152017	09152017	12152017
5 Required installments (see instructions)	74	74	74	74
6 Amount paid each period (see <i>instructions</i>)				
7 Enter the amount from line 13 of the previous column	·			
8 Add lines 6 and 7				
9 Add lines 11 and 12 of the previous column10 Subtract line 9 from line 8.		74	148_	222_
If less than zero, enter zero 10				
11 Remaining underpayment from previous period. If line 10 is zero, subtract line 8		7.4	140	222
from line 9. Otherwise, enter zero	11	74	148	222
12 UNDERPAYMENT. If line 10 is less than or equal to line 5, subtract line 10 from line 5, enter the result and go to line 6 of the next				
column. Otherwise, go to line 13 12	74	74	74	74
 OVERPAYMENT. If line 5 is less than line 10, subtract line 5 from line 10 and enter the 				
result. Go to line 6 of the next column 13				
 14 Date underpayment is paid or regular due date of 2017 return, whichever is earlier				
15 Number of days from the due date on				
line 4 to the date on line 14 15				
16 Additional charge (line 15 ÷ 365 x .04 x line 12) 16				
17 TOTAL. Add amounts on line 16. Enter this amount or				9
Attach this schedule to Form M4NP.	ווו⊎ ∠∠		17	
759581 10-02-17	1116			

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

MN

lame(s)				Identifying Nun	nber
CONVERGENCE	E EVENTS			27-144	5975
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			-
03152017	74.	74.	92	.000109589	-
06152017	74.	148.	92	.000109589	
09152017	74.	222.	91	.000109589	:
12152017	74.	296.	151	.000109589	
				<u> </u>	

* Date of estimated tax payment, withholding credit date or installment due date.